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

OMB No 1545-1150

2010**Open to Public Inspection**Department 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**B** Check if applicable

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

C Name of organization**Osher Life Long Learning Institute at Carnegie Mellon University**

Number and street (or P O box, if mail is not delivered to street address)

4909 Frew Street, Hunt Library

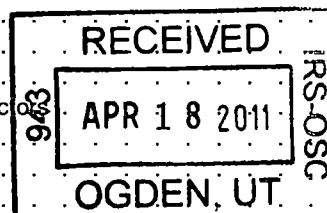
Room/suite

Basement

City or town, state or country, and ZIP + 4

Pittsburgh, PA 15213-3890**D** Employer identification number**25-1768391****E** Telephone number**412-268-2131****F** Group Exemption Number ►**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► <http://www.cmu.edu/osher/>**J** Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	\$161,017
	2	Program service revenue including government fees and contracts	2	\$119,507
	3	Membership dues and assessments	3	\$75,060
	4	Investment income	4	\$1,428
	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	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$357,012	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	\$86,311
	13	Professional fees and other payments to independent contractors	13	\$7,146
	14	Occupancy, rent, utilities, and maintenance	14	\$34,971
	15	Printing, publications, postage, and shipping	15	\$45,384
	16	Other expenses (describe in Schedule O)	16	\$92,406
17	Total expenses. Add lines 10 through 16	17	\$266,218	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$90,794
	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	\$356,619
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	\$447,413



For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
A	22 Cash, savings, and investments	357885	22 \$466,201
	23 Land and buildings	0	23 0
B	24 Other assets (describe in Schedule O)	114722	24 \$94,378
	25 Total assets	472607	25 \$560,579
C	26 Total liabilities (describe in Schedule O)	115989	26 \$113,166
D	27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	356619	27 \$447,413

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☐What is the organization's primary exempt purpose? **To provide volunteered educational classes to members.**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

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

28	This association had in excess of 1,800 member in 2010 and provided in excess of 250 classes for the members during the year. It also offers monthly lectures as well as field trips for the members. There is a waiting list in excess of 700 to join the organization.	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Alan L. Ackerman 637 Pitcairn Pl Pittsburgh PA 15232-1432	1 hour	0		
Norma S. Artman 718 S Linden Ave Pittsburgh PA 15208-2815	1 hour	0		
Ann Austin 5305 Pembroke Pl Pittsburgh PA 15232-1430	1 hour	0		
Stephanie Birnberg 162 Woodshire Dr Pittsburgh PA 15215-1714	1 hour	0		
Gloria S. Bodek 307 S Dithridge St Apt 710 Pittsburgh PA 15213-3519	1 hour	0		
Joseph B. Shirk 130 7th St Apt 12D Pittsburgh PA 15222-3430	10 hours - Treasurer	0		
Elizabeth Martin 51 Noble Ave Pittsburgh PA 15205-3012	10 hours - President	0		
Gloria Kleiman 110 Schenley Rd Pittsburgh PA 15217-1169	4 hours - Vice President	0		
Janet Davis 2434 Smallman St Apt 612 Pittsburgh PA 15222-2639	5 hours - Secretary	0		
Julian Eligator 6588 Beacon St Pittsburgh PA 15217-1843	5 hours - Past President	0		
Sally Cohen 5023 Frew St Apt 3B Pittsburgh PA 15213-3829	3 hours	0		
Rosalyn Treger 1500 Beechwood Blvd Pittsburgh PA 15217-1432	2 hours	0		
Helen-Faye Rosenblum 401 Shady Ave Apt D707 Pittsburgh PA 15206-4812	3 hours	0		

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	✓
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	37b	✓
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 tax year covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	✓
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
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	✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Phyllis Davidson, Bookkeeper Telephone no. ▶ 412-268-7489 Located at ▶ 4909 Frew Street, Pittsburgh, PA ZIP + 4 ▶ 15213-3890		
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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI 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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input type="checkbox"/>
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 & deferred compensation	(e) Expense account and other allowances

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

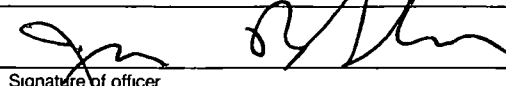
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

Sign Here		Date 4/7/11
	Joseph B Shirk, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

Osher Lifelong Learning Institute at Carnegie Mellon
EIN 25-1768391

LINE 16 Expenses

5002 á Telephone	\$3,121
5004 á Data Network	\$1,072
5005 á Insurance	\$458
5006 á Computer Supplies	\$96
5007 á Copier Usage & Maintenance	\$3,072
5009 á Desktop Support	\$2,850
5010 á Office Supplies	\$6,323
5016 á Petty Cash Expense	\$170
5017 á Bank Fees	\$161
5102 á Telephone	\$40
5220 á Member Orientation	\$679
5320 á Annual Meeting	\$2,439
5325 á Miscellaneous Social	\$81
5404 á Study Leader Recognition	\$14,774
5420 á Parking for Study Leaders	\$5,140
5421 á Off-Campus Facilities	\$12,643
5422 á Instructional Technology	\$8,150
5423.1 á Study Group General	\$178
5423.2 á Wine Tasting Class	\$(627)
Total 5423 á Study Group Expense	\$(449)
5490 á Miscellaneous Curriculum	\$132
5720 á Parking for Volunteers/Staff	\$3,556
5721 á Signatures Publication	\$1,098
5790 á Miscellaneous Executive	\$473
5801 á Thank You Awards	\$2,000
5803 á Contribution Expense	\$1,000
6002 á Lectures	\$2,822
6043 á Holiday Luncheon	\$(100)
6050 á Ice Cream Social for Study Lead	\$1,671
6053 á Greensburg Museum of Art	\$(63)
6060 á Cleveland Museum Trip 1/15/10	\$(766)
6061 á Botanical Brunch	\$(71)
6062 á Braddock Trip	\$(305)
6063 á Robotics	\$(45)
6064 á Heinz History	\$(84)
6065 á Meadowcroft	\$(76)
8000 á Depreciation	\$20,346
Misc	-1
Total	\$92,406

Attachment 1. To 990EZ - 2010

Osher Lifelong Learning Institute at Carnegie Mellon

EIN 25-1768391

Part IV.

Millicent Lynch
Hunt Library, 4909 Frew St.
Pittsburgh, PA 15213

Administrative Coordinator – 40 Hours
\$42,142.82