

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

OMB No 1545-0047

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 0	7-01-2009 and ending 06-30-2010	<u> </u>		Inspection
		pplicable	Please	C Name of organization Maureen & Mike Mansfield F			D Employer ide	entification number
┌ Add	ress ch	nange	use IRS		oundation		81-041170	
┌ Nar	ne cha	nge	label or print or	Doing Business As			E Telephone ni	umber
┌ Inıtı	al retu	rn	type. See Specific	Number and street (or P.O.	box if mail is not delivered to street addres	ce) Doom/cuite	(406) 243-	2215
┌ Ten	mınate	d	Instruc- tions.	Mansfield Library - Universit Montan		ss) Room, suite	G Gross receipts	\$ 9,249,273
∏ Am∈		return n pending		City or town, state or counti Missoula, MT 59812	y, and ZIP + 4	·		
i Obb	ilcatioi	rpending	E Name		l . #			
				ne and address of principa th Oleson	officer	H(a) Is the affilia	ıs a group retur ıtas?	n for ┌ Yes
				eld Library - University of		diiiid		, 103 , 110
			Montan Missou	ı Ila,MT 59812			l affiliates includ	·
Tax	k-exen	npt status	<u></u> 501(c))(3) 4 (insert no)	7(a)(1) or 527		o," attach a list ip exemption ni	(see instructions) imber 🟲
J W	ebsit e	e: F ww	w mansfield	lfdn org		(-)		
				tion Trust Association	Other 🕨	L Year of fo	rmation 1986	State of legal domicile MT
Pai		Sum	•					
	1				r most significant activities RELATIONS AMONG PACIFIC AF	REA PEOPLE	5	
3		1010.	STER OND	ENSTANDING & DETTER	KEENTIONS ATTOMOT MOTTE AT	KEN TEGTEE		
Governance								
≣								
Š	2	Check	this box 🛏	if the organization disco	ntinued its operations or disposed	of more than	25% of its net	assets
	3	Numbe	r of voting r	nembers of the governing	body (Part VI, line 1a)		3	1
Activities &	4	Numbe	r of ındepen	ident voting members of t	ne governing body (Part VI, line 1b)	. 4	1
Ě	5	Total n	umber of en	nployees (Part V , line 2a)			5	
Ę	6	Total n	umber of vo	lunteers (estimate if nece	ssary)		6	
⋖	7a	Total g	ross unrela	ted business revenue fror		7:	a	
	b	Net unr	elated busi	ness taxable income from	Form 990-T, line 34		71	b
						Prio	r Year	Current Year
	8	Contri	butions and	d grants (Part VIII, line 1		2,369,374	2,309,056	
를	9	Progra	am service	revenue (Part VIII, line 2		168,872	204,813	
Reven	10				, lines 3, 4, and 7d)		-1,495,647	622,593
ř	11	Other	revenue (P	art VIII, column (A), line	s 5, 6d, 8c, 9c, 10c, and 11e)		14,925	9,841
	12			dd lines 8 through 11 (mu	2	1,057,524	3,146,303	
	13				column (A), lines 1-3)		1,037,324	3,140,303
	14				olumn (A), line 4)			0
	15		•		nefits (Part IX, column (A), lines 5	_		
\$		10)	·				1,174,079	1,158,313
Expenses	16a				mn (A), line 11e)			0
Д	_ b			enses (Part IX, column (D), line			2 4 4 2 0 5 0	4 005 500
	17				11a-11d, 11f-24f)		2,143,858	1,935,522
	18				ual Part IX, column (A), line 25)		3,317,937	3,093,835
	19	Reven	ue iess exp	penses Subtract line 18 f	om line 12	Danimain	-2,260,413	52,468
Net Assets or Fund Balances							g of Current 'ear	End of Year
988 8	20	Total	assets (Par	rt X, line 16)			9,273,031	9,597,515
A B	21			Part X, line 26)			930,703	821,481
žĒ	22	Netas	sets or fun	d balances Subtract line	21 from line 20		8,342,328	8,776,034
Par	t II	Sign	ature Blo	ock			•	
					mined this return, including accompanying s			
		and beli	ef, it is true, o	correct, and complete Declarati	on of preparer (other than officer) is based	l on all informati	on of which prepar	er has any knowledge
Sign		****	***			2010-	09-21	
Here		I B	ature of office	er		Date	09-21	
		FLIZ	ABETH OLESO	N Fiscal Affairs Director/Secreta	nv			
			or print name		,			
		Preparer			Date	heck if	Preparer's identi	fying number
Paid		signatur		d W Laine	se	elf- mpolyed 🕨 🦵	(see instructions	
Prepa	rer'e	Firm's =	ame (or yours	s L Anderson ZurMuehlen & C		impolyeu F		
Use (ıf self-er	mployed),)	EIN ▶			
		address,	and ZIP + 4	PO Box 1040		_	Phone no b //	106) 442 1040
				Helena, MT 59624			Phone no 🕨 (4	
May t	he IR	S discus	ss this retu	rn with the preparer showi	n above? (see instructions)			✓ Yes

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Maureen and Mike Mansfield Foundation is an independent 501(c)3 organization that promotes understanding and cooperation among the nations and peoples of Asia and the United States Maureen and Mike Mansfield's values, ideals and vision for U.S. - Asia relations continue through the Foundation's exchanges, dialogues and publications, which create networks among U.S. and Asian leaders, explore the underlying issues influencing public policies, and increase awareness about the nations and peoples of Asia. The Foundation receives support from individuals, corporations and philanthropic organizations. It also provides support to The Maureen and Mike Mansfield Center at The University of Montana.

2		n undertake any signific or 990-EZ?		- ·	which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	nese new services on S	chedule O			
3	•	n cease conducting, or i	-	it changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe th	nese changes on Sched	ule O			
4	Section 501(c)(3) a		ions and section	on 4947(a)(1) trusts a	largest program services by re required to report the amo service reported	
4a	(Code) (Expenses \$	1,928,231	ıncludıng grants of \$) (Revenue \$	1,815,353)
		OWSHIPS - 2 YEAR EXCHANG T TO UNITED STATES AGENC			FUS FED GOV'T EMPLOYEES WITH ES	SUBSTANTIVE JAPAN EXPERTISE
4b	(Code CONFERENCES & RETF) (Expenses \$	489,089 AND AMERICAN IS	including grants of \$) (Revenue \$	439,611)
4c	(Code) (Expenses \$	210,860	ıncludıng grants of \$) (Revenue \$	62,284)
	ASIAN STUDIES SEMES SCHOOL EDUCATION A		HE UNIVERSITY O	F MONTANA, RELATED ASIA	N STUDIES RESEARCH CONDUCTED	AND PROVISION OF PUBLIC
4d		vices (Describe in Sch	•		•	
	(Expenses \$	128,004 inc	luding grants o	of \$) (Revenue \$	141,465)
4e	Total program serv	vice expenses►\$	2,756,18	4		
						Form 990 (2009)

art TV	Check	dist of	Required	Schedules

	•		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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 💆	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į	Į	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
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	Yes	
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 U S ? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	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	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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 Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
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		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

Part V	Statements	Regarding	Other IRS	Filings and	Tax Compliance
					. ax comphane

			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 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
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	Yes	
Ь	If "Yes," enter the name of the foreign country ▶JA 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
ā	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		Νo
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).			
	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		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
a	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 7f		N o N o
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	71 7g		NO
y h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	/y		
•	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		
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

MANSFIELD LIBRARY UNIVERSITY OF MT

MISSOULA, MT 59812 (406) 243-2215

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

Se	ction A. Governing Body and Management					
			Yes	No		
_						
1a	Enter the number of voting members of the governing body 1a 19					
ь	Enter the number of voting members that are independent 19					
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		Νο		
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		No		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		103			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo		
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
Ne	venue coue.)		Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		No		
	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						
	The the organization provided a copy of this form 550 to an inclination of its governing body below initing the form	11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes			
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
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	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
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?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation 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				
	List the States with which a copy of this Form 990 is required to be filed.					
17	List the States with which a copy of this Form 990 is required to be filed.					
18	Section 6104 requires an organization to make its Form 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 of which website. In Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of					
20	interest policy, and financial statements available to the public. See Additional Data Table. State the name, physical address, and telephone number of the person who possesses the books and records of the	a oran	nization	. 🌬		
20	ELIZABETH OLESON FISCAL DIRECTOR	ie orga	iiizatiof			

Part VIII 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, and current key employees 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, or 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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	A verage Position (check all Reportable Reportable hours that apply) compensation am			all Reportable Reportable compensation compensation		Reportable compensation	rtable Reportable Estim nsation compensation amount		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Forr	n 990 (2009)			Page 8
1b	Total	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> " <i>Yes,"</i> complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >0		0.00	. (2000)
		F	orm 99 0) (200

Form 99	•	<u> </u>						Page 9
Part V	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
nts ots	1a	Federated cam	paigns 1a					
E 전	ь	Membership du	es 1b	65,000				
કું. ⊞	c	Fundraising eve	ents 1c					
<u>≅,</u> ਰ	d		ations 1d					
a is	e	Government grants		1,815,353				
uatio E	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	428,703				
き	g		butions included in					
Contributions, gifts, grants and other similar amounts	h		s la-lf	▶	2,309,056			
				Business Code				
Program Service Revenue	2a	Program Fees		611,710	204,813	204,813		
æ Æ	ь			, ,	,			
93	c		_					
er E	d							
ි -	e							
Š.	f	All other progra	am service revenue					
ž	g	Total. Add lines	s 2a-2f		204,813			
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)	F	926,193			926,193
	4		tment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	(i) itsui	(11) 1 01001101				
	ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental incoi	Length or me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	5,799,370					
	ь	Less cost or other basis and	6,102,970					
	 c	sales expenses Gain or (loss)	-303,600					
	d		s)		-303,600			-303,600
	8a	Gross income f	rom fundraising					
Other Revenue			reported on line 1c)					
ď		See Part IV, lin	e 18 a					
her F	ь	Less directex	penses b					
ರ	С	Net income or (loss) from fundraising	events 🕨				
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b c		penses b (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold b					
	с		loss) from sales of inve	entory 🗠				
		Miscellaneous		Business Code	0.041	0.044		
	11a	OTHERINCOM	1 E	611,710	9,841	9,841		
	b							
	d	All other rawa						
	d e	All other revenue Total. Add lines						
	12		See Instructions .		9,841			
			· _ · _ · _ · _ · _ · _ · _ · _ ·		3,146,303	214,654	0	622,593

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations m	<u>-</u>			
	ll other organizations must complete column (A) but are not required to	complete column	ns (B), (C), and (B)	(D).	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	385,370	199,871	153,453	32,046
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	486,350	322,662	131,587	32,101
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	230,351	148,617	65,352	16,382
10	Payroll taxes	56,242	30,464	20,725	5,053
11	Fees for services (non-employees)				
а	Management				
b	Legal	750	750		
c	Accounting	9,635	4,900	4,735	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	169,458	64,400	105,058	
12	Advertising and promotion				
13	Office expenses	38,338	20,206	14,654	3,478
14	Information technology				
15	Royalties				
16	Occupancy	209,542	99,258	105,217	5,067
17	Travel	313,938	296,555	11,709	5,674
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,270	4,471	5,799	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,796		18,796	
23 24	Insurance				
	total expenses shown on line 25 below)				
a	Allocation of Indirect	0	492,479	 	
	Non-Employee Salaries,	443,945	443,945	+	
c	Housing/Post Education	398,210	398,210	 	
d	Language/Area Studies T	145,316	145,316		
e	Receptions	61,197	61,197		
f ar	All other expenses	116,127	22,883	90,978	2,266
25	Total functional expenses. Add lines 1 through 24f	3,093,835	2,756,184	235,584	102,067
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	935
	2	Savings and temporary cash investments	295,746	2	355,539
	3	Pledges and grants receivable, net	42,714	3	359,546
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 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 Part II of			
		Schedule L		6	
ets	7	Notes and loans receivable, net	137,710	7	
ssets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	407,755	9	261,826
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 400,558			
	ь	Less accumulated depreciation 10b 364,501	29,231	10c	36,057
	11	Investments—publicly traded securities	8,346,668	11	8,571,619
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	13,207	15	11,993
	16	Total assets. Add lines 1 through 15 (must equal line 34)	9,273,031	16	9,597,515
	17	Accounts payable and accrued expenses .	407,078	17	512,633
	18	Grants payable	296,099	18	267,555
	19	Deferred revenue	35,000	19	25,000
	20	Tax-exempt bond liabilities		20	
68	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
- 23		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	137,710	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	54,816	25	16,293
	26	Total liabilities. Add lines 17 through 25	930,703	26	821,481
<u>ب</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
92		through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets	-56,164		52,598
Fund Balance	28	Temporarily restricted net assets	2,672,649	28	2,997,593
2	29	Permanently restricted net assets	5,725,843	29	5,725,843
æ		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
ō		lines 30 through 34.			
₩	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	0.040.000	32	0.770.001
Net	33	Total net assets or fund balances	8,342,328		8,776,034
	34	Total liabilities and net assets/fund balances	9,273,031	34	9,597,515

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Maureen & Mike Mansfield Foundation

Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

Par	+ T	Peac	on for Bul	blic Charity Stat	us (All oro	ianizatione	must comr	alote this nai	rt \ See incl				
				e foundation because						u ucuons			
1	- ga			on of churches, or as:					,				
2	<u></u>			ın section 170(b)(1)				X-X-X-/-					
3	<u>'</u>			perative hospital serv				n 170/h\/1\/ <i>A</i>	\ \/ iii\				
4	<u>'</u>									/A \/;;;\ En+	artha		
4	'	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											
5	Г	_	-	erated for the benefit A)(iv). (Complete Pa	_	or universit	ty owned or o	perated by a g	jovernmental	unıt describ	ed in		
6	\vdash			local government or		al unit desc	rihad in cacti	on 170(h)(1)(Λ \/υ\				
7	<u> ~</u>	Anorga	nization tha	t normally receives a	_					n the genera	l public	3	
		describ section		A)(vi) (Complete Pa	rt II)								
8	Γ	A comn	nunity trust	described in section	170(b)(1)(A	A)(vi) (Con	nplete Part II)					
9	9 An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees							ership fees, a	and gro	SS			
		receipt	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		ıts supp	oort from gro	ss investment incom	ne and unrel	ated busine	ss taxable ın	come (less se	ction 511 ta	x) from busıı	nesses		
		acquire	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)										
10	\sqcap	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).											
11 e f g	, 	one or in the box a	more publicly that describ Type I cking this become foundation of the control of	anized and operated y supported organizations the type of supported by Type II ox, I certify that the con managers and other cecived a written described or indirectly confidential person described entity of a person described entitle entity of a person described entity of a pe	tions descriptions descripting organization er than one determination eation acceptontrols, either the supported in (i) about the supported in (i) about the supported in (i) about the supported in (ii) about the supported in (iii) about the supported in (iiii) about the supported in (iiii) about the supported in (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	bed in section and of Type III is not control from the IR ted any gift ar alone or ted organizate?	ion 509(a)(1) complete line relied directly blicly supporte S that it is a or contribution ogether with pation?	or section 50 s 11e through ly integrated or indirectly ed organizatio Type I, Type I on from any of	09(a)(2) See of 11h d by one or mo ons described II or Type III	Type I re disqualifie in section 5 supporting 11g(i) 11g(ii)	(a)(3). II - Otled pers 09(a)(organiz	Check her ons 1) or	
				ed entity of a person						11g(iii)		
h 		Provide	the followin	g information about t	the supporte	d organizat	ion(s)		Т				
Name suppo		e of (ii) orted EIN		oported EIN lines 1- 9 above your governing nization or IRC section document?		e tion in ted in erning	col (ı) of your col		Is the organizat	(vi) Is the ganization in (i) organized n the US?		(vii) A mount of support?	
				(see instructions))	Yes	No	Yes	No	Yes	No			
Total													

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	u cnecked the	box on line 5, A	7, or 8 of Part 1	.)			
	ection A. Public Support endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0.9	(f) Total
1	In) Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,790,21			2,369,374		309,056	10,983,646
2	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	1,790,21	0 2,083,167	2,431,839	2,369,374	2,3	309,056	10,983,646
	on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							10,983,646
	from line 4 ection B. Total Support							
	endar year (or fiscal year	(-) 200F	(1) 2006	(-) 2007	(4) 2000	(-) 204		(6) T - t - l
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	79	(f) Total
7	A mounts from line 4	1,790,210	370,395	2,431,839	2,369,374	2,309,056 10,9		10,983,646
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273,426	370,395	457,937	913,128	Ğ	925,848	2,940,734
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	74,725	8,483	10,421	14,925		9,841	118,395
11	Total support (Add lines 7 through 10)	(6						14,042,775
12	Gross receipts from related activiti		•			12		656,970
13 Se	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pub		·	, third, fourth, or f	ith tax year as a !	501(c)(3)	organiz	ation, ▶☐
14	Public Support Percentage for 2009			11 column (f))		14		78 220 %
15	Public Support Percentage for 2008	3 Schedule A, Pa	ırt II, lıne 14			15		68 900 %
16a	33 1/3% support test—2009. If the and stop here. The organization qua				ine 14 is 33 1/3%		check t	
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meeorganization	organization did n qualifies as a p — 2009. If the org tion meets the "1	not check the box ublicly supported anization did not c acts and circumst	on line 13 or 16 organization :heck a box on lin :ances" test, chec	e 13, 16a, or 16b ck this box and st o	and line op here. E	14 xplain	▶ ┌
b	10%-facts-and-circumstances test-							•
	15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets th tion meets the "f	e "facts and cırcu Facts and cırcumst	mstances" test, o ances" test The	heck this box and organization qual	d stop hei ifies as a	e. publicly	▶┌
18	Private Foundation If the organizat instructions	ion ala noi check	. a DUX ON MAE 13,	10a, 10D, 1/a 0i	170, CHECK THIS I	אטע aila s	ee	▶ □

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization'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						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Facts And Circumstances Test

UNDER ALL FACTS AND CIRCUMSTANCES THE ORGNANIZATION NORMALLY RECEIVES A SUBSTANTIAL PART OF ITS SUPPORT FROM GOVERNMENTAL UNITS OR THE GENERAL PUBLIC THE ORGANIZATION MAINTAINS A BROAD BASE OF DONORS THROUGHOUT THE UNITED STATES AND ASIA THE PUBLIC SUPPORT PERCENTAGE IS SKEWED DUE TO A SUBSTANTIAL NUMBER OF INVESTMENTS OF WHICH APPROXIMATELY 90% ARE ENDOWED

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 81-0411708

Name: Maureen & Mike Mansfield Foundation

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program	services				
(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
EXCHANGES INVO	DLVING CHINESE, JAPANESE	, AND KORE	AN VISITORS TO THE U	NITED STATES	
(Code) (Expenses \$	14,541	ıncludıng grants of \$) (Revenue \$)
	POLL DATABASE - ASIAN PUI FOUNDATION'S WEBSITE	BLIC OPINIO	ON POLLS (FROM JAPAN	I, CHINA, KOREA) ARE TRANSLATED AND	
(Code) (Expenses \$	113,463	including grants of \$) (Revenue \$ 141,4	65)
VARIOUS OTHER	PROGRAMS				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per		(C ition (that a	che		_		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
AMB THOMAS S FOLEY MEMBER	1 00	Х						0	0	(
CHARLES D FERRIS MEMBER	1 00	X						0	0	C	
MICHAEL C DELANEY PRESIDENT	1 00	Х		X				0	0	C	
JERRY R NORSKOG MEMBER	1 00	Х						0	0	C	
L DESAIX ANDERSON MEMBER	1 00	х						0	0	0	
DR GEORGE M DENNISON MEMBER	1 00	Х						0	0	(
AMB WALTER F MONDALE CHAIRMAN	1 00	Х		Χ				0	0	(
AMB BURTON LEVIN MEMBER	1 00	X						0	0	C	
YOICHI MORISHITA MEMBER	1 00	Х						0	0	(
DR SHOICHIRO TOYODA MEMBER	1 00	X						0	0	C	
AMB HOWARD BAKER JR MEMBER	1 00	Х						0	0	(
ALICIA O GA WA MEMBER	1 00	Χ						0	0	(
CHARLES D LAKE II VICE CHAIRMAN	1 00	X		X				0	0	(
WILLIAM T BREER MEMBER	1 00	Х						0	0	(
NORMAN Y MINETA MEMBER	1 00	Х						0	0	C	
MARY D BYRON TREASURER	1 00	X		Χ				0	0	(
CHRISTOPHER J LAFLEUR MEMBER	1 00	X						0	0	C	
J Thomas Schieffer MEMBER	1 00	Х						0	0	(
HAN SEUNG-SOO MEMBER	1 00	X						0	0	C	
L GORDON FLAKE EXECUTIVE DIRECTOR	40 00			X				127,618	0	(
Elizabeth O leson Secretary/Financial A ffa	40 00			Χ				59,415	0	(
PAIGE COTTINGHAM-STREATE DEPUTY CENTER DIRECTOR	40 00					X		116,736	0	(
TERUYO KURAMOTO JAPAN PROGRAM MANAGER	40 00					Χ		126,941	0	(

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Allocation of Indirect	0	492,479	-492,479	
Non-Employee Salaries,	443,945	443,945		
Housing/Post Education	398,210	398,210		
Language/A rea Studies T	145,316	145,316		
Receptions	61,197	61,197		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493301006090

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "	Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),
then	
◆ Section 501(c)(3) organizations	Complete Parts I-A and B Do not complete Part I-C

- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

lf th	ection 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line to part IV, Line 5 (Proxy Tax)			•	
N a	ureen & Mike Mansfield Foundation	Employer id 81-041170		ation numbe	er
Par	t I-A Complete if the organization is exempt under section 501(c) or is a			ganizatio	n.
1	Provide a description of the organization's direct and indirect political campaign activities in Pai	t IV			
2	Political expenditures	F	\$_		
3	Volunteer hours		_		
Pai	t I-B Complete if the organization is exempt under section 501(c)(3).				
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	\$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	┌ No
4a	Was a correction made?			☐ Yes	┌ No
b	If "Yes," describe in Part IV				
Pai	t I-C Complete if the organization is exempt under section 501(c) except	section 5	01(c)(3).	
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section exempt funtion activities	527 ►	\$_		
			_		

Did the filing organization file Form 1120-POL for this year? ┌ Yes State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) ar	nd filed Form 5768	(election
Α	Check I if the filing organization belongs to a	an affiliated group		
В	Check I if the filing organization checked bo	x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means an		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	22,516	
c	Total lobbying expenditures (add lines 1a and 1	b)	22,516	
d	Other exempt purpose expenditures		2,835,735	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	2,858,251	
f	Lobbying nontaxable amount Enter the amount columns	292,913		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)	73,228	
h	Subtract line 1g from line 1a If zero or less, ent	er - 0 -	0	
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -	0	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
2a	Lobbying non-taxable amount	285,348	307,862	315,897	292,913	1,202,020					
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,803,030					
_с	Total lobbying expenditures	22,500	22,528	22,500	22,516	90,044					
d	Grassroots non-taxable amount	71,337	76,966	78,974	73,228	300,505					
e	Grassroots ceiling amount (150% of line 2d, column (e))					450,758					
f	Grassroots lobbying expenditures				ulo C /Form 900 o						

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Forn	า 5768
	(election under section 501(h)).	

		(a)		(b)
		Yes	No	A mount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
ь	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
ь	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	FEES PAID TO A CONSULTANT LIMITED TO COMMUNICATIONS WITH MEMBERS OF CONGRESS ABOUT THE AUTHORIZATION & FUNDING OF THE MANSFIELD FELLOWSHIP PROGRAM

DLN: 93493301006090

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** Maureen & Mike Mansfield Foundation 81-0411708

		O, Part IV, line 6. (a) Donor advised funds		(b) Funds and o	ther accou	nts
Т	otal number at end of year					
A	Aggregate contributions to (during year)					
A	Aggregate grants from (during year)					
P	Aggregate value at end of year					
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_		rısed	☐ Yes	┌ No
	Did the organization inform all grantees, donors, and oused only for charitable purposes and not for the bene conferring impermissible private benefit				☐ Yes	┌ N
rt	Conservation Easements. Complete i	f the organization answered "Y	es" to For	m 990, Part I\	/, line 7.	
 	Purpose(s) of conservation easements held by the orginal Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualif	on or pleasure) Preservation Preservation	n of a certifie	ed historic struc	•	a
•	easement on the last day of the tax year			Held at the	End of the	Year
-	Total number of conservation easements		2a			
-	Total acreage restricted by conservation easements		2b			
ı	Number of conservation easements on a certified hist	oric structure included in (a)	2c			
ı	Number of conservation easements included in (c) ac	quired after 8/17/06	2d			
	Number of conservation easements modified, transfer	red, released, extinguished, or terr	minated by t	he organization	during	
ı	Number of states where property subject to conserva	tion easement is located 🗠				
ı	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection		f violations, and	i ┌ Yes	ΓN
(Does the organization have a written policy regarding	the periodic monitoring, inspection	n, handling o	,	☐ Yes	,
:	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection	n, handling o	during the year l	「Yes ►	,
:	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspe	the periodic monitoring, inspection ecting and enforcing conservation g, and enforcing conservation ease	easements during	during the year l	「Yes ►	
: : : : :	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 20170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained as the organization of the text of the conservation easements.	the periodic monitoring, inspection ecting and enforcing conservation of g, and enforcing conservation ease (d) above satisfy the requirements in its revening footnote to the organization's finents	easements of ements during of section ue and expendencial state	during the year land the year land the year land the second that described that described the second that described the se	Yes Yes and cribes	
: :: :: :: ::	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 20170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports containing sheet, and include, if applicable, the text of the organization's accounting for conservation easemal III Organizations Maintaining Collection	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revening footnote to the organization's finents of Art, Historical Treasu	easements of section ue and expendencial state	during the year land the year land the year land the second that described that described the second that described the se	Yes Yes and cribes	
: : : : : : : : : : : : : : : : : : :	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 20170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained as the organization of the text of the conservation easements.	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revenue footnote to the organization's finents of Art, Historical Treasures" to Form 990, Part IV, line 116, not to report in its revenue st for public exhibition, education or resistance.	easements of section ue and expendencial state res, or Ot 8. atement and esearch in formal section in the	during the year significant statement, ments that described ther Similar	Yes Yes and cribes Assets.	┌ N
: t	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting a mount of expenses incurred in monitoring, inspecting the conservation easement reported on line 2 to 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports consultance sheet, and include, if applicable, the text of the organization's accounting for conservation easement. Organizations Maintaining Collections Complete if the organization answered. " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held to the organization answered."	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revenue footnote to the organization's finents ns of Art, Historical Treasures" to Form 990, Part IV, line 116, not to report in its revenue stor public exhibition, education or rancial statements that describes the 116, to report in its revenue states.	easements of ements during of section ue and expendencial state essearch in finese items ment and balling of the second s	during the year lang the year lang the year lang the year language sheet world lance	Yes Yes and cribes Assets. works of iblic services	□ No
: t	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 20170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easems. III Organizations Maintaining Collection Complete if the organization answered "If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for phistorical treasures.	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revenue footnote to the organization's finents ns of Art, Historical Treasures" to Form 990, Part IV, line 116, not to report in its revenue stor public exhibition, education or rancial statements that describes the 116, to report in its revenue states.	easements of ements during of section ue and expendencial state essearch in finese items ment and balling of the second s	during the year of	Yes Yes and cribes Assets. works of iblic services	┌ №
: : : : : : : : : : : : : : : : : : :	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting a mount of expenses incurred in monitoring, inspecting to the conservation easement reported on line 20, 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easems. III Organizations Maintaining Collection Complete if the organization answered "If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final fifthe organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revenue footnote to the organization's finents ns of Art, Historical Treasures" to Form 990, Part IV, line 116, not to report in its revenue stor public exhibition, education or rancial statements that describes the 116, to report in its revenue states.	easements of ements during of section ue and expendencial state essearch in finese items ment and balling of the second s	during the year of the year of the year of the year of public of public of the year of the year of public of the year of yea	Yes Yes and cribes Assets. works of iblic service, ks of art, service,	┌ №
	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 20170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained sheet, and include, if applicable, the text of the organization's accounting for conservation easems. III Organizations Maintaining Collection Complete if the organization answered "If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final fifthe organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (ii) Revenues included in Form 990, Part VIII, line 1	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revening footnote to the organization's finients of Art, Historical Treasures" to Form 990, Part IV, lines 116, not to report in its revenue story public exhibition, education or reasonal statements that describes the 116, to report in its revenue states ublic exhibition, education, or reservations are exhibition, education, or reservations are successful to the successful to th	easements of section of section ue and expendencial state res, or O1 8. atement and esearch in finese items ment and balarch in furth	ther Similar d balance sheet workerance of public shere is the sheet workerance of public is the	Yes Yes and cribes Assets. works of iblic service ks of art, c service,	┌ N
1	Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting a mount of expenses incurred in monitoring, inspecting to the conservation easement reported on line 2 to 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports consultance sheet, and include, if applicable, the text of the cheorganization's accounting for conservation easems. III Organizations Maintaining Collections Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIV, the text of the footnote to its final fithe organization elected, as permitted under SFAS instorical treasures, or other similar assets held for 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 If the organization received or held works of art, historical treasures are not provided and the second a	the periodic monitoring, inspection ecting and enforcing conservation ease (d) above satisfy the requirements in its revening footnote to the organization's finients of Art, Historical Treasures" to Form 990, Part IV, lines 116, not to report in its revenue story public exhibition, education or reasonal statements that describes the 116, to report in its revenue states ublic exhibition, education, or reservations are exhibition, education, or reservations are successful to the successful to th	easements of section of section ue and expendencial state res, or O1 8. atement and esearch in finese items ment and balarch in furth	ther Similar I balance sheet urtherance of public ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** \$ ** Cial gain, provi	Yes Yes and cribes Assets. works of iblic service ks of art, c service,	□ N .

Part	••• Organizations Maintaining Co	Hections of Art	, HIS	tori	cai ire	asur	res, or c	unei	Similia	r Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ne foll	lowing th	at are	a significa	ant us	e of its c	ollectior	1	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	rganızatıor	ı's ex	empt pur	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					lar	Г	Yes	┌ No
Par	Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributi	ions oi	r other ass	ets n	ot	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year						F	1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990 Part V line	. 212				L				Yes	
			= 21,							,	165	, 140
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete i		200	wor	ad "Vac	" to E	orm 990	Dart	· TV line	10		
Fai	Endowment Funds. Complete	(a)Current Year)Prior			o Years Back)Four Y	ears Back
1a	Beginning of year balance	8,564,509			,922,856	` ,		1				
ь	Contributions				12,125							
c	Investment earnings or losses	1,003,486		-1	,724,428							
d	Grants or scholarships											
e	Other expenditures for facilities and programs	678,542			646,044							
f	Administrative expenses											
g	End of year balance	8,889,953		8	3,564,509							
2	Provide the estimated percentage of the yea	r end balance held a	is					·				
а	Board designated or quasi-endowment 🕨	1870 % %										
ь	Permanent endowment - 64 410 % %											
c	Term endowment ► 33 720 % %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	thata	are held	and ac	dministere	d for t	he			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
_	(ii) related organizations					•				3a(ii)		No
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
						0 Do	rt V Juno	10				
Pall	VI Investments—Land, Buildings	s, and Equipme	III. 3									
	Description of investment				sis (invest		(b)Cost or basis (oth		(c) Accu depre		(d) B	ook value
	and		•									
	Buildings		•									
	easehold improvements		•	-			16	7,885		165,376		2,509
	Equipment		•	-			23	2,673		199,125		33,548
	Other		•						_			
	.Add lines 1a-1e (Column (d) should equal Fo	000 D-4 V I	- /n!						🕨		1	36,057

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
	(-,	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		
(a) Descrip	tion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	, line 25. (b) A mount	

Part XI, Line 8 - Other Adjustments

1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Properiod adjustments 7 Properiod adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) frothe year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Net unrealized gains on investments		Ident if ier	Return Reference			Explanat	ion	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part VIII, column (A), line 12) 3 Total expenses (Form 990, Part VIII, column (A), line 12) 4 Vet unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficitl) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficitl) for the year per financial statements with Revenue Per Veturi (Part Period agains) on investment per audited financial statements with Revenue Per Veturi (Part Period agains) on investments on Period agains (Part Period Add lines 4 - 8) 10 Total revenue, gains, and other support per audited financial statements with Revenue Per Veturi (Part Period Add lines 4 - 8) 10 Donated services and use of facilities (Part Period Add lines 4 - 8) 10 Total revenue, gains, and other support per audited financial statements with Revenue Per Veturi (Part Period Add lines 4 - 8) 10 Donated services and use of facilities (Part Period Add lines 4 - 8) 11 Total revenue, gains, and other support per audited financial statements (Part Period Add lines 4 - 8) 12 Total revenue, gains, and other support per audited financial statements (Part Period Add lines 4 - 8) 13 Subtract line 2 from line 1 (Part Period Add lines 4 - 8) 14 Amounts included on Form 990, Part VIII, line 7 b (Part Period Add lines 4 - 8) 15 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) (Part Period Add lines 4 and 4b) (Part Period Add lines 4 and 4d) (Part Period A	Part	V, line 4, Part X, Part XI, line 8,						
1 Total seynenue (Form 990, Part VIII, column (A), line 12)					Q D = r+	III lines 15 and 4 D	art IV	lines 1h and 2h
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part VIII, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Solar (deficit) for the year per financial statements Combine lines 3 and 7 prior (deficit) for the year per financial statements Combine lines 3 and 7 prior (deficit) for the year per financial statements with Revenue verver verver 10 prior 2 prior (deficit) for the year per financial statements with Revenue verver verver 11 prior 2 prior (deficit) for the year per financial statements with Revenue verver verver 12 prior 2 prior		· · · · · · · · · · · · · · · · · · ·	<u> </u>	t I, lır	ne 18)		5	3,093,835
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Properiod adjustments 7 Properiod adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) frothe year per financial statements Combine lines 3 and 9 10 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Net unrealized gains on investments 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on Form 990, Part VIII, line 7 b. 4a 1 Investment expenses and included on Form 990, Part VIII, line 7 b. 4a 2 Amounts included on Form 990, Part VIII, line 7 b. 4a 3 Investment expenses and losses per audited financial Statements With Expenses per Return 2 Total expenses and losses per audited Financial Statements With Expenses per Return 3 Investment expenses and included on Form 990, Part VIII, line 7 b. 4a 4 Investment expenses and losses per audited financial Statements With Expenses per Return 4 Total expenses and losses per audited financial Statements With Expenses per Return 5 Total expenses and losses per audited financial Statements With Expenses per Return 6 Other (Describe in Part XIV) 2 Amounts included on line 1 but not on Form 990, Part VIII, line 7 b. 4a 5 Onated services and use of facilities 6 Other (Describe in Part XIV) 6 Other (Describe in Part XIV) 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Other (Describe in Part							_	0
1. Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2. Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,838 3. Excess or (deficit) for the year Subtract line 2 from line 1 4 2 4. Net urrealized gains (losses) on investments 4 4 5. Donated services and use of facilities 5 5 6. Investment expenses 6	b	,		•	4b		-	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net urrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Propertion adjustments 8 Otto (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per audited financial Statements With Revenue ver verturn 1 Total revenue, gains, and other support per audited financial Statements		·		•	\vdash		-	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4				, ,			
1 1 Total evenue (Form 990, Part VIII, column (A), line 12)	3						3	3,093,835
1 1 Total evenue (Form 990, Part VIII, column (A), line 12) 2 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 7 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial Statements Combine lines 3 and 12 an	e	Add lines 2a through 2d		•			2e	51,145
1 3,146,303 2 Total expenses (Form 990, Part VIII, column (A), line 12) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 5 5 5 5 5 5 5 5 5	d	Other (Describe in Part XIV)			2d			
1 Total evenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements With Revenue per Return 1 Total adjustments (net) Add lines 4 - 8 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 Amounts included on Form 990, Part VIII, line 12 3 Subtract line 2 efrom line 1 4 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 2a through 2d 3 Subtract line 2 efrom line 1 4 Amounts included on Form 990, Part VIII, line 7b 4 Add lines 4a and 4b 5 Other (Describe in Part XIV) 6 Add lines 4a and 4b 7 Add lines 4a a	c	Other losses			2c			
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 381,238 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total revenue, gains, and other support per audited Financial Statements With Revenue per Test Internal Inte	b	Prior year adjustments		•	2b			
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 5,2468 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) 8 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 433,706 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 1 3,578,685 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 381,237 b Donated services and use of facilities 2a 381,237 b Donated services and use of facilities 2a 381,237 c Recoveries of prior year grants 2a 381,237 d Other (Describe in Part XIV) 2a 381,237 d Other (Describe in Part XIV) 3 3,3146,303 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 3,302 a Investment	а	Donated services and use of fac	cilities	•	2a	51,145		
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 5,2468 4 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments 7 7 8 Other (Describe in Part XIV) 8 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 433,738 9 Total revenue, gains, and other support per audited financial Statements With Revenue per Return 1 3,578,635 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2a 381,237 b Donated services and use of facilities 2a 381,237 b Onter (Describe in Part XIV) 2a 31,237 <td>2</td> <td>A mounts included on line 1 but</td> <td>not on Form 990, Part IX, line 25</td> <td></td> <td>_</td> <td></td> <td></td> <td></td>	2	A mounts included on line 1 but	not on Form 990, Part IX, line 25		_			
1 Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Pror period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 Total adjustments (net) Add lines 4 - 8 10 Total revenue, gains, and other support per audited financial Statements With Revenue per Revenue Per Audited Financial Statements With Revenue Per Revenue Revenue gains on investments on Prom 990, Part VIII, line 12 1 Total revenue, gains on investments 2 2a 381,237 1 Describe in Part XIV) 1 Donated services and use of facilities 2 2a 381,237 2 Add Innes 2a through 2d 2 3 381,237 3 Subtract line 2e from line 1 2 2a 381,237 4 Amounts included on Form 990, Part VIII, line 12 2 2 3 381,237 4 Amounts included on Form 990, Part VIII, line 12 2 2 3 381,237 5 Other (Describe in Part XIV) 2 2 3 381,237 5 Other (Describe in Part XIV) 3 3 3,146,303 5 Other (Describe in Part XIV) 4 4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	·	audited financial				1	3,144,980
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 6 61 Investment expenses 6	Part	XIII Reconciliation of Ex	penses per Audited Financial	Sta	temen	ts With Expenses	per	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 5 5 Donated services and use of facilities 5 5 6 Investment expenses 6 5 7 Prior period adjustments 7 8 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 9 Total revenue, gains, and other support per financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Audited Financial Statements With Revenue per Neurolitiation of Revenue per Neurolitiation per Neurolitiation per Neurolitiation per Neurolitiation per Neurolit	5	Total Revenue Add lines 3 and	4c. (This should equal Form 990, Part	I, lın	e 12)	<u></u>	5	3,146,303
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 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) 8 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 9 Total revenue, gains, and other support per audited Financial Statements With Revenue per Return 1 3,578,685 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 3,578,685 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 381,237 b Donated services and use of facilities 2a 381,237 b Donated services and use of facilities 2a 381,237 b Donated services and use of facilities 2a 381,237 c Recoveries of prior year grants 2a 381,237 b Donated services and use of facilities 2a 381,237 c Recoveries of prior year grants 2a 381,237 c Recoveries of prior year grants 2a 432,382	c	Add lines 4a and 4b					4c	0
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 5 6 Investment expenses 6 6 7 Prior period adjustments 7 7 8 381,238 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 433,706 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 1 3,578,685 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 381,237 4 Donated services and use of facilities 2a 381,237 5 Donated services and use of facilities 2b 51,145 6 C 2a 381,237 7 C 4<	b				4b			
Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 5 6 Investment expenses 6 6 7 Prior period adjustments 7 7 8 381,238 9 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 433,706 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Text III (Inc. 12) 1 3,578,685 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 381,237 4 1 Donated services and use of facilities 2a 381,237 4 2 Recoveries of prior year grants 2a 381,237 4 4 Donated services and use	а			.	4a			
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (defict) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 4 5 Donated services and use of facilities 5 5 6 Investment expenses 6 7 7 Prior period adjustments 7 7 8 Other (Describe in Part XIV) 8 381,238 9 Total adjustments (net) Add lines 4 - 8 9 381,238 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 433,706 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Revenue 1 Total revenue, gains, and other support per audited financial statements				-	-			-,-:-,2
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 4 4 5 5 5 6 1 1 3,146,303 7 2 3 52,468 8 1 3 52,468 9 1 3 5 5 6 1 4 4 5 5 5 6 1 1 3 5 5 5 5 6 6 7 7 7 7 7 8 381,238 8 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9 381,238 9		_						3,146,303
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Total adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Amounts included on line 1 but not on Form 990, Part VIII, line 12 Recoveries of prior year grants		,		٠ ١			2e	432,382
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Net unrealized services and use of facilities Tonated services and use of facilities Investment expenses Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Total revenue, gains, and other support per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 A Net unrealized gains on investments		· · · ·		` <u>.</u>				
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Investment expenses Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments				' -		31,143		
1 3,146,303 2 Total expenses (Form 990, Part VIII, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 Investment expenses 6 Investment expenses 7 Prior period adjustments 9 Other (Describe in Part XIV) 8 0 Steel adjustments (net) Add lines 4 - 8 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 3,093,835 2 3,093,835 3 52,468 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		_		•		,		
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Investment expenses Investment expenses Total adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Total revenue, gains, and other support per audited financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements			· · · · · · · · · · · · · · · · · · ·	ı	22	201 227		
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		· -		nts .			1	3,578,685
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments45Donated services and use of facilities56Investment expenses67Prior period adjustments78Other (Describe in Part XIV)8381,2389Total adjustments (net) Add lines 4 - 89381,23810Excess or (deficit) for the year per financial statements Combine lines 3 and 910433,706			•					
Total revenue (Form 990, Part VIII, column (A), line 12) Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Frior period adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8								433,706
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments45Donated services and use of facilities56Investment expenses67Prior period adjustments78Other (Describe in Part XIV)8381,238	9	Total adjustments (net) Add lin	es 4 - 8				9	381,238
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments45Donated services and use of facilities56Investment expenses67Prior period adjustments7		Other (Describe in Part XIV)					<u> </u>	381,238
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments45Donated services and use of facilities56Investment expenses6		Prior period adjustments					7	
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments45Donated services and use of facilities5		Investment expenses					<u> </u>	
1Total revenue (Form 990, Part VIII, column (A), line 12)13,146,3032Total expenses (Form 990, Part IX, column (A), line 25)23,093,8353Excess or (deficit) for the year Subtract line 2 from line 1352,4684Net unrealized gains (losses) on investments4		Donated services and use of fac	ılıtıes				<u> </u>	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 52,468		,					<u> </u>	
1 Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303 2 Total expenses (Form 990, Part IX, column (A), line 25) 2 3,093,835							<u> </u>	52,468
Total revenue (Form 990, Part VIII, column (A), line 12) 1 3,146,303							-	
							-	
Part XII Reconciliation of Change in Net Assets from Form 990 to Financial Statements				n 99	u to Fi	nanciai Statemei		3 146 303

Unrealized Gain/Loss 381238

DLN: 93493301006090

OMB No 1545-0047

Open to Public

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Statement of Activities Outside the United States

Inspect ion

Name of the organization Maureen & Mike Mansfield Foundation **Employer identification number**

					81-041170	8
Pa	General Information "Yes" to Form 9			de the United States	s. Complete if the orga	nızatıon answered
1	For grantmakers. Do	es the organiza	ition maintain r	ecords to substantiate	the amount of the gran	ts or
		lection criteria used to a				
	the grants or assistar	nce?				
2	For grant makers. Descri United States	ibe in Part IV the	organization's pr	ocedures for monitoring th	ne use of grant funds outsi	de the
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)	T	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	for region
ASI	A	1	3	PROGRAM SÉRVICES	IMPLEMENT MANSFIELD FELLOWSHIP PROGRAM - NEGOTIATE AND SUPERVISE PLACEMENT OF MANSFIELD FELLOWS IN JAPANESE GOVERNMENT AGENCIES, PROVIDE HOUSING, EDUCATION OF MINOR CHILDREN AND OTHER FORMS OF SUPPORT TO FELLOWS AND THEIR FAMILIES ASSIST WITH CONFERENCE AND MEETING IMPLEMENTATION IN ASIA (USUALLY KOREA, JAPAN, AND CHINA)	
-						

639,143

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☐ Use Schedule F-1 (Form 990) if additional space is needed.									
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
2 Enter total n tax-exempt	umber of recipions of the interest of the inte	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►		
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009	

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	_	
	_	
	+	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493301006090

OMB No 1545-0047

2000

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Maureen & Mike Mansfield Foundation

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Supplemental Information to Form 990

Name of the organization

Employer identification number

81-0411708

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE TREASURER REVIEWS THE 990 TAX RETURN AND THE RETURN IS EMAILED TO ALL BOARD MEMBERS PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		Board members update their conflict of interest statement annually at the spring board meeting
Form 990, Part VI, Section B, line 15		A comparative compensation study is done annually using economic data from federal and private regional sources. The report is submitted to the board's compensation committee, which recommends performance-based raise and bonus parameters to the executive committee. The final recommendations are approved by the board.
Form 990, Part VI, Section C, line 19		FORM 990 TAX RETURNS, IRS FORM 1023 AND DETERMINATION LETTER, GOVERNANCE DOCUMENTS, AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE
FORM 990 PART XI LINE 2C	OVERSIGHT OF THE AUDIT	THE BOARD OF DIRECTORS IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT