

### 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



Form **990** 

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning NOV 1, 2009 and	ending (	<u> CT 31, 2010</u>	
В	Check if applicab	Please use IRS		D Employer identifi	cation number
	Addre				
	Name	type _		1 33-6	125358
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		r
	Termi ated	Instruc- E • O • BOX 1221/1		(562	)637-1337
Ļ	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,650,168.
L	Application pendi	BAN DIEGO, CA 32112		H(a) Is this a group re	
		F Name and address of principal officer. DONALD CORN		for affiliates?	Yes X No
_	<b>T</b>	_ <u> </u>		H(b) Are all affiliates inc	
	Websi	· · · · · · · · · · · · · · · · · · ·		<b>-1</b>	list. (see instructions)
_		organization: Corporation X Trust Association Other	I Year	H(c) Group exemption 1992	State of legal domicile: CA
	art I	Summary		o	y cate of logal dofficion. Car
Ь	1	Briefly describe the organization's mission or most significant activities: TO H	OLD DO	NATIONS TO	OLD GLOBE
Activities & Governance		THÉATRE, AN ORGANIZATION DESCRIBED IN IR	C SECT	TION 501(C)(	3) AND TO
rre	2	Check this box If the organization discontinued its operations or dispositions.	sed of more	e than 25% of its net as	sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	2
≪		Number of independent voting members of the governing body (Part VI, line 1b)		4	2
ties		Total number of employees (Part V, line 2a)		5	0
Ę	l l	Total number of volunteers (estimate if necessary)		6	7
Ä	1	Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
_	- B	Net unrelated business taxable income from Form 990-1, line 34	ĺ	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	105,635.	2,000.
Revenue		Program service revenue (Part VIII, line 2g)			
946		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-131,673.	-119,640.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12	Total revenue - add lines 61h Tough I (must equal Part VIII, column (A), line 12)		-26,038.	-117,640.
		Grants and similar amounts paid (Part-IX, column (A) lines 1-3)	<u> </u>	180,629.	286,162.
	l	Benefits paid to or for members (Part IX, column (A) the 4)	ļ		
Ses	15	Salaries, other compensation Amployee benefits (Part IX, column (A), lines 5-10)			
Expenses	16a	Professional fundraising fees (Part IX, column (A), into 1e)	<del> </del>		1 2 2
Ä	17	Total fundraising expenses (Part IX, column (0), line 25  Other expenses (Part IX, column (2), lines 1-ta 1-td, 111-24f)	— <u> </u>	16,789.	27,544.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	_	197,418.	313,706.
		Revenue less expenses Subtract line 18 from line 12		-223,456.	-431,346.
70	3		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		3,464,966.	3,525,177.
Net Assets	21	Total liabilities (Part X, line 26)			
		Net assets or fund balances. Subtract line 21 from line 20		3,464,966.	3,525,177.
P	art II	Signature Block	d statements	and to the heat of my knowled	ne and halvef at a true pagent
		Under penalties of peruny. Addition that I have examined this return, including accompanying schedules are and complete. Declaratory of trepair (other than officer) is based on all information of which preparer has a	any knowledge	and to the best of my knowled	ge and bener, it is due, correct,
ei.				1 3/7	111
Sig He		Signature of officer		Date	///
•••		Donald Cohn Trustee			
		Type or print name and title			
Pai	d	Preparer's Date,	Ch sel		er's identifying number structions)
	u parer's	signature falucia fillager, CPA 1/19	/// em	iployed 🕨 🔲	
	Only	Firm's name (or MOSS ADAMS LLP yours if		EIN ►	
	•	self-employed), address, and CAN DIECO CA 0.2123	600		EO 637 1400
		ZIP+4 SAN DIEGO, CA 92123	· · · · · · · · · · · · · · · · · · ·	[Phone no. ► 8	58-627-1400
	y the II	RS discuss this return with the preparer shown above? (see instructions) 4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	narate inc	tructions	Yes No No Form 990 (2009)
33∠1	JU 1 UZ-L	- · · · · · · · · · · · · · · · · · · ·	-parate iilə	u uvlivii3.	1 01111 000 (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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#### Part IV Checklist 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	l		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		,,	
	as applicable	11	Х	A 1 . 4 . 1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	3.7	1 (1) (1) 2 (2) (1)	\$14.50 \$150
_	Part VI	1 m 2	1.32 °	
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		انوهنگ در با کور در	-7(-
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<i>.</i> .		i de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	·		3
•	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		- '.	- A
_	Part X, line 16? If "Yes," complete Schedule D, Part IX.	,	* -	42.0
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	-	59	4,35
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	, ,	3 3	2.7
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			, <sub>1</sub> 4
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	F- +	· .	
	Schedule D, Parts XI, XII, and XIII.	12	ât	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No		٠, ١	, ;
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	•	- 74	ι,
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			_
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		<u> </u>
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		_X_
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	
	complete Schedule G, Part III	19	$\Box$	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2	2009)

Form 990 (2009) OLD GLOBE ENDOWMEN

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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	L	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
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	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			<b>.</b>
^-	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	İ		İ
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			Х
	Schedule L, Part III	27	x 1.	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	igist 3 m	والمهشر	
_	Instructions for applicable filing thresholds, conditions, and exceptions)	_عُدُمُ		X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		<u> </u>
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23	$\vdash$	
~	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<del>  ~</del>		<u> </u>
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	<del>-ٽ</del>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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	х	
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		X
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		X
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		X
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	X	
		Form	990 (	2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes Nο 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 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  $\overline{\mathbf{x}}$ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 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? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6**b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7Ь c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. a 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 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

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12a

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11b

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2		2.
b	Enter the number of voting members that are independent 1b	2	4 ja 1.00. š	275 d f
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	. 111		ا السند
	officer, director, trustee, or key employee?	2		Х
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	2.3	s s' ;	- ","
	by the following:	생 · 영 (구선)	, ,	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			773
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	`		7.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u> </u>
16	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			, }
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
U	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			-
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	<del></del>		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ole for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy.	and fina	ncial	
-	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organi	zation:		
	MARK SOMERS - (619) 231-1941			
	P.O. BOX 122171, SAN DIEGO, CA 92112-2171			
		Corm	000 /	20001

932006 02-04-10

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not  (A)	(B)				C)	,		(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	<u> </u>	hec) T	( all	that I	app	ily) T	compensation from	compensation from related	amount of other
	week	urector						the	organizations	compensation
		ee or c	Stee	ŀ		usatec	ł	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		af trus	na Er		oloyee	compe		(44-2/1099-14113C)		organization and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			organizations
KATHRYN HATTOX	<del>-</del>				<del>                                     </del>			<del> </del>		
TRUSTEE	1.00	X						0.	0.	0.
DONALD COHN		Π								
TRUSTEE	1.00	X	<u> </u>	L	L	<u> </u>	_	0.	0.	0.
VICTOR GALVEZ		١			l		l			
INVESTMENT COMMITTEE	1.00	X	┞	<u> </u>	<u> </u>	ļ	<u> </u>	0.	0.	0.
JOEL EWAN INVESTMENT COMMITTEE	0.50	x						0.	0.	0.
JOHN REBELO	1 0.30	₽	├	├	├	├	├─	<u> </u>	0.	0.
INVESTMENT COMMITTEE	0.50	x	1					0.	0.	0.
ELAINE DARWIN		+==	╁╌	╁╌	╁	<del> </del>	╌			-
INVESTMENT COMMITTEE	0.50	x						0.	0.	0.
ANTHONY THORNLEY		ļ				1				-
INVESTMENT COMMITTEE	0.50	Х						0.	0.	0.
								-		
		<u> </u>	<u> </u>	L	_	<u> </u>	<u> </u>			
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932007 02-04-10

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) Name and title	(B)			(C	C)			(D) Reportable	(E) Reportable		(F) Estimated	
Name and title	Average hours	(cl				ı ∶app	ly)	compensation	compensation	n	amount of	
	per week	ctor				Ĭ		from the	from related organizations		other compensation	
	Week	Individual trustee or director	ee ee			sated		organization	(W-2/1099-MIS		from the	
		l truste	nai trus		оуве	отреп		(W-2/1099-MISC)			organization and related	
		dıvıdua	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former				organizations	
		=	=	5	×	± 2	<u>ء</u>					
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				L_,	<u> </u>	Ļ						
Total     Total number of individuals (including but recomplete)	of limited to th	1000	liete	nd al		<u>) v</u>	)O 1	0.	000 in reportable	0.	0.	
compensation from the organization		1036	11516	u ai	JOV6	5) WI	10 10	eceived more than \$100		, 	0	
3 Did the organization list any former officer.	director or tru	stee	. ke	v em	יסומו	vee.	or h	nighest compensated en	nplovee on	į	Yes No	
line 1a? If "Yes," complete Schedule J for s	such individual										3 X	
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization		4 X	
5 Did any person listed on line 1a receive or									ices rendered to	ŀ	<u> </u>	
the organization? If "Yes," complete Sched	lule J for such	pers	on					<del> ,</del>			5 X	
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	ors t	hat received more than	\$100,000 of com		ation from	
the organization NONE							_					
(A) Name and business	address							<b>(В)</b> Description of s	ervices	С	(C) ompensation	
				-			ᅥ	<del> </del>			<del></del>	
							$\dashv$					
										_		
				-			+				<u> </u>	
2. Total number of independent contractors	moluding but =	ot le		d to	the		*****	I above) who received	oro than		<u> </u>	
Total number of independent contractors (     \$100,000 in compensation from the organi		יטנ ווו	ınıe	u (0		se iis	sie0	above) who received m	iore uran	-	- , - 1	
<del></del>											Form <b>990</b> (2009)	

Form 990 (2009)

932009 02-04-10

Form 990 (2009)

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

	All other organizations must comp	(A)	., a. e	(B)	p	(C)	(D).	_
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expe	nses	Program service expenses	9	Management and general expenses	Fundrais expens	
1	Grants and other assistance to governments and				_	i tomán közzemők i kamalik és kessi.		- ; ;
	organizations in the U.S. See Part IV, line 21	286,	162.	286,16	2.		" y \$\frac{1}{2} \tau \tau \tau \tau \tau \tau \tau \tau	1 " है
2	Grants and other assistance to individuals in						, , , , , , , , , , , ,	' بد الأحاد الأحاد
	the U.S See Part IV, line 22			<del></del> .		\$ - factor   1	, , 2	pr <sup>®</sup> (f
3	Grants and other assistance to governments,						与业的研究	1, 11,20 1 to 2,
	organizations, and individuals outside the U.S.							1
_	See Part IV, lines 15 and 16					~ 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	, 13 ' , " , " , "	
4	Benefits paid to or for members					Property Comment	1 /13*	1 1 1 1 1
5	Compensation of current officers, directors,							
_	trustees, and key employees							
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 salanes and wages							
8	Pension plan contributions (include section 401(k)		Ī					
_	and section 403(b) employer contributions)							
9	Other employee benefits					_		
10	Payroll taxes							
11	Fees for services (non-employees)							
a	*							
b								
C								_
ď	<u></u>		+		× ,	* * * * * * * * * * * * * * * * * * * *		
e	· F			2 1	Ar. 3 3.	<u> </u>		
f	Investment management fees		+				<u></u>	<del></del>
_ g							<u> </u>	
12	Advertising and promotion						ļ	
13	Office expenses			-				
14 15	Information technology Royalties							_
16				.=				_
17	Occupancy Travel		+					
18	Payments of travel or entertainment expenses					<del></del>	_	
10	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings				_			
~~	· · · · · · · · · · · · · · · · · · ·		<u> </u>	· · · · · · · · · · · · · · · · · · ·				<del></del> -
20 21	Interest Payments to affiliates							
22	Depreciation, depletion, and amortization					=-	<del></del>	
23	Insurance							
24	Other expenses. Itemize expenses not covered			-	; -			
	above. (Expenses grouped together and labeled		*		-			
	miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				•		-	
а	MANAGEMENT FEES	27.	544.		$\dashv$	27,544.		
b		<u> </u>			=	,		_
c			<u> </u>					
d				·				
e			1		_			
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	313,	706.	286,16	$\overline{2}$ .	27,544.		0.
<u></u> 26	Joint costs. Check here  uf following		1		$\dashv$			
	SOP 98-2. Complete this line only if the organization							
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation							

932010 02-04-10

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	_	80,918.	2	813.
	3	Pledges and grants receivable, net			3_	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key		*272-	7,7 (7) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ł	employees, and highest compensated employee	es. Complete Part II			7×5
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section	8 12 12 mm	A. E.	1, - 1, 4 - 4, 4.
		4958(f)(1)) and persons described in section 495	58(c)(3)(B). Complete		ىر سىسىئة	
		Part II of Schedule L			6	
ş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other	1 1		. (	
		basis Complete Part VI of Schedule D	10a		,	
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		3,384,048.	11	3,524,364.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3,464,966.	16	3,525,177.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director	s, trustees, key employees,		ing.	
iab		highest compensated employees, and disqualified	ed persons. Complete Part II		_ :	
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere  and complete	, , , , , , , , , , , , , , , , , , , ,		-,
9		lines 27 through 29, and lines 33 and 34.			<u> </u>	
anc	27	Unrestricted net assets	-		27	
Bai	28	Temporanly restricted net assets			28	
Net Assets or Fund Balance	29	Permanently restricted net assets			29	
Ţ		Organizations that do not follow SFAS 117, cl	neck here	*	l	
ğ		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds		3,464,966.	30	3,525,177.
Ass	31	Paid-in or capital surplus, or land, building, or eq	•	0.	31	0.
let.	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	0.
_	33	Total net assets or fund balances		3,464,966.	33	3,525,177.
	34	Total liabilities and net assets/fund balances		3,464,966.	34	3,525,177.

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting	-		
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	T. 11m	1 / 4	dji .
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1.	. e. . m	1 A.L.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	Х	ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	ر کو بر	, g *	100
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	" 4		' * 1
	consolidated basis, separate basis, or both:	- / 75	\$11 4 E	The T
	Separate basis X Consolidated basis Doth consolidated and separate basis	21,63		李介
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		- Appendix	-
	Act and OMB Circular A-133?	3a		Х
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.	35		1

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

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

2009

Open to Public

Name of the organization

OLD GLOBE ENDOWMENT TRUST 386838007

[Part ]. | Reason for Public Charity Status (All presupations must complete this part ) Status (All presupations must comp

Employer identification number 33-6125358

1 411	i i neason	TOI T UDITE OTIAL	ity Status (All brgand	zations mu	ist comple	te tris par	i.) See ins	tructions					
The org	anization is not	a private foundation	because it is. (For lines	1 through	11, check	only one b	oox.)						
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	nbed in <b>s</b> e	ection 170	X(b)(1)(A)(i	).					
2	A school des	scribed in section 17	' <b>0(b)(1)(A)(ii).</b> (Attach So	chedule E.)									
з <u>Г</u>	A hospital or	a cooperative hospi	tal service organization	descnbed	ın section	170(b)(1)	(A)(iii).						
4 📙		search organization	operated in conjunction	with a hos	pital desc	nbed in <b>se</b>	ection 170	(b)(1)(A)(ii	ii). Enter 1	the hospital	's nam	e,	
_	_ city, and sta	te:						· · · · · · · · · · · · · · · · · · ·					
5 🗀		ion operated for the	benefit of a college or u	niversity o	wned or o	perated by	y a govern	mental un	t describ	ed in			
_	section 170	<b>(b)(1)(A)(iv).</b> (Comple	ete Part II.)										
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>secti</b> c	on 170(b)(	1)(A)(v).						
7 L		on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general	public desc	nbed ir	n	
_	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 rela	ited to its exempt fur	nctions - subject to certa	aın exceptı	ons, and (	2) no more	e than 33 1	1/3% of its	support	from gross	ınvestr	ment	
	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 LX		ion organized and or	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	, or to carr	y out the	purposes of	of one c	or	
	more publicly	y supported organiza	itions described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> o	ction <b>509</b> (	<b>a)(3).</b> Ch	eck the box	that		
			organization and compl		ū				_	٦			
	a X Type		· ·			ctionally int	•		d∟	Type III - (			
e X	→ By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	y by one o	r more dis	qualified	persons oth	ner thar	n	
	foundation m	nanagers and other t	han one or more publich	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).		
f	If the organiz	zation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
	supporting o	rganization, check th	nis box									Ш	
g	-		rganization accepted ar			•		٠.					
		•	irectly controls, either al	lone or tog	ether with	persons o	described	ın (ii) and (	ııi) below,	,	Yes	No	
	-	• •	upported organization?							11g(i)	$\longmapsto$	<u> </u>	
	• • •	•	n described in (i) above?							11g(ii)	<del>                                     </del>	X	
	(iii) A 35%	controlled entity of a	person described in (i)	or (ii) abov	e?					11g(iii)	oxdot	X	
h	Provide the f	ollowing information	about the supported or	ganization	(s)								
		T."	(iii) Turns of	T		_		1 / 11 1					
	ne of supported	(ii) EIN	(iii) Type of organization		organization sted in your	(v) Did you	u notify the tion in col.	(vi) Is Jorganizatio	tne on in col.	(vii) Am	nount of	i	
0	rganization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	sup	port		
			above or IRC section			.,,	·		,				
OT D	OT ODE		(see instructions))	Yes	No	Yes	No	Yes	No				
	GLOBE	95-1543396	7					,,		20	c 1,	<b>-</b> -	
THEA	EATRE 95-1543396 7 X X X 286,162.												
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

286,162.

932021 02-08-10

	edule A (Form 990 or 990-EZ) 2009	· <u>·</u>		A	# \/		Page 2				
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	i)				
_	(Complete only if you checke	ed the box on line 5	, 7, or 8 of Part I.)								
	ction A. Public Support	1	<u>-</u>	, - ··-·	r	· · · · · · · · · · · · · · · · · · ·					
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not				ľ						
	include any "unusual grants.")						-				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities					1					
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3										
5	The portion of total contributions		* 6 g/	, , , , , , , , , , , , , , , , , , ,	1, 3 - 1, 1, 1, 1 - 1	77 6 40 6 6 d ( )					
	by each person (other than a	A 8 8 8 8 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8		1.3	, , ,	₹					
	governmental unit or publicly			,	1						
	supported organization) included			~ · ·	. / *	, ,					
	on line 1 that exceeds 2% of the	1 4	* 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		~ <u></u>	- , , ,					
	amount shown on line 11,	, ,	Lynn Santia								
	column (f)				นู้ สิงค์นาโปร์เพ็ก	مي شاه جام ۽ آ					
_6	Public support, Subtract line 5 from line 4	,	in all restrictions		1-11-17						
	ction B. Total Support			T	r						
Cale	endar 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 carned on						<del> </del>				
10	Other income. Do not include gain					1					
	or loss from the sale of capital										
	assets (Explain in Part IV.)										
11	Total support. Add lines 7 through 10			1 6 4	<u> </u>	1.7					
	Gross receipts from related activities	•	•			12					
13	First five years. If the Form 990 is fo		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —				
50	organization, check this box and stoction C. Computation of Publication		roontage								
_					<del>-</del>						
	Public support percentage for 2009 (		•	column (f))		14	%				
	Public support percentage from 2008			. l 10 l 1	14 := 00 1/00/ ====	15	<u>%</u>				
168	33 1/3% support test - 2009.If the c	•			14 IS 33 1/3% OF IT	iore, check this box	and				
	stop here. The organization qualifies		-		lino 15 io 22 1/20/	or mare shock the	•				
L	33 1/3% support test - 2008.If the c	•			III le 13 is 33 1/370	of more, check this	<b>S</b> DOX				
47-	and stop here. The organization qual		• •		10 160 0-165 0	and line 14 is 100/ s					
1/8	7a 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.										
		-			-	7a and less 45 :- 4					
t	10% -facts-and-circumstances tes	•					U% OF				
	more, and if the organization meets t				•		▶ □				
	organization meets the "facts-and-cir		-								
18	Private foundation. If the organization	on did not check a	DOX OF line 13, 16	a, 100, 17a, 0f 1/l		and see instructions edule A (Form 990					

Pa	irt III   Support Schedule for (	Organizations	Described in	Section 509(a	a)(2) (Complete only	If you checked the bo	ox on line 9 of Part I.
Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	·					
	are not an unrelated trade or bus-				1		
	iness under section 513			1	İ		
4	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge			1			
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and					-	
	3 received from disqualified persons						
t	Amounts 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	्रोहे हैं हैं है ।	, t	1 ~ 3, , ,	2 co 2 co 2 co 2 co 2 co 2 co 2 co 2 co	451 . 1	
Sec	ction B. Total Support	·	' <del></del>			4°°	
Cald	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	, ,		, ,		1 - 3 - 6	.,
10a	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
t	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 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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)					† †	
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth	tax vear as a section	on 501(c)(3) organiz	ation.
	check this box and stop here	J	,		,	\-/\-/ ga. la	<b>▶</b> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2009 (	line 8, column (f) d	ivided by line 13, o	column (f))	<u> </u>	15	%
16	Public support percentage from 2008		•	.,,		16	%
_	ction D. Computation of Inve					1 1	<del></del>
17				ne 13, column (fl)		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2009. If the			on line 14, and lin	ne 15 is more than		
	more than 33 1/3%, check this box a	•				•	▶□
b	33 1/3% support tests - 2008. If the						and
	line 18 is not more than 33 1/3%, che	-					▶□
20	Private foundation. If the organization					=	lacksquare
					Scl	nedule A (Form 990	or 990-EZ) 2009

#### Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

2009
Open to Public Inspection 2004

Name of the organization

OLD CLORE ENDOWMENT TRUCT 386838007

Employer identification number

-	OLD GLOBE ENDOWMEN				33-61253	
Pa			r Similar Funds o	r Accounts	• Complete if th	е
	organization answered "Yes" to Form 990, Part IV, lin					
		(a) Donor advi	sed funds	(b) Funds a	nd other accour	nts
1	Total number at end of year	· · · · · · · · · · · · · · · · · · ·				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	wnting that the assets	held in donor advised	funds		
	are the organization's property, subject to the organization's	exclusive legal contro	?		└── Yes	L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	grant funds can be use	ed only		
	for chantable purposes and not for the benefit of the donor	or donor advisor, or for	any other purpose cor	nfernng		
	impermissible private benefit?				Yes	No.
Pa	rt II Conservation Easements. Complete if the or	ganization answered "\	es" to Form 990, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the organizat	ion (check all that appl	y).			
	Preservation of land for public use (e.g., recreation or public use)	oleasure)	eservation of an histori	ically importan	t land area	
	Protection of natural habitat	☐ Pr	eservation of a certified	d historic struc	ture	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cont	bution in the form of a	a conservation	easement on th	ne last
	day of the tax year.					
				⊭ : Held	d at the End of the	Tax Year
а	Total number of conservation easements			2a		
ь	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06		2d		
3	Number of conservation easements modified, transferred, re	leased, extinguished, o	or terminated by the or	ganization dur	ing the tax	
	year ▶					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspi	ection, handling of			
	violations, and enforcement of the conservation easements	t holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing consen	ation easements durir	ng the year		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation	easements during the	e year ➤ \$		
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirem	ents of section 170(h)(	4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIV, describe how the organization reports conservat	ion easements in its re	venue and expense sta	atement, and b	palance sheet, a	nd
	include, if applicable, the text of the footnote to the organiza	tion's financial stateme	nts that describes the	organization's	accounting for	
	conservation easements.					
Pai	t III Organizations Maintaining Collections o	f Art, Historical T	reasures, or Othe	er Similar A	ssets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8				
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its reveni	ie statement and balar	nce sheet work	s of art, historic	al
	treasures, or other similar assets held for public exhibition, e	ducation, or research i	n furtherance of public	service, provi	de, in Part XIV, t	he text of
	the footnote to its financial statements that describes these	rtems				
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue st	atement and balance	sheet works of	f art, histoncal tr	easures,
	or other similar assets held for public exhibition, education, of	or research in furtheran	ce of public service, pi	rovide the follo	wing amounts r	elating to
	these items:					
	(i) Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$_		
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$ ¯		
2	If the organization received or held works of art, historical tre	asures, or other sımılaı	assets for financial ga	aın, provide		
	the following amounts required to be reported under SFAS 1	16 relating to these ite	ms:			
а	Revenues included in Form 990, Part VIII, line 1			▶ \$_		
b	Assets included in Form 990, Part X			▶ \$ _		

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

Schedule D (Form 990) 2009

932053 02-01-10

uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 OLD GLOBE ENDOWMENT TRUST				. 25358 Page <b>4</b>
Pa	TXI Reconciliation of Change in Net Assets from Form 990 to	o Audited Fina	ncial Sta	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		-117,640.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		313,706.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-431,346.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 are		10		-431,346.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			, , , , , , , , , , , , , , , , , , ,	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
С	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
_	Other (Describe in Part XIV.)	4b			
b	Add lines 4a and 4b	_ <del>40</del> ]		- minution	
C				4c	
Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  † XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses ne		
1	Total expenses and losses per audited financial statements	TOTAL TANK	0000 p	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			<b>1</b>	
a	Donated services and use of facilities	2a		5-43-7	
		2b			
b	Prior year adjustments				
C	Other losses	2c		, b	
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	<del></del>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		3 - 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
Ь	Other (Describe in Part XIV.)	4b		اختا	
С	Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	·		5	
	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I				
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com			idditional info	ormation.
PAF	RT X: THE OLD GLOBE ADOPTED NEW PROVISIONS	OF ACCOU	NTING		
ST	NDARD CODIFICATION 740-10, INCOME TAXES,	RELATED TO	O ACCO	UNTING	FOR
		_			
<u>UNC</u>	ERTAIN TAX POSITIONS AS OF JANUARY 1, 200	9. NO AD	JUSTME	NT TO	NET
	TEMS IN S DECUTEED WOOM SWE I DODMING OF SWE				
ASS	SETS WAS REQUIRED UPON THE ADOPTION OF THE	NEW PROV	ISIONS	, AS T	HE OLD
GLO	BE HAD NO UNRECOGNIZED TAX BENEFIT OR OTH	ER LIABIL	ITIES.	THE	OLD GLOBE
HAS	NO UNRECOGNIZED TAX BENEFITS OR LIABILIT	IES AS OF	DECEM	BER 31	, 2009
ANI	2008.				
				0-1-1-1-	D (Form 000) 2000

Sched	lule D	(Form 99	0) 200	9 ntal Infor	חידט	GLOB	E E1	NDOMMENT.	TRU	ST 3	3083801	<i>.</i>	33-01	43338	Page 5
Pari	Ϋ́	Supple	emer	ntal Infor	mation	(continue	ed)								
PAR	T V	, LIN	NE 4	1:			<u> </u>	<u></u>				<u>.</u>			
THE	EN	DOWME	ENT	FUNDS	ARE	USED	то	SUPPORT	THE	OLD	GLOBE	THEATR	<b>Ξ</b> .		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OLD GLOBE ENDOWMENT TRUST 386838007

OMB No 1545-0047

- Open to Public

**Employer identification number** 

33-6125358

ê | (h) Purpose of grant or assistance ENERAL OPERATING X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (f) Method of recipional space is needed (g) Description of respirator (hook, recash assistance or government assistance or government of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose or assistance o Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 286,162, 501(C)(3) Enter total number of section 501(c)(3) and government organizations 95-1543396 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization SAN DIEGO, CA 92112 OLD GLOBE THEATRE PO BOX 122171 Part I Part II

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

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Schedule I (Form 990) 2009

33-6125358

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Schedule I (Form 990) 2009 OLD GLOBE ENDOWMENT TRUST 386838007

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information SCHEDULE I, PART I, LINE 2: GRANTS ARE APPROVED BY THE TRUSTEES OF	de the information	rmation required in Part I, I	THE TRUSTEES	additional information	
ORGANIZATION AND ARE PAID ONLY TO THE OLD GLOBE	тне ого с	LOBE THEATRE,	TRE, WHICH	IS THE	
SUPPORTED ORGANIZATION OF THE OLD GLOBE		ENDOWMENT TR	TRUST. FUNDS	ARE	
CONTRIBUTED TO SUPPORT GENERAL OPERATING		EXPENDITURES	S		
	,		:		

Schedule I (Form 990) 2009

#### **SCHEDULE 0**

(Form 990)

## **Supplemental Information to Form 990**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	➤ Attach to Form 990.	Inspection
Name of the organization	OLD GLOBE ENDOWMENT TRUST 386838007	Employer identification number 33-6125358
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
PAY INCOME T	HEREFROM FOR THE BENEFIT OF THE THEATRE.	
FORM 990, PA	RT VI, SECTION B, LINE 11: DIRECTOR OF FINANCI	OF THE OLD
GLOBE THEATR	E (CORPORATE OFFICER) AND TAX PREPARER COMPLET	re 990, which is
REVIEWED BY	THE TRUSTEES PRIOR TO FILING.	<del> </del>
FORM 990, PA	RT VI, SECTION B, LINE 12C: EACH MEMBER OF THE	INVESTMENT
COMMITTEE SH	ALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS TH	HAT SUCH PERSON:
HAS RECEIVED	A COPY OF THE CONFLICT OF INTEREST POLICY, HA	AS READ AND
UNDERSTANDS	THE POLICY, AND HAS AGREED TO COMPLY WITH THE	POLICY. IF A
CONFLICT OF	INTEREST ARISES, SUCH TRUSTEE SHALL NOT VOTE (	ON THE
TRANSACTION.	THERE HAVE BEEN NO INCIDENCES OF CONFLICT DUE	RING THE FISCAL
YEAR ENDING	OCTOBER 31, 2010.	
FORM 990, PA	RT VI, SECTION C, LINE 19: THE ORGANIZATION MA	KES ITS
GOVERNING DO	CUMENTS, CONFLICT OF INTEREST POLICY AND FINAN	CIAL STATEMENTS
AVAILABLE TO	THE PUBLIC UPON REQUEST.	
· -		

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

OLD GLOBE ENDOWMENT TRUST 386838007

2009 Open to Public Figure Inspection

OMB No 1545-0047

► See separate instructions.

Employer identification number 33-6125358

Schedule R (Form 990) 2009 Direct controlling Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Ξ N/A End-of-year assets status (if section Public charity 501(c)(3)) e **Exempt Code** Total income section Ð ਉ 501(C)(3) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity THEATRE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity OLD GLODE THEATRE - 95-1543396 P.O. BOX 122171 SAN DIEGO, CA 92112 Part II

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Page 2

Schedule R (Form 990) 2009 OLD GLOBE ENDOWMENT TRUST 386838007

[Part III] Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

(a)		(c)	(p)	(e)		(c)	(6)	£	(1)	s
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	ooration or 1 : year )	<b>frust</b> (Complete if t	the organizatio	in answered "Yes	s" to Form 990,	Part IV, line 34	t because it l	had one or more	elated
(a) Name, address, and EIN of related organization	<u>N</u> د	Prin	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Pe end-of-year ov assets	(h) Percentage ownership
				_						
932162 07-21-10			25					Sch	Schedule R (Form 990) 2009	0) 2009

33-6125358

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		1		色. 人
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		<b>e</b>	×	
c Gift, grant, or capital contribution from other organization(s)		<b>ب</b>		×
d Loans or loan guarantees to or for other organization(s)		P		×
e Loans or loan guarantees by other organization(s)		<b>-</b>		×
		i*	~1.70	[',
f Sale of assets to other organization(s)		4	Н	×
g Purchase of assets from other organization(s)		1g		×
h Exchange of assets		#		×
i Lease of facilities, equipment, or other assets to other organization(s)		<b>;=</b>	$\dashv$	×
		+		
j Lease of facilities, equipment, or other assets from other organization(s)		F	7	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	$\dashv$	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	$\dashv$	× :
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	$\dashv$	× :
n Sharing of paid employees		두	+	×
o Reimbursement paid to other organization for expenses		٩	+	×
			t	×
p nemborsement paid by other organization for expenses		2	+	<sup>73</sup> د ا
		2	- ;	_  >
		۶,	$\dagger$	<b>4</b>  >
. 1	:	<b>F</b>	1	4
z If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	olved	
(1) OLD GLOBE THEATRE	В	286,162	, 16	5.
(2)				1
(2)				
(4)				
(5)				
(9)				
932163 02-04-10	Schedul	Schedule R (Form 990) 2009	90) 2	600

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Schedule R (Form 990) 2009 OLD GLOBE ENDOWMENT TRUST 386838007

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(4)	(4)	(a)	ŧ	[3	٤	(2)	17
	(2)	<u> </u>	3		<b>=</b>	6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20	General or managing
		country)	Yes No		Yes No	of Schedule K-1 (Form 1065)	
					-		
				·			
					_		
			-				

Schedule R (Form 990) 2009