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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.



A	For the	2009 calendar year, or tax year beginning MAY 1, 2009 and ending	APR 30, 2010			
В	Check if	Please C Name of organization	D Employer identifi	cation number		
	applicable	USE INSTITUTE INSTITUTE				
	Addres	print or C/O GEORGE RICHARDSON				
	Name change		01-0	263519		
Ļ	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/su				
느	Termin ated Amend	Instruc- PO BOX 613		224-7842		
<u> </u>	return Applic	City or town, state or country, and ZIP + 4	G Gross receipts \$	77,276.		
L	tion pendir	M. TORREDRY, MD 04200	H(a) is this a group re	eturn Yes X No		
		F Name and address of principal officer: GEORGE RICHARDSON PO BOX 613, NORTH TURNER, ME 04266	for affiliates? H(b) Are all affiliates ind			
_	Tay ay	mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)		
		e: N/A	H(c) Group exemptio			
				A State of legal domicile: ME		
	art I	Summary				
·		Briefly describe the organization's mission or most significant activities: SUPPORT	OF HIGH SCHOO	L STUDENTS		
Governance		AND SCHOLARSHIPS TO COLLEGE STUDENTS.				
rua	2	Check this box Fig. 1 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	ssets.		
ا ا	3	Number of voting members of the governing body (Part VI, line 1a)	3	0		
. o	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
Activities	1	Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) TVS P Sept 21	CUO_{1} 5	0		
₹ {		Total number of volunteers (estimate if necessary)	$\frac{6}{1200}$	30		
) \(\rap{6}{2}\)		Total gross unrelated business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated business taxable income from Form 990-T, line 34	7b Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)	Prior fear	Current rear		
Ę	1	Program service revenue (Part VIII, line 2g)				
Revenue	l .	investment income (Part VIII, column (A), lines 3, 4, and 7d)		77,276.		
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, colump (A), tine 12).		77,276.		
	13	Grants and similar amounts paid (Part IX, column (A), Respectively.		89,642.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A) slings 5 10)				
Expenses	Ioa	- rolessional fundraising fees (Part IX, Column (A), line Tip)				
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)		20 275		
	17	other expenses if art ix, column (x), lines i la i la, i i i i i i i i i i i i i i i i i i i		38,375. 128,017.		
	118	Total expenses. Add lines 13-17 (must equal Part IX, column (A) line 25		-50,741.		
200	19	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16) AUG 0 8 2013	4,132,661.	4,081,920.		
Ass	21	Fotal liabilities (Part X, line 26)				
E Set	22	Net assets or fund balances. Subtract line 21 from line 20	4,132,661.	4,081,920.		
P	art II	Signature Block IRS OGDEN, OTALL				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statemer and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled	ge and belief, it is true, correct,		
Sig	n	George Bulandson TR.		14/10		
He	re	Signature of officer	Date			
		GEORGE RICHARDSON, TREASURER Type or print name and title				
			Check if Prepar	er's identifying number		
Preparer's logarityring nu see instructions) Preparer's identifying nu see instructions) Preparer's identifying nu see instructions)						
	parer's	Firm's name (or AUSTIN ASSOCIATES PA CPA'S	EIN ►			
Use	Only	self-employed), PO BOX 3400	LIII P			
	1	address, and ZIP+4 AUBURN, ME 04212-3400	Phone no. ▶ 2	07-783-9111		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No		

Form	990 (2009) C/O GEORGE RICHARDSON	01-0263519	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: TO PROVIDE SUPPORT TO MAINE RSU #52 WITH PROGRAMS, AWAF 'SCHOLARSHIPS.	RDS AND	· -
_			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if "Yes," describe these changes on Schedule O.	? Yes	X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by e Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 57,809 · including grants of \$ 57,809 ·) (I SCHOLARSHIPS TO GRADUATING SENIORS AND OTHER STUDENTS FINANCIAL NEED.		ND)
			
4b	(Code:) (Expenses \$ 31,833 • including grants of \$) (HIGH SCHOOL PROGRAMS AND SUPPORT	Revenue \$)
	HIGH BEHOOD PROGRAMS AND BUFFORT		
			
			
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	
	(Codd). (Exponed with moraling grants of ψ)(r	teveride \$,
			
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services. (Describe in Schedule O.)	· · · · · · · · · · · · · · · · · · ·	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► \$ 89,642.) (0000)

Form 990 (2009)

C/O GEORGE R

Part IV Checklist of Required Schedules 01-0263519 Page 3 C/O GEORGE RICHARDSON

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	'If "Yes," complete Schedule A	<u> </u>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.]		
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	İ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	!		
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
19	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	امدا		v
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		X
	2.2 and organization operation of the or the operation in 1997, complete outleading	20	ليبيا	

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Pa	rt IV Checklist of Required Schedules (continued)			
_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the] ']	
	*United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	İ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX	,		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X] _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ļ		
	Schedule J	23]	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	,		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		l
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	i —	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
2.44	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			· · ·
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disquali			 -
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	==		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27	ļ	X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) w			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-		
-	contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 •		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>	-	
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	İ	x
34	Was the organization related to any tax-exempt or taxable entity?	 ~		 -
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	 0,	 	
	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		 	
	If "Yes," complete Schedule R, Part V, line 2	36	1	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	35	 	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1-51	 	
	The state of the s	i '	I .	1

Form **990** (2009)

Note, All Form 990 filers are required to complete Schedule O.

01-0263519

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	-		
•	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services			
	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b_		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the organization make any taxable distributions under section 4966?	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 999, Part VIII, line 12 for public use of all the facilities.	į		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:			
''	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	Ì		
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	.		
	1 1	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	Eor	000	2000
		LAITH	990 (ZUU3)

Form 990 (2009)

01-0263519 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X]
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		32
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			7.7
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
IUa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
_	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	id fina	ncial	
	statements available to the public.	a	. 10.01	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ion: 🕨	•	
	GEORGE RICHARDSON - 207-224-7842			
	101 BEAN STREET, N. TURNER, ME 04266			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per week	-	neck	all		арр		compensation from the	compensation from related organizations	amount of other compensation
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
RODNEY SHAW				1		1				
PRESIDENT/TRUSTEE					_	<u> </u>		0.	0.	0.
MARY BRIGGS		'		1	Ì	Ì	'			•
TRUSTEE		_		<u> </u>	<u> </u>	<u> </u>		0.	0.	0.
GEORGE RICHARDSON				1		}	ŀ			•
TREASURER/TRUSTEE				L_	<u> </u>	ļ.,	_	0.	0.	0.
MARYLAND SHAW					ŀ	}		0	0	•
CLERK		_	_	<u> </u>	<u> </u>	 _	_	0.	0.	0.
DONALD RICKER					1	1		0.	0.	0
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Form 990 (2009)

	t VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)				
	(A) Name and title	(B) Average hours	(cl		Pos all	ition	app	ıly)	(D) Reportable compensation	(E) Reportable compensatio			(F) stimate nount	
		per week week page of the week week week week week per the week week week week week week week we				other compensation from the organization and related organizations								
							_							
							-						_	
								_						
							-							
			-				_							<u>-</u>
	Total .		<u> </u>	<u> </u>	L_		Ļ		0.		0.			0.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bove	e) wi	no r),000 in reportabl				
	compensation from the organization						_						V	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			, ke	y en	plo	yee,	or I	highest compensated er	nployee on		3	Yes	No X
4	For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization				Х
5	Did any person listed on line 1a receive or									ices rendered to		4		
Soc	the organization? If "Yes," complete Scheootion B. Independent Contractors	ule J for such	pers	on								5		Х
1	Complete this table for your five highest countries the organization.	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of con	npens	ation	from	
	(A) (B)							С	ompe	C) nsatio	n			
						_		_						
		<u>.</u>						-						
2	Total number of independent contractors (\$100,000 in compensation from the organi		not li	mite	d to		se li 0	sted	d above) who received n	nore than				

	rt VI	II Statement of Revenue			<u> </u>	l lugo s
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and				
	g	similar amounts not included above				
Program Service Revenue	2 a b c d	Business Coo	le			
٦	f					·
	g 3		109,443.	109,443.		
ŀ	4	Income from investment of tax-exempt bond proceeds		203/1100		
	5	Royalties				
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities (ii) Other				
		Gain or (loss)	-32,167.	-32,167.		
Other Revenue		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a	-32,107.	-32,107.		
툂	b	Less: direct expenses b				
_		Net income or (loss) from fundraising events				
		Gross income from gaming activities. See Part IV, line 19 Less: direct expenses b	_			
ľ		Net income or (loss) from gaming activities	1			
	10 a	Gross sales of inventory, less returns and allowances a				
ł		Less: cost of goods sold b	_			
ł	С.	Net income or (loss) from sales of inventory Miscellaneous Revenue Business Cod				
ŀ	11 a		e			
	b				·-	
	С					
	d					
		Total. Add lines 11a-11d				
932009	12	Total revenue. See instructions.	77,276.	77,276.	0.	0.
02-04-	10					Form 990 (2000)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Donot include amounts reported on lines 6b, 76, 8b, 9b, and 100 of Part VIII.		All other organizations must compl	ete column (A) but are	not required to comple	ete columns (B), (C), an	d (D).
organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 23 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benetist part to or for members Compensation of current officers, directors, trustees, and key employees Compensation of unrelided above, to disqualitied persons discribed in section 4956(r)(3)(B) 7 Other ealaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions (include section 403(b) employer contributions) Other employee benefits Paryonit taxes 1 Fees for services (non-employees): a Management b Legal CACCOUNTING CA				Program service	Management and	Fundraising
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Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Discrete expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a b c d e f All other expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization	19	Conferences, conventions, and meetings				
Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a b c d e f All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here if following SOP 98-2. Complete this line only if the organization	20					
23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a b C C C C C C C C C C C C C C C C C C	21	· · · · · · · · · · · · · · · · · · ·				
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization		Depreciation, depletion, and amortization				
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) a b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization	23	· · · · •				
b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization	24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization						
d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization	b					
e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization	_					
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2. Complete this line only if the organization						
25 Total functional expenses. Add lines 1 through 24f 128,017. 89,642. 38,375. 0. 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization	-	<u> </u>				
26 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·	120 017	00 642	20 275	
SOP 98-2. Complete this line only if the organization			140,01/.	89,644.	30,3/5.	0.
	26					
reported in committed John Interests from a committee						
educational campaign and fundraising solicitation			1			

TRUSTEES OF LEAVITT INSTITUTE C/O GEORGE RICHARDSON

Form 990 (2009)

art X	Balance Sheet	(A)		(B)
		(A) Beginning of year		End of year
1	Cash - non-interest-bearing .		_1	
2	Savings and temporary cash investments	300,913.	2	287,075
3	Pledges and grants receivable, net		3_	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key		.	
	employees, and highest compensated employees. Complete Part II		[
1	of Schedule L		5_	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
ł	Part II of Schedule L		_6	
7	Notes and loans receivable, net		_7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
	Land, buildings, and equipment; cost or other			
	basis. Complete Part VI of Schedule D 10a 10a			
	Less: accumulated depreciation 10b		10c	
	Investments - publicly traded securities	3,831,748.	11	3,794,845
	Investments - other securities. See Part IV, line 11		12	
	Investments - program-related. See Part IV, line 11		13	
1	Intangible assets	- '	14	
	Other assets. See Part IV, line 11		15	
	Total assets. Add lines 1 through 15 (must equal line 34)	4,132,661.	16	4,081,920
$\overline{}$	Accounts payable and accrued expenses	······································	17	<u></u>
	Grants payable		18	
	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
l l	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
1	Payables to current and former officers, directors, trustees, key employees,			
1	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
l l	Secured mortgages and notes payable to unrelated third parties		23	
	Unsecured notes and loans payable to unrelated third parties		24	
	Other liabilities. Complete Part X of Schedule D		25	
l l	Total liabilities. Add lines 17 through 25	0.	26	0
	Organizations that follow SFAS 117, check here		-	
	lines 27 through 29, and lines 33 and 34.			
	Have shifted and see the		27	
	Tempovorily restricted not see sta		28	
	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here			
i i	complete lines 30 through 34.		- 1	
	Capital stock or trust principal, or current funds	4,132,661.	30	4,081,920
	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	1,001,520
	Retained earnings, endowment, accumulated income, or other funds	0.	32	
	Total net assets or fund halances	4,132,661.	33	4,081,920
	Total liabilities and net assets/fund balances	4,132,661.	34	4,081,920
_ , .	Total nabilities and Het assets/Hilly DaigHCes	-,-52,001.	_ 34	Form 990 (200

orm	990	(2009)	

C/O GEORGE RICHARDSON

01-0263519 Page **12**

га	Triancial Statements and Reporting			
	• •		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			Ī
	review, or compilation of its financial statements and selection of an independent accountant?	2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			1
	consolidated basis, separate basis, or both:	†		ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			l
	Act and OMB Circular A-133?	За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	l _{3b} l	ıİ	ĺ

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

20047 20047

Open to Public Inspection

Employer identification number Name of the organization TRUSTEES OF LEAVITT INSTITUTE C/O GEORGE RICHARDSON 01-0263519 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c ____ Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the U.S.? organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Total

Schedule A (Form 990 or 990-EZ) 2009 C/O GEORGE RICHARDSON 01-0263!

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	· (Complete only if you checked	d the box on line 5,	, 7, or 8 of Part I.)					
Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	19,000.	1,025.			3,	061.	23,086.
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to				1	}	- 1	
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to				İ		ŀ	
	the organization without charge					ļ <u>.</u>		
4	Total. Add lines 1 through 3	19,000.	1,025.			3,	061.	23,086.
5	The portion of total contributions							
	by each person (other than a				1		1	
	governmental unit or publicly						}	
	supported organization) included	1					İ	
	on line 1 that exceeds 2% of the							
	amount shown on line 11,	1			1			
	column (f)			·				
	Public support. Subtract line 5 from line 4					<u>.L</u>		23,086.
	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·			,	_		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total 23,086.
7	Amounts from line 4	19,000.	1,025.		<u> </u>	3,	061.	23,086.
8	Gross income from interest,		1					
	dividends, payments received on						1	
	securities loans, rents, royalties							
	and income from similar sources					<u> </u>		
9	Net income from unrelated business							
	activities, whether or not the	•						
	business is regularly carried on .							
10	Other income. Do not include gain						- 1	
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10					<u> </u>		23,086.
12		•	•			12		
13	First five years. If the Form 990 is for	=	first, second, third	, fourth, or fifth t	tax year as a secti	on 501(c)(3)		
<u> </u>	organization, check this box and stop							▶
	ction C. Computation of Publ		_ 			T	 -	100 00
	Public support percentage for 2009 (I	• • •	-	olumn (f))	•	14		100.00 %
	Public support percentage from 2008		•			15		L00.00 %
168	33 1/3% support test - 2009.If the or	-		line 13, and line	14 is 33 1/3% or r	nore, check	this box	
	stop here. The organization qualifies	, , , , , ,	•	. 40 40-		 •	l1- 41-1	. ▶ [X]
Ľ	33 1/3% support test - 2008.If the or	-			1 line 15 is 33 1/3%	or more, c	neck this	s box
47.	and stop here. The organization quali	, ,			- 40 40 405		4007	
1/2	1 10% -facts-and-circumstances test	_						· ·
	and if the organization meets the "fac					art IV now th	ie organi	zation
	meets the "facts-and-circumstances"	=	-	•	=	47a 48	. 45 4	□
Ľ	10% -facts-and-circumstances test	=						u% or
	more, and if the organization meets the						now the	▶ [
10	organization meets the "facts-and-circ		-				tniation-	
10	Private foundation. If the organizatio	n ala noi check a l	JUX UIT IIIIE TO, TOA	<u>, 100, 17</u> a, 01 17	D, CLICCE LIIS DOX	anu see ms	ผนบนบที่โร	

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 Part III Support Schedule for 0	Organizations	Described in	Section 509(a)(2) (Complete onl	v if you checked the ho	Page 3
Section A. Public Support	<u> </u>	- Boodingou III		/(—/ (Complete on	y ii you cheeked the be	X OIT IIIIC 3 OIT AIT
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(2) 2000	13,7=55	(=/=====	(7/2)	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,	-				·	
merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					1	
are not an unrelated trade or bus- iness under section 513					1	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	 	ļ				
6 Total. Add lines 1 through 5	ļ	 	<u> </u>	ļ	-	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received						
from other than disqualified persons that	ł	į		ŀ		
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	<u></u>		<u> </u>			
8 Public support (Subtract line 7c from line 6)	<u></u>	<u> </u>	<u>}</u> _	J	<u>.j.</u>	
Section B. Total Support	T		T	1	-1	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	<u> </u>		 			
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is fo	r the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here						▶□
Section C. Computation of Pub	ic Support Pe	ercentage				
5 Public support percentage for 2009 (· · · · · · · · · · · · · · · · · · ·	•	column (f))		15	
16 Public support percentage from 2008 Section D. Computation of Inve					16	•
17 Investment income percentage for 20				,	17	
18 Investment income percentage from	-	•		•	18	
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than		
more than 33 1/3%, check this box a	and stop here. The	e organization qua	ifies as a publicly s	supported organiz	zation	▶□
b 33 1/3% support tests - 2008. If the	-					and
line 18 is not more than 33 1/3%, che	eck this box ands	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∟

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

TRUSTEES OF LEAVITT INSTITUTE

C/O GEORGE RICHARDSON

Employer identification number 01-0263519

Pa			or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bottor advised fulles	(b) I und and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	writing that the accets hald in depart advis	ad funda
5	Did the organization inform all donors and donor advisors in v		Yes No
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor at	- ~	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	Yes No
Pai	impermissible private benefit? It II Conservation Easements. Complete if the org	ganization answered "Ves" to Form 900. P	
1		· · · · · · · · · · · · · · · · · · ·	arriv, line 7.
•	Purpose(s) of conservation easements held by the organization		targally important land area
	Preservation of land for public use (e.g., recreation or p Protection of natural habitat	Preservation of a cert	torically important land area
		Preservation of a cert	med historic structure
_	Preservation of open space	inal annualist and annualist and an electrical	of a community of a community of the local
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	or a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of concentration accompate		<u> </u>
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	2b
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure of conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements on a certified historic structure of the conservation easements of the conservation easement of the		2c
	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by the	e organization during the tax
	year >		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		□v □v.
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	lion's financial statements that describes	the organization's accounting for
Dai	conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or O	thor Similar Assats
- 41	Complete if the organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·	ther Sillinal Assets.
	Complete if the organization answered 100 to 101111	000,1 art 14, into 0.	
12	If the organization elected, as permitted under SFAS 116, not	t to report in its revenue statement and be	planes shoot works of art, historical
iu	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these if		one service, provide, in Fait XIV, the text of
h	If the organization elected, as permitted under SFAS 116, to a		as about warks of art biotorical transures
b			
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	s, provide the following amounts relating to
	these items:		▶ ♦
	(i) Revenues included in Form 990, Part VIII, line 1		. • •
^	(ii) Assets included in Form 990, Part X		> >
2	If the organization received or held works of art, historical treat		ı gain, provide
_	the following amounts required to be reported under SFAS 11	relating to these items:	. .
	Revenues included in Form 990, Part VIII, line 1		• \$
р	Assets included in Form 990. Part X		▶ \$

••	TRUSTE	ES OF LEAVI	TT INSTITU	JTE											
Sċhe	Schedule D (Form 990) 2009 C/O GEORGE RICHARDSON 01-0263 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (
Pa	t III Organizations Maintaining	Collections of A	rt, Historical Ti	reasures, or Oth	er Similar Asse	ts (conti	nued)								
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items														
	(check all that apply):														
а	Public exhibition	C	I Loan or exc	change programs											
b	Scholarly research	e	Other												
С	Preservation for future generations				_										
4	Provide a description of the organization's	collections and explai	n how they further t	the organization's ex	empt purpose in Par	t XIV.									
5	During the year, did the organization solicit	or receive donations	of art, historical trea	asures, or other simila	ar assets	_		1							
	to be sold to raise funds rather than to be r					Yes_		No							
Pa	Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or														
	reported an amount on Form 990, Part X, line 21.														
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included															
on Form 990, Part X? Yes															
b If "Yes," explain the arrangement in Part XIV and complete the following table:															
An An															
С	Beginning balance				1c										
	d Additions during the year 1d														
е															
f	• • • • • • • • • • • • • • • • • • • •														
	2a Did the organization include an amount on Form 990, Part X, line 21?														
	b If "Yes," explain the arrangement in Part XIV.														
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e)															
_		(a) Current year	(b) Prior year	(c) Two years back	(a) Three years back	(e) Four	years t	Jack							
_	Beginning of year balance														
b	Contributions														
C	Net investment earnings, gains, and losses	' 													
d	Grants or scholarships			 											
e	Other expenditures for facilities and programs														
	Administrative expenses														
g	End of year balance														
2	Provide the estimated percentage of the year	ear end halance held :			<u> </u>										
	Board designated or quasi-endowment	our orla balance ricia (%												
	Permanent endowment	 %	_ ′°												
	Term endowment														
	Are there endowment funds not in the poss	-	ation that are held a	and administered for	the organization										
	by:					ſ	Yes	No							
	(i) unrelated organizations					3a(i)									
	(ii) related organizations					3a(ii)									
ь	If "Yes" to 3a(ii), are the related organization					3b									
	ii 165 to Sa(ii), are the related Ordanization	no noteu ao regulieu t													
_4	Describe in Part XIV the intended uses of the	•				00									

(a) Cost or other

basis (investment)

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

0.

(d) Book value

1a Landb Buildings

d Equipmente Other

c Leasehold improvements

Description of investment

(b) Cost or other

basis (other)

(c) Accumulated

depreciation

Schedule D (Form 990) 2009

C/O GEORGE RICHARDSON

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Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2.		'
(a) Description of security or category	(b) Book value		(c) Method of value	
(including name of security)	(2) 2001	Со	st or end-of-year mar	ket value
Financial derivatives .				<u> </u>
Closely-held equity interests				
Other			 	
	<u> </u>	 		···
				
		+		
		-		
	<u> </u>			
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				-
Part VIII Investments - Program Related.	See Form 990 Part X line	13		
•		1	(c) Method of valua	ition;
(a) Description of investment type	(b) Book value	Co	st or end-of-year mar	
			•	
		ļ		
			<u> </u>	
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line	45	<u> </u>		
	e 15.) Description			(b) Book value
Įa	Description			(b) book value
				
		- ··		
***************************************	······································			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		▶	
Part X Other Liabilities. See Form 990, Part X	, line 25.			
1. (a) Description of liability		(b) Amount	1	
Federal income taxes		 	1	
			-	
			1	
			4	
			4	
			4	
		 	4	
			4	
			4	
Total (Column (b) must equal Form 000. Bort V and (D) (m	25)		4	
Total. (Column (b) must equal Form 990, Part X, col (B) lin	(C 20.)	<u> </u>	<u> </u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 C/O GEORGE RICHARDSON		01-026	3519 Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial S		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	· ·	77,276.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		128,017.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-50,741.
4	Net unrealized gains (losses) on investments	4		
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
9	Total adjustments (net). Add lines 4 through 8	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		-50,741.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	nue p	er Return	
1	Total revenue, gains, and other support per audited financial statements	<u>-</u> _	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a			
b	Donated services and use of facilities 2b		<u> </u>	
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expe	per Return		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
þ	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIV.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lir	nes 1b and 2b; Pa	rt V, line 4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to pro	vide an	y additional inform	nation.
			··· <u>-</u>	

SCHEDULE								N BWO	OMB No 1545-0047
Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Sta	s, tes		7	2009
Department of the Treasury Aternal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	' on Form 990, Pa m 990.	rt IV, line 21 or 22.		Open	Open to Public , Inspection
lame of the organization	n TRUSTEES OF C/O GEORGE	F LEAVITT I	T INSTITUTE SON					Employer identification number 01-0263519	tion number 263519
Part i General Info	General Information on Grants and Assistance	d Assistance							
1 Does the organiza	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or assi	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
criteria used to aw 2 Describe in Part IV	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ance? edures for monit	oring the use of grant	funds in the United	d States.		,	Yes	% ×
=======================================	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	d Organizations in the	e United States. C	omplete if the org	anization answered "Y	es* to Form 990, Part IN	V, line 21, for any	
recipient the	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	000. Check this	box if no one recipier	it received more th	ian \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if additiona	I space is needed	X
1 (a) Name and add or gove	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	of grant ince
							!		
								,	
ĺ	Enter total number of section 501(c)(3) and government organizations	d government or	ganizations					A	
۳Į	Enter total number of other organizations							•	
-HA For Privacy Act	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	iion Act Notice,	see the Instructions	for Form 990.				Schedule I (Fd	Schedule I (Form 990) 2009

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(Form 990) 2009 C/O GEORGE RICHARDSON
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance 0 ٥. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance . \M*4,9,S,1 COLLAGE SCHOLARSHIP 932102 02-02-10 Part IV .9913

SCHEDULE C

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.



Name o	f the c	rgan	ization		O GEO				SON	ST11	UTE					dentification nu 163519	mber
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