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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2010 calendar year, or tax year beginning , 2010, and ending 20 C Name of organization Shellbourne, Inc. D Employer identification number Check if applicable Doing Business As 35-1266330 Address change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 359 West 200 N 773-283-5800 City or town, state or country, and ZIP + 4 Terminated Valparaiso, IN 46385-7729 G Gross receipts \$ 1,316,143 Amended return F Name and address of principal officer Gregory G. Giebler H(a) Is this a group return for affiliates? Yes No Application pending 5800 N. Keating Ave., Chicago, IL 60646 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) 501(c) ( 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ http://www.shellbourne.org H(c) Group exemption number ▶ Form of organization: Corporation Trust Association Other M State of legal domicile Year of formation Part I Summarv Briefly describe the organization's mission or most significant activities: To foster religious and cultural development of men and women, to teach the application of Christian principles to everyday life, and to promote Christian morals and Activities & Governance benevolence. Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 5 74 Total number of individuals employed in calendar year 2010 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 7b Current Year Contributions and grants (Part VIII, line 1h) . 610,515 275,398 1,015,198 1,017,046 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 127 10,635 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 10,696 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1.636,474 12 1.303.140 13 20,400 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 20,400 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 391.841 422,549 16a Professional fundraising fees (Part IX, column (A), line 11e)-Total fundraising expenses (Part IX, column (D), tine 25) ▶ b 17 Other expenses (Part IX, column (A) Tines (1 a 1 No. 111-241) 765,164 732,909 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,177,406 18 1,175,858 Revenue less expenses. Subtract line 18 from line 18/1 19 459.068 127,283 **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 6.026.245 6,164,118 21 Total liabilities (Part X, line 26) 6.326 16,917 22 Net assets or fund balances. Subtract line 21 from line 20 6.019.919 6,147,202 Part II Signature Block 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 Signature of officer Greacit Here Type or print name and titl Print/Type preparer's name Preparer's signature Date **Paid** Check I if self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Yes No

Part	Statement of Program Service Accomplishments  Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:  TO FOSTER RELIGIOUS AND CULTURAL DEVELOPMENT OF MEN AND WOMEN, TO TEACH THE APPLICATION OF CHRISTIAN  PRINCIPLES TO EVERYDAY LIFE, AND TO PROMOTE CHRISTIAN MORALS AND BENEVOLENCE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Sectio 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 958,255 including grants of \$ ) (Revenue \$ 1,023,034 ) SPIRITUAL RETREATS, SPIRITUAL DIRECTION, ROMAN CATHOLIC DOCTRINE COURSES, PASTORAL WORKSHOPS, PHILOSOPHY
	COURSES, THEOLOGY COURSES, YOUTH PROGRAMS, DISTRIBUTION OF RELIGIOUS LITERATURE, HOLY MASS AND OTHER ROMAN CATHOLIC WORSHIP.
4la	(Code) \( \( \sum_{0.0000} \text{ ft} \) \( \sum_{0.00000} \text{ ft} \) \( \sum_{0.00000} \text{ ft} \) \( \sum_{0.000000} \text{ ft} \) \( \sum_{0.00000000000000000000000000000000000
4b	(Code: ) (Expenses \$ 20,400 including grants of \$ 20,400 ) (Revenue \$ )  GRANT TO ROSEMOOR FOUNDATION (A 501(c) (3) CORPORATION) IN SUPPORT OF THE APOSTOLATES OF THE ROMAN
	CATHOLIC PRELATURE OF OPUS DEI.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 978,655

Part	V 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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	~	
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		~
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		~
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	_	,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
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		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	`	ă,	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		,
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		,
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		~
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		~
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, Parts II and IV	15		~
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, Parts III and IV	16		~
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 (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<u> </u>	1
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part	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	,	
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		v
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 Schedule J	23		-
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		,
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defence any tax exempt bonds?	24b		
	to defease any tax-exempt bonds?	24c		<u> </u>
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	,	,
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		~
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	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	28a		V
С	Schedule L, Part IV	28b		~
Ŭ	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	~	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	24		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		
33	complete Schedule N, Part II	32		~
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
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		-
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		>
а	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," complete Schedule R, Part V, line 2			
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		~
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		•
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>'</b>	

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check of School up O contains a response to any question in this Part V

	Check if Schedule O contains a response to any question in this Part V	· ·	•	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			. 1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.		~
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		<u> </u>
Za	Statements, filed for the calendar year ending with or within the year covered by this return  2a 74			,
<b>L</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	`~	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		•	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
-	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		`	_
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		0
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
7	gifts were not tax deductible?	6b		<b> </b>
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		,	~
4	and services provided to the payor?	7a	~	ĺ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	·
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		١,	, , ;
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		*	٠,
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		-	ال ـ ـ ـ ا
0	organization, have excess business holdings at any time during the year?	8		
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		`` - '
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			,
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			<b>'</b>
a	Gross income from members or shareholders			'
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	4-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del> </del>
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
а	Note. See the instructions for additional information the organization must report on Schedule O.	138		<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			:
-	the organization is licensed to issue qualified health plans			'
С	Enter the amount of reserves on hand			<b>.</b> .
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Forr	990	(2010)

Part Secti	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.  Check if Schedule O contains a response to any question in this Part VI	es in	and	
			Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		,
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		v
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6 7a		<i>y y y</i>
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
a b 9	The governing body?	8a 8b	V	
O 1:	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	/- \	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	oae.) Yes	
40	Describes accomplished based on the state of the state of	40.	res	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		<u>, , , , , , , , , , , , , , , , , , , </u>
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	,	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	٧	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	~	_
13	Does the organization have a written whistleblower policy?	13	~	
14 15	Does the organization have a written document retention and destruction policy?	14	<b>V</b>	
а	The organization's CEO, Executive Director, or top management official	15a		~
b	Other officers or key employees of the organization	15b		~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	16a		,
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed IN  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.	)s only	y) ava	ulable
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of and financial statements available to the public.			olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: ► GREGORY G. GIEBLER - 773-283-5800  5800 N. KEATING AVE. CHICAGO. II. 60646-6615			<b>-</b>

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

Check if Schedule O contains a response to any question in this Part VII . . . . . . . . . . . . . .

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.
- 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, if any 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 neither the organization no (A)	(B)				<del>)</del>	-	•	(D)	(E)	(F)		
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Rey employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
(1) TIMOTHY C. HOGAN	25							0	0	0		
DIRECTOR		~						•	•			
(2) JOHN M. WILDES	1.00								o	0		
DIRECTOR		~								· · · · · · · · · · · · · · · · · · ·		
(3) MICHAEL WINN	.25	ĺ						1 0	l	0		
DIRECTOR		~					ļ					
(4) LAURA SANCHEZ-ALDANA	40.00		l .					15,667	o	18,840		
EXECUTIVE DIRECTOR		~		~		ļ						
(5) VIRGINIA COLLINS	.25							o	ا	o o	o	0
DIRECTOR	,,,,	~										
(6) EUGENE T. CARTER	1.00					ŀ		0	l o	0		
PRESIDENT		~		~			<u> </u>					
(7) ANDREA NAGODE	2.00						1	0	o	0		
VICE PRESIDENT		~		~	ļ		_					
(8) GEORGE J. WITOUS	1.00						l	0	o	0		
SECRETARY		~	_	~	_		L					
(9) GREGORY G. GIEBLER	2.00	_						0	o	0		
TREASURER		~	_	~			<u> </u>			<del> </del>		
(10)	-											
(11)	-											
(12)	-											
(13)	-				-		-					
(14)	-											
(15)	-		-									
(16)	-									<u> </u>		

Par		stees, Key	Emplo	oye	es, a	and	High	est	Compensated	Employees	(continu	ıed)		
	(A)	(B)	l		-	C)			(D)	(E)		_	(F)	
	Name and title	Average hours per week (describe hours for	Individual trustee or director	lnstitutional trustee	Officer	Key employee	that employee	Former	Reportable compensation from the organization	Reportab compensation related organizatio (W-2/1099-M	from ons	am comp	imated ount of other pensation om the	on
		related organizations in Schedule O)	trustee	al trustee		руев	Highest compensated employee		(W-2/1099-MISC)			and	inizatioi related nization	i
(17)										-				
(18)										<u> </u>				
(19)												<del></del>		
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														-
(26)														
(27)							-						•	
(28)														
1b	Sub-total						•		15,667		0		1	8,630
d		vii, Sectio		•		· ·	•	<b>&gt;</b>	15,667		0		1	8,630
2	Total number of individuals (including but reportable compensation from the organi			ose	list	ed a	above	e) w	ho received mo	ore than \$10	00,000	ın		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5								loyee, or high	-		3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep greater tha	portat an \$1	ole ( 150,	com 000	nper	nsatio "Ye:	n a s,"	nd other comp	ensation fro	om the	3		
5	Individual	r accrue co	mpe	nsat	ion	fror	n any	un	related organiz	ation or ind	ividual	4		V
Section	on B. Independent Contractors	r II Yes, C	ompi	610	SCI		II <del>O</del> J I	or s	such person .	• • •	• •	5	l	/
1	Complete this table for your five highest compensation from the organization.	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	d more tha	n \$100,	000 of	•	
	(A) Name and business add	ress							(B) Description of se	ervices	C	(C) compens		
	E HARTLEY DANKER KAGEN MCKAY PENN	EY						AR	CHITECTURAL	SERVICES			20	9,160
30 WI	EST MONROE STREET, CHICAGO, IL 60603							_						<del></del> .
2	Total number of independent contractor	•	_						ose listed abo	ve) who	,			

rai	L VIII	Statement of Nevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c  Related organizations 1d  Government grants (contributions) 1e				•	
	f g h	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	275,398 2,550	275,398			,
Program Service Revenue	2a b c	GEN. TUITIION AND ACTIVITY FEES 72  ROOM AND BOARD FEES 72	ss Code 1310 1310 2900	1,000,318 8990 7,738	1,000,318 8,990 7,738		- /-
Program S	e f g	All other program service revenue .  Total. Add lines 2a-2f		1,017,046			
	4 5 6a	Income from investment of tax-exempt bond proc Royalties		4,709	4		4,709
	b c d 7a		. ►	- ×		er a skrima i	
	b	assets other than inventory Less. cost or other basis and sales expenses .  Gain or (loss) .			·		(d) .
Other Revenue	d 8a	Ret gain or (loss)		//\`.	ý	4,5	
Othe	С	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 a	. >		- •		
	С	Less: direct expenses b  Net income or (loss) from gaming activities .  Gross sales of inventory, less returns and allowances a	. ▶	<u> </u>	14)		
	С	Less: cost of goods sold b  Net income or (loss) from sales of inventory .	13,002 . ► ss Code	5,988	5,988	-	~ ~~
	11a b c d	All other revenue	. •				
	12	Total revenue. See instructions		1,303,140	1.023.034	3	4 709

# Part IX Statement of Functional Expenses

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

All other organizations must complete columns (R), (C), and

	All other organizations must complete coll not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	20,400	20,400	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	-			
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	23,707	10,668	11,853	1,185
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 8	Other salaries and wages	324,673	275,972	32,467	16,234
9	Other employee benefits	48,135	39,605	6,124	2,407
10	Payroll taxes	26,035	21,421	3,312	1,302
11	Fees for services (non-employees):				
а	Management	-	-	•	•
b	Legal	-		•	•
С	Accounting	4,572		4,572	•
d	Lobbying	•	-	•	
е	Professional fundraising services. See Part IV, line 17	- 0	market and the same	,	•
f	Investment management fees		-	•	•
g	Other	-	•	•	-
12	Advertising and promotion	2,093	1,047	942	105
13	Office expenses	23,527	11,012	11,587	928
14	Information technology				
15	Royalties				
16	Occupancy	311,266	266,139	31,091	14,036
17	Travel	7,315	4,145	2,593	576
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	•	-	-	
20	Interest	900	765	90	45
21	Payments to affiliates	•	-	-	•
22	Depreciation, depletion, and amortization .	191,716	162,959	19,172	9,586
23	Insurance	24,989	21,039	2,700	1,249
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)		,		
а	Food	147,993	125,793	22,199	•
b	Supplies	15,856	15,831	17	8
c	Equipment Rental and Maintenance	1,777	1,510	178	89
d	Books and subscriptions	701	351	316	35
e	Investment expense	198	-	198	•
f	All other expenses	7	•	7	•
25	Total functional expenses. Add lines 1 through 24f	1,175,858	978,655	149,417	47,785
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,			Form <b>990</b> (2010)

P	art X	Balance Sheet					
					(A) Beginning of year		( <b>B)</b> End of year
	1	Cash-non-interest-bearing			238,649	1	298,819
	2	Savings and temporary cash investments			1,377	2	1,377
	3	Pledges and grants receivable, net			-	3	
	4	Accounts receivable, net		<u>-</u>	-	4	•
Assets	5	Receivables from current and former officers,					
	•	employees, and highest compensated employ					
		Schedule L			-	5	
	6	Receivables from other disqualified persons (a	as de	ined under section		-	
		4958(f)(1)), persons described in section 4958(					`\
		employers and sponsoring organizations of se					
<sub>s</sub>		employees' beneficiary organizations (see instru				6	· _ dec conserva se de la conserva se
šet	7	Notes and loans receivable, net		-	·	7	
Ass	8	Inventories for sale or use			· · · · · ·	8	<u>-</u>
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	ı	· · · · · ·	ŧ	9	
	IVa	other basis Complete Part VI of Schedule D	10a	9,025,114	, ,	, , <i>,</i>	, , , , , , , , , , , , , , , , , , , ,
		Less: accumulated depreciation	10b		5,786,218	400	5.863.922
	11				3,700,210	111	3,003,922
	12	Investments—publicly traded securities  Investments—other securities. See Part IV, line			<u> </u>	12	•
	13	Investments—other securities, See Part IV, line		<b>-</b>	•	13	•
	14				•	14	<del></del>
	15	Intangible assets		15	•		
	16	Total assets. Add lines 1 through 15 (must equa	6,026,245		6,164,118		
	17	Accounts payable and accrued expenses			91		91
	18	Grants payable		F	31	18	
	19	Deferred revenue		F	6,235		16,826
	20	Tax-exempt bond liabilities			- 0,233	20	10,020
S	21	Escrow or custodial account liability. Complete I		F		21	
Liabilities	22	Payables to current and former officers,			;	~;	* 27.4% - 1
<u> </u>		employees, highest compensated employees,			,	~ 3	**
Ë				,		22	******** ***********************
	23	Secured mortgages and notes payable to unrela		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated		· •		24	
	25	Other liabilities. Complete Part X of Schedule D			25		
	26	Total Kabilitian Add been 47 through 05			6,326		16,917
		Organizations that follow SFAS 117, check h			* * * *	1.3	1
Ses		lines 27 through 29, and lines 33 and 34.			•		* **
anc	27	Unrestricted net assets			6,016,637	27	6,132,257
3al	28	Temporarily restricted net assets			3,282	28	14,944
Ы	29	Permanently restricted net assets			0	29	0
יים		Organizations that do not follow SFAS 117, cl			* * ^, ', '		), · · · · ·
or I		complete lines 30 through 34.		,		,	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		Commission of the second secon	30	-	
sse	31	Paid-in or capital surplus, or land, building, or ed	quipm	ent fund	•	31	
Ϋ́	32	Retained earnings, endowment, accumulated in	come,	or other funds	•	32	•
Ne	33			[	6,019,919	33	6,147,202
	34	Total liabilities and net assets/fund balances .		_ <u>.</u>	6,026,245	34	6,164,118
				··· ·-			Form <b>990</b> (2010)

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI					
				<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)			3,140		
2	Total expenses (must equal Part IX, column (A), line 25)		1,17	75,858		
3	Revenue less expenses. Subtract line 2 from line 1	127,283				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4	6,019,919				
5	Other changes in net assets or fund balances (explain in Schedule O)		0			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))		6,14	17,202		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			. 🗆		
			Yes	No		
1	Accounting method used to prepare the Form 990:			*		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	I	~		
b	Were the organization's financial statements audited by an independent accountant?	2b		~		
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				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,,				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:	**	,	. ·		
3a	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
L.	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a		-		
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
		Forr	n <mark>990</mark>	(2010)		

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

**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.

Open to Public

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection **Employer identification number** 

Shell	bourn	e, Inc.								35-12	266330		
Par	t i	Reason f	or Public Cha	rity Status (All orga	nization	s must c	omplete	this pa	rt.) See i	nstructio	ons.		
The c	rganiz	zation is not	a private founda	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)				
1	$\square$ A	church, con	vention of churc	hes, or association of	churches	s describe	ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).			
2	$\square$ A	school desc	ribed in <mark>section</mark>	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)							
3	$\square$ A	hospital or a	a cooperative ho	spital service organiza	ation des	cribed in	section '	170(b)(1)	A)(iii).				
4	□ A	medical res	earch organization	on operated in conjun	ction with	n a hospit	al descri	bed ın <b>se</b>	ction 170	)(b)(1)(A)	(iii). Enter the		
		•	ne, city, and stat										
5			on operated for b)(1)(A)(iv). (Com	the benefit of a colle- plete Part II)	ge or uni	versity or	wned or	operated	by a go	vernment	al unit described in		
6				nment or government	al unit de	scribed in	section	170(b)(1	)(A)(v).				
7	☐ Ar	n organizatio	on that normally	receives a substantia (A)(vi). (Complete Par	al part of					nt or fron	n the general public		
8	□А	community	trust described i	n section 170(b)(1)(A	)(vi). (Cor	nplete Pa	ırt II.)						
9	_			receives: (1) more that				om contr	butions.	members	ship fees, and gross		
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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		•	-	l operated exclusively						4).			
11		•	•	•		•	•			•	or to carry out the		
	1 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
	a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other												
е	☐ By	checking t	his box, I certify	that the organization	ıs not co	ntrolled d	lirectly or	rındırectl	y by one	or more	disqualified persons		
				ers and other than one	e or more	publicly	support	ed organ	izations c	lescribed	in section 509(a)(1)		
_		section 509						_		_			
f		-		a written determination	on from	the IRS t	that it is	a Type	I, Type I	I, or Typ	• • • • • •		
		•	check this box								·		
g		nce August Ilowing pers		he organization accep	pted any	giπ or co	ontributio	n from a	ny of the				
	(i)	A person	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (iı) ar	nd Yes No		
		(III) below,	the governing be	ody of the supported	organızat	ion?					11g(i)		
	(ii)	A family m	ember of a pers	on described in (i) abo	ve? .						11g(ii)		
				a person described in							11g(iii)		
h	Pr	ovide the fo	llowing informati	on about the support	ed organ	zation(s).							
(i)		f supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of		
	organ	nization		(described on lines 1–9 above or IRC section		sted in your document?	col (ı)	nization in of your		zed in the	support		
				(see instructions))		T		port?	U:				
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
			ş				. *						
Total			1		1	[			1				

Schedu	le A (Form 990 or 990-EZ) 2010  Support Schedule for Organiza	tions Desc	rihad in Sact	tions 170/b\/1	ιλ(Λ)(iv) and :	170/b\/1\/ <b>Δ</b> \/v	Page 2
	(Complete only if you checked th Part III. If the organization fails to	e box on line	e 5, 7, or 8 o	f Part I or if th	e organizatio	n failed to qu	-
$\overline{}$	on A. Public Support	(-) 0000	(h) 0007	(-) 0000	1 (4) 0000	(-) 0010	/A Tatal
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization 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.	· ``. ^	'	ž	,		
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
7	Amounts from line 4		<del></del>				
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.	•	•			12	
13	First five years. If the Form 990 is for the	-			_		
Coati	organization, check this box and stop her on C. Computation of Public Support			• • • • •	· · · · ·		· · · L
14	Public support percentage for 2010 (line 6			11 column (f)		14	%
15	Public support percentage from 2009 Sch	edule A, Part	II, line 14 .			15	%
16a	331/3% support test—2010. If the organize box and stop here. The organization qual						
b	331/3% support test—2009. If the organ			-			
_	check this box and stop here. The organiz	zation qualifie	es as a publicly	supported org	ganization .		. ▶ 🗆
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ar ation qualifies	nd <b>stop here. I</b> as a publicly s	Explain in

## 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 or if the organization failed to qualify under Part II.)

	if the organization rans to quality	under the tes	is listed beit	w, picase co	inpiete i ait i	<u>'·/</u>	
	on A. Public Support				( 1) 0000		(0 T A.I.
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	214,498	383,425	1,062,487	610,515	275,398	2,546,323
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	946,059	1,006,319	1,047,424	1,043,435	1,036,036	5,079,273
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	1,160,557	1,389,744	2,109,911	1,653,950	1,311,434	7,625,595
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	3,700	3,820	4,040	4,335	4,040	19,935
b	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	-	-	•	•	-	
С	Add lines 7a and 7b	3,700	3,820	4,040	4,335	4,040	19,935
8	Public support (Subtract line 7c from line 6.)	· 🖟 🤻 ,		, ,			7,605,660
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨 🛘	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
9	Amounts from line 6	1,160,557	1,389,744	2,109,911	1,653,950	1,311,434	7,625,595
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	11,609	11,021	10,387	3,575	4,709	41,301
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	-	-	-	-	-	-
С	Add lines 10a and 10b	11,609	11,021	10,387	3,575	4,709	41,301
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-	-	-	•	-	-
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	-	-	-	•	-
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,172,166	1,400,765	2,120,298	1,657,525	1,316,143	7,666,896
14	First five years. If the Form 990 is for the organization, check this box and stop her	-			-	ear as a section	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8					15	99.20 %
16	Public support percentage from 2009 Sch			<u> </u>	· · · · ·	16	99.11 %
	on D. Computation of Investment Inc					-1	
17	Investment income percentage for 2010 (li					17	0.54 %
18	Investment income percentage from 2009					18	0.63 %
19a	331/3% support tests—2010. If the organi. 17 is not more than 331/3%, check this box a						
L	33 <sup>1</sup> / <sub>3</sub> % support tests—2009. If the organiza		-			-	_
b	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did		-	-			

Page	4

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).										
•••••											
•••••											
<b></b>											
<del></del>											

### **SCHEDULE D** (Form 990)

**Supplemental Financial Statements** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Name c	f the organization		Employ	er identification number
Shellb	ourne, Inc.			35-1266330
Par	Organizations Maintaining Dono organization answered "Yes" to Fo	or Advised Funds or Other Similar Fur form 990, Part IV, line 6.	nds or	Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year) .			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and	donor advisors in writing that the assets h	neld in d	donor advised
	funds are the organization's property, subject			· · · · □ Yes □ No
6	Did the organization inform all grantees, dor only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or donor advisor, or f	for any	other purpose
Par	t II Conservation Easements. Comp	lete if the organization answered "Yes"	to For	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held be	by the organization (check all that apply).		
	Preservation of land for public use (e.g., r	recreation or education) 🔲 Preservation o	of an his	torically important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certi	fied historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservation contribution	on in the	e form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements .		[	2a
b	Total acreage restricted by conservation eas	ements	[	2b
С	Number of conservation easements on a cer		[	2c
d	Number of conservation easements include	ed in (c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Regist	ter		2d
3	Number of conservation easements modified tax year ►	d, transferred, released, extinguished, or ter	minated	by the organization during the
4 5	Number of states where property subject to boos the organization have a written poliviolations, and enforcement of the conservat	cy regarding the periodic monitoring, ins		
6	Staff and volunteer hours devoted to monitor			
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring,  \$\blue{\$}\$	inspecting, and enforcing conservation ease	ements	during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization re			
	balance sheet, and include, if applicable, the			
	organization's accounting for conservation e			
Par		ctions of Art, Historical Treasures, or ered "Yes" to Form 990, Part IV, line 8.		Similar Assets.
1a	If the organization elected, as permitted und			ue statement and balance sheet
	works of art, historical treasures, or other spublic service, provide, in Part XIV, the text of			
b	If the organization elected, as permitted ur works of art, historical treasures, or other s public service, provide the following amounts	similar assets held for public exhibition, ed		
	(i) Revenues included in Form 990, Part VIII,	_		. ▶ \$
	(ii) Assets included in Form 990, Part X			. ▶ \$
2	If the organization received or held works following amounts required to be reported up	of art, historical treasures, or other simila	r assets	s for financial gain, provide the
a	Revenues included in Form 990, Part VIII, line	e 1		. • \$

Par	Organizations Maintaining	Collecti	ons of Ar	t, His	torica	Treasures	s, or O	ther Similar A	Assets	(cont	inued)
3	Using the organization's acquisition, collection items (check all that apply):	accession									
а	☐ Public exhibition			d		oan or excha	ange pro	ograms			
b	☐ Scholarly research			е		ther		_			
С	☐ Preservation for future generation	ns						••••••••			
4	Provide a description of the organiza XIV.	tion's coll	ections and	d expl	ain how	they further	the org	ganization's ex	empt p	urpose	e in Part
5	During the year, did the organization assets to be sold to raise funds rather									] Yes	∏No
Part	line 9, or reported an amour	angemen	its. Comp	olete i	f the o	rganization					
1a	Is the organization an agent, trustee included on Form 990, Part X?									] Yes	□No
b	If "Yes," explain the arrangement in P	art XIV and	d complete	the fo	ollowing	table:	Г	<del></del>	Amour	nt	-
С	Beginning balance						10	;			
d	Additions during the year						10	1			
е	Distributions during the year						16	,			
f	Ending balance						11		····		
2a	Did the organization include an amount								. [	Yes	☐ No
b	If "Yes," explain the arrangement in P		·	•						<del>_</del>	_
Par			organizati	ion ar	swere	d "Yes" to l	Form 9	90, Part IV, lir	ne 10.		
	•	(a) Curre			or year	(c) Two yea		(d) Three years ba		Four year	ars back
1a	Beginning of year balance				•			STAN YOU	. ' ''	٧	4
b	Contributions							34. 38 S		- 42	
C	Net investment earnings, gains, and							14472 - C 1	22	٠, ٠	
	losses								•	•	- '
d	Grants or scholarships							1 1			
e	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance			-		<del>                                     </del>					
2	Provide the estimated percentage of t	he vear er	nd balance	held a	ıs:				L		<del></del>
a	Board designated or quasi-endowmen	nt. ▶	%	6							
b	Permanent endowment ▶			•							
C	Term endowment ▶ %										
3a	Are there endowment funds not in the	e possess	ion of the o	organi	zation t	hat are held	and ad	ministered for	the		
	organization by:	•		•						Ye	s No
	(i) unrelated organizations								3	a(i)	
	(ii) related organizations									a(ii)	
b	If "Yes" to 3a(ii), are the related organi									3b	_
4	Describe in Part XIV the intended uses								. [		. <u>l</u>
Part											
	Description of investment		Cost or other (investment)	basis		t or other basis (other)		Accumulated appreciation	(d)	Book va	alue
1a	Land				<b></b>	229,203	l			<del></del>	229,203
b	Buildings	]				8,084,701		2,643,639			441,062
c.	Leasehold improvements					_,,		-,,			,
d	Equipment							-			
e	Other					711,210		517,552			193,657
Total.	Add lines 1a through 1e. (Column (d) n	nust equal	Form 990,	Part )	K, colun						863,922

Part VII	Investments - Other Securities	. See Form 990, Part X,	line 12.	_
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			_
	neld equity interests			_
(3) Other				_
(A)				
(B)		<del></del>		
(C)				
(D)				
(E) (F)				—
(G)				_
(H)				
(I)				_
	(b) must equal Form 990, Part X, col (B) line 12)		*	-;
Part VIII	Investments – Program Related	I. See Form 990. Part X	line 13.	=
	(a) Description of investment type	(b) Book value	(c) Method of valuation	_
	(a) Description of investment type	(5) 20011 14:30	Cost or end-of-year market value	
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·			_
(3)				
(4)				_
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Pa		1 4.0	
	(6	n) Description	(b) Book value	_
_(1)		<del></del>		_
(2)				
(3)				
(4)		<del> </del>		
<u>(5)</u>				_
(6)				
(7)				
(8)		<del></del>		
<u>(9)</u> (10)				
	ımn (b) must equal Form 990, Part X, c	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,			_
1.	(a) Description of liability	(b) Amount	, , , , , , , , , , , , , , , , , , , ,	- 1
(1) Federal	income taxes		,	
(2)			~	
(3)				
(4)				
(5)				
(6)			• •	
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25 ) ▶			
			the organization's financial statements that reports the	
organizatıoı	n's liability for uncertain tax positions u	nder FIN 48 (ASC 740).		

oneau	10 D (1 O M 1 9 9 9 ) 20 10				Page 🕶
Par	Reconciliation of Change in Net Assets from Form 990 to Audite		nents	\$	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses	[	6_		
7	Prior period adjustments	[	7_		
8	Other (Describe in Part XIV.)	[	8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines		10	<u> </u>	
	XII Reconciliation of Revenue per Audited Financial Statements		r Ret	turn	
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:	ſ			
a	Net unrealized gains on investments		4		
b	Donated services and use of facilities		_		
C	Recoveries of prior year grants			`	
d	Other (Describe in Part XIV.)		J		
е	Add lines 2a through 2d		2€		
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	<del></del>	_	1	
b	Other (Describe in Part XIV.)		_		
_c	Add lines <b>4a</b> and <b>4b</b>		40	<del></del>	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				
	XIII Reconciliation of Expenses per Audited Financial Statements	<u>.</u>	er K	eturn	
1	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a	Donated services and use of facilities	·	- 3		
b	Prior year adjustments		-1.		
C	Other losses	-	- {`		
d	Other (Describe in Part XIV.)		۔ ا	-	
e	Subtract line 2e from line 1		26		
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		3		
-					
a b			-		
_	Other (Describe in Part XIV.)	<u> </u>	40	<u></u>	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
	XIV Supplemental Information				
art V	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines dditional information.	2d and 4b. Also con	nplete	e this part to prov	vide
				•••••	
		•••••			
		•••••			

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	
		••••••
		······
- <b></b>		

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Shellbourne, Inc.

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

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 

35-1266330

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

Schedule I (Form 990) (2010) **№** (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II General Support Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to √ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. þ (e) Amount of non-cash assistance (d) Amount of cash 20,400 grant Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. 501(c)(3) 13-3281516 Enter total number of other organizations (B) EIN 1 (a) Name and address of organization 117 E. 70th St., New York NY 10021 (1) Rosemoor Foundation, Inc. or government Partl Part N 5

2

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3

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(7)

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12

		1 1 1 1 1 1 1 1 1 1 1 1 1				are used in	The Board	Part IV	7	6	51	4	ယ	2	_		Part III
						are used in furtherance of its exempt purposes. One of the officers of Shellbourne, Inc. is also an officer of Rosemoor Foundation, Inc.	The Board members of Shellbourne, Inc. are very familiar with the charitable operations of Rosemoor Foundation, Inc. and confident that the grants made to Rosemoor Foundation	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.								(a) Type of grant or assistance	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.
					1	the officers of Shellb	ar with the charitable	te this part to pro								(b) Number of recipients	dividuals in the U
	4 9 9 9 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8			• • • • • • • • • • • • • • • • • • •		ourne, Inc. is also an	operations of Rosen	vide the information								(c) Amount of cash grant	nited States. Cor
					, , , , , , , , , , , , , , , , , , ,	officer of Rosemoor F	າoor Foundation, Inc. a	on required in Part I								(d) Amount of non-cash assistance	nplete if the organi
						oundation, Inc.	nd confident that the grants n	, line 2, and any other add								(e) Method of valuation (book, FMV, appraisal, other)	zation answered "Yes" to
							nade to Rosemoor Foundation	ditional information.								(f) Description of non-cash assistance	Form 990, Part IV, line 22.

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Name of the organization Shellbourne, inc

Employer identification number 35-1266330

Pari	Types of Property			<del></del>				
	Types of Froperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash cor			
1	Art – Works of art	~	5	2,550	sale of com	parable	e worl	ks
2	Art - Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household		, At 1					
	goods	]						
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property					-		
9	Securities-Publicly traded						_	
10	Securities—Closely held stock .							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous						····	
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate - Residential				<del> </del> -			
16	Real estate—Commercial			···-				
17	Real estate-Other				<u> </u>			
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens	<u> </u>						
24	Archeological artifacts						-	
25	Other ► ()				<u> </u>		-	
26	Other ► ()			<del></del>				
27	Other ► ()			<del></del>				
28	Other ► (							
29	Number of Forms 8283 received	by the ord	panization during the tax y	year for contributions for	<u> </u>			
	which the organization completed				29	0		
							Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I line	: 1_28 that		100	
***	it must hold for at least three year							
	used for exempt purposes for the					30a		,
ь	If "Yes," describe the arrangement		•		•	Jua	-	<del></del> -
31	Does the organization have a gift acceptance policy that requires the review of any non-standard							
٠.	contributions?							
32a	Does the organization hire or use				ll noncach	31		-
4			· · · · · · · · ·		noncasn	20-		٠. ا
b	If "Yes," describe in Part II.					32a	36	<u> </u>
33	If the organization did not report ar	amount in	column (c) for a type of pro	nerty for which column (a)	e chackad		4	
-	describe in Part II.	i amount in	obtaining to not a type of pro	porty for writer column (a)	o checkeu,			, ,

	orm 990) (2010)
t II	<b>Supplemental Information.</b> Complete this part to provide the information required by Part I, lines 30b, 32 and 33. Also complete this part for any additional information.
, line 1	: Five individual paintings were received: three valued at \$450 each and two valued at \$600 each.
·	
·	
	······································
·	<u></u>
· • • • • • • • • • • • • • • • • • • •	
	<del></del>

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Shellbourne, Inc.

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

► Attach to Form 990 or 990-EZ.

Employer identification number 35-1266330

Form 990, Part VI, Section B, Line 11: Copies of the Form 990 are distributed to Board members for their review and comment, before
filing the Form 990. Any questions are resolved by management.
Form 990, Part VI, Section B, Line 12c: The organization reviews all major decisions relating to significant organizational expenses for
possible conflicts of interest among Board members and key employees.
Form 990, Part VI, Section C, Line 19: The organization makes its governing documents, conflict of interest policy, and financial
statements available to the public upon request.
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Schedule O (Form 990 or 990-EZ) (2010) Page							
Name of the organization	Employer identification number						
<del></del>							
	·						
	·						