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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning** 9/01 , **2009, and ending** 8/31 , **2010****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
RICHARDS INSTITUTE OF EDUCATION RESEARCH
3825 170TH PLACE NE
BELLEVUE, WA 98008**D** Employer identification number

94-1714519

E Telephone number

805-905-7363

F Group Exemption Number► **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method ☐ Cash ☒ Accrual
Other (specify) ►**I Website:** ► WWW.EDUCATIONTHROUGHMUSIC.COM**J Tax-exempt status** (check only one) — ☒ 501(c) (3) (insert no) 4947(a)(1) or 527**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 315,136.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	5,660.
	2 Program service revenue including government fees and contracts	2	282,050.
	3 Membership dues and assessments	3	
	4 Investment income	4	4,160.
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐		
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b Less direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a	23,266.	
7b Less cost of goods sold	7b	9,180.	
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	14,086.	
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	305,956.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	141,067.
	13 Professional fees and other payments to independent contractors	13	16,353.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Statement 1)	16	186,528.
	17 Total expenses. Add lines 10 through 16	17	343,948.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-37,992.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	74,970.
	20 Other changes in net assets or fund balances (attach explanation) See Statement 2	20	6,492.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	43,470.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	162,223.	22 137,091.
23 Land and buildings		23
24 Other assets (describe ► See Statement 3)	24,673.	24 18,690.
25 Total assets	186,896.	25 155,781.
26 Total liabilities (describe ► See Statement 4)	111,926.	26 112,311.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	74,970.	27 43,470.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.Form **990-EZ** (2009)

Expenses

(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others.)

28a	156,279.
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28a	156,279.
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29a	65,116.
-----	---------

30 a	39,070.
------	---------

32	260,465.
----	----------

32	260,465.
----	----------

32	260,465.
----	----------

32	260,465.
----	----------

32	260,465.
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32	260,465.
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(e) Expense account and other allowances

0.

Part V Other Information (Note the statement requirements in the instrs for Part V.) See Statement 9

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 40b		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed CA		

42a The organization's books are in care of **RANDAL A MCCHESENEY** Telephone no. **805-905-7363**
 Located at **3825 170TH PLACE NE BELLEVUE WA** ZIP + 4 **98008**

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. 42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45		X

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	X	
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If 'Yes,' was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

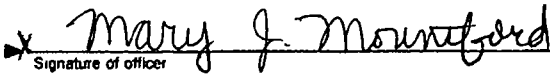
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ...

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>7/8/11</u>	
	MARY MOUNTFORD Type or print name and title.		BOARD PRESIDENT	
Paid Preparer's Use Only	Preparer's signature	 PAMELA LANDON	Date	<u>7/12/11</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	TD&T FINANCIAL GROUP, P.C. 1700 42ND ST NE STE M CEDAR RAPIDS, IA 52402-3000		
	Check if self-employed	☐ Preparer's Identifying Number (See instructions) P00051729		
	EIN	42-1029744		
	Phone no	319-393-2374		

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

RICHARDS INSTITUTE OF EDUCATION RESEARCH

Employer identification number

94-1714519

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 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 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

Schedule **A** (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr 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 'unusual' grants.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that 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						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 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 ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE E
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schools**

- **Complete if the organization answered 'Yes' to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.**
► **Attach to Form 990 or Form 990-EZ.**

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization

RICHARDS INSTITUTE OF EDUCATION RESEARCH

Employer identification number

94-1714519

- 1** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

	YES	NO
1	X	

- 2** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

2	X	
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- 3** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it had no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Schedule O (Form 990).

3	X	
----------	---	--

THE FOLLOWING STATEMENT APPEARS ON ALL CORRESPONDENCE: RICHARDS INSTITUTE
IS A NON-PROFIT EDUCATIONAL ORGANIZATION. IT FUNCTIONS WITHOUT
DISCRIMINATION AS TO RACE, CREED, OR RELIGIOUS AFFILIATION IN ALL OF ITS
ACTIVITIES.

- 4** Does the organization maintain the following?

a Records indicating the racial composition of the student body, faculty, and administrative staff?

4a		X
-----------	--	---

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

4b	X	
-----------	---	--

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

4c	X	
-----------	---	--

d Copies of all material used by the organization or on its behalf to solicit contributions?

4d	X	
-----------	---	--

If you answered 'No,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).

- 5** Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

5a		X
-----------	--	---

b Admissions policies?

5b		X
-----------	--	---

c Employment of faculty or administrative staff?

5c		X
-----------	--	---

d Scholarships or other financial assistance?

5d		X
-----------	--	---

e Educational policies?

5e		X
-----------	--	---

f Use of facilities?

5f		X
-----------	--	---

g Athletic programs?

5g		X
-----------	--	---

h Other extracurricular activities?

5h		X
-----------	--	---

If you answered 'Yes,' to any of the above, please explain. If you need more space, use Schedule O (Form 990).

- 6a** Does the organization receive any financial aid or assistance from a governmental agency?

6a		X
-----------	--	---

b Has the organization's right to such aid ever been revoked or suspended?

6b		X
-----------	--	---

If you answered 'Yes,' to either line 6a or line 6b, please explain on Schedule O (Form 990).

- 7** Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' explain on Schedule O (Form 990).

7	X	
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RICHARDS INSTITUTE OF EDUCATION RESEARCH

94-1714519

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

Advertising and Promotion	\$	9,690.
Classroom Ed. - Child. Program		1,726.
Classroom Ed. - Food		2,488.
Classroom Ed. - Lodging/Rental		47,365.
Classroom Ed. - Misc.		349.
Classroom Ed. - Supplies		4,823.
Classroom Ed. - Tuition Refund		5,448.
Classroom Ed. - Univ. Credit		27,343.
CONSULTING AND SPEAKERS		21,907.
CREDIT CARD PROCESSING		4,922.
GIFTS		558.
Insurance		637.
Interest		4.
INTERNET		1,203.
LICENSE AND FEES		73.
MEALS		12,413.
MISCELLANEOUS		858.
Office Expenses		586.
TELEPHONE		2,686.
Travel		41,449.
Total	\$	<u>186,528.</u>

Statement 2
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments	\$	6,492.
Total	\$	<u>6,492.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,920.	\$ 214.
Inventories	22,753.	18,226.
Prepaid Expenses and Deferred Charges	0.	250.
Total	\$ <u>24,673.</u>	\$ <u>18,690.</u>

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 48,261.	\$ 45,002.
Deferred Revenue	63,665.	67,309.
Total	\$ <u>111,926.</u>	\$ <u>112,311.</u>

RICHARDS INSTITUTE OF EDUCATION RESEARCH

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Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

THE RICHARDS INSTITUTE CONDUCTS COURSES FOR TEACHERS, MUSIC EDUCATORS, PARENTS, SPEECH AND LANGUAGE PATHOLOGISTS, PSYCHOLOGISTS, PEDIATRICIANS, AND OTHER PROFESSIONALS IN EDUCATION, IN SEVERAL STATES ACROSS THE COUNTRY. THESE WINTER AND SUMMER COURSES REACH APPROXIMATELY 550 ADULTS EVERY YEAR, AFFECTING THE LIVES OF THOUSANDS OF CHILDREN, IN THE AREAS OF EMOTIONAL STABILIZATION, COGNITIVE FUNCTIONING, ENHANCED LANGUAGE SKILLS, AND INCREASED MOVEMENT AND SENSORY-MOTOR AWARENESS. THESE ARE ACHIEVED THROUGH PLAY AND AESTHETIC EXPERIENCE IN THE EDUCATION THROUGH MUSIC SONG EXPERIENCES.

Statement 6
Form 990-EZ, Part III, Line 29
Statement of Program Service Accomplishments

THE RICHARDS INSTITUTE SPONSORS ANY NUMBER OF SCHOLARSHIPS ANNUALLY WHICH ASSIST SUB-SALARIED EARLY CHILDHOOD EDUCATORS WORKING AT HEADSTART, STATE-SPONSORED AFTER-SCHOOL PROGRAMS, PRIVATELY SPONSORED DAY CARE, AND EARLY INFANT INTERVENTION/PARENTING PROGRAMS FOR AT-RISK CHILDREN AND PARENTS IN MICHIGAN, TEXAS, ILLINOIS, CALIFORNIA, AND VIRGINIA. GRANTS FOR THESE POPULATIONS ARE APPLIED DIRECTLY TO EACH PARTICIPANT'S TUITION FOR ETM STUDY (ALREADY REDUCED BY THE INSTITUTE FROM \$310 PER COURSE TO \$200) ANNUALLY AND TARGET SOME 150 PERSONS EACH YEAR.

Statement 7
Form 990-EZ, Part III, Line 30
Statement of Program Service Accomplishments

THE RICHARDS INSTITUTE CONDUCTS WEEK-LONG SUMMER INTEGRATED ARTS DAY CAMP (SONG/PLAY, VISUAL ART, STORYTELLING AND CREATION) AIMED AT SPONSORING THE EMERGENT IMAGINATION - AND THUS THE INTELLIGENCE, ACCORDING TO NARCOSYNTHESIS - WHICH INCLUDE ANY NUMBER OF AT-RISK AND SPECIAL NEEDS POPULATIONS DRAWN FROM VARIOUS GEOGRAPHIC LOCALES (MICHIGAN, CALIFORNIA), DIVERSE CULTURAL GROUPS (LATINO, AFRICAN-AMERICAN, ASIAN, CAUCASIAN, NORTHERN/CENTRAL EUROPEAN IMMIGRANT), DIVERSE SES FOR UP TO 500 PERSONS PER SUMMER. GRANT MONIES FOR PARTICIPANTS ARE APPLIED DIRECTLY TO THE PARTICIPANTS THROUGH NO THIRD-PARTY INTERMEDIARY.

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Statement 8
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
RANDAL A MCCHESENEY 3825 170TH PLACE NE BELLEVUE, WA 98008-6100	Executive Direc 60.00	\$ 95,083.	\$ 0.	\$ 0.
JANA RHOADES 26937 N 87TH DRIVE PEORIA, AZ 85383	Director 1.00	0.	0.	0.
JAMES I MOHNI 1922 MAPLEVIEW CT SE CEDAR RAPIDS, IA 52403	Past President 1.00	0.	0.	0.
LAURA WALTER 268 DONNER AVENUE VENTURA, CA 93003	Ex. Dir. Elect 40.00	35,233.	0.	0.
MARY MOUNTFORD 2103 BARTON CRK DR. PEARLAND, TX 77584	President 1.00	0.	0.	0.
LYNN O'NEIL 36693 MUNGER STREET LIVONIA, MI 48154	Director 1.00	0.	0.	0.
MARILYN WOLLENWEBER 807 EBERHARDT CT CLAYTON, CA 94517	Director 1.00	0.	0.	0.
LORI GOSS 4173 SANDHILL LANE DEXTER, MI 48130	Director 1.00	0.	0.	0.
TONI NUNEMAKER 1565 MAPLELAWN SW WYOMING, MI 49509	Director 1.00	0.	0.	0.
KRISTINA MARTINSON 39855 MILLBROOK WAY UNIT B MURRIETA, CA 92563	Director 1.00	0.	0.	0.
KATHY JEWELL 39622 DUN ROVIN DRIVE NORTHVILLE, MI 48168	Director 1.00	0.	0.	0.
BROOKE MUNSON 265 REDFIELD CT CANTON, MI 48188	Director 1.00	0.	0.	0.

RICHARDS INSTITUTE OF EDUCATION RESEARCH

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Statement 8 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
JOANN YABROF 775 SERENIDAD PLACE OAK VIEW, CA 93022	Director 1.00	\$ 0.	\$ 0.	\$ 0.
AMY FROST 721 HIGH ST CHARLOTTE, MI 48813	Director 1.00	0.	0.	0.
JANET THORGRIMSON 5613 SEASCAPE CT CITRUS HEIGHTS, CA 95610	Director 1.00	0.	0.	0.
ROMANDA HUTSELL 22422 BRIDGEHAVEN DR KATY, TX 77494	Director 1.00	0.	0.	0.
TOM RHEIN 2477 ORCHARD VIEW DR NE GRAND RAPIDS, MI 49505	Director 1.00	0.	0.	0.
BROOKE THOMPSON 2011 W. CHASE AVE. #2 CHICAGO, IL 60645	Director 1.00	0.	0.	0.
GEORGE DOZET 6900 MITCHELL CT CITRUS HEIGHTS, CA 95610	Treasurer 1.00	0.	0.	0.
ROSANNE FORGETTE 1532 E. GARVEY AVE S WEST COVINA, CA 91791	Secretary 1.00	0.	0.	0.
CINDY TERESI 7301 PINE GROVE WAY FOLSOM, CA 95630	Director 1.00	0.	0.	0.
Total		\$ 130,316.	\$ 0.	\$ 0.

Statement 9
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No