

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



, Š

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

Department of the Treasure Inspection ▶ 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 10 **Dec 31** Jan 1 C Name of organization Skinner Leadership Institute, Inc. D Employer identification number Check if applicable: Doing Business As Skinner Leadership Institute, Inc. 52-1830868 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 5875 Solomons Island Road 301.261.9800 Initial return City or town, state or country, and ZIP + 4 Terminated Amended return Tracys Landing, MD 20779-9701 G Gross receipts \$ F Name and address of principal officer: Rev. Barbara Skinner H(a) is this a group return for affiliates? Yes No Application pending 5875 Solomons Island Rd. Tracys Landing, MD 20779-9701 H(b) Are all affiliates included? Yes No) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 501(c) (if "No." attach a list. (see instructions) Tax-exempt status www.skinnerleadership.org Website: ▶ H(c) Group exemption number Form of organization:

Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation 1992 M State of legal domicile: Briefly describe the organization's mission or most significant activities: The institute coaches, trains and equips leaders in our nation, leaders in the church, leaders among youth, committed to Activities & Governance moral and technical excellence, reconciliation and empowerment of the economically underserved and spiritually neglected to impact and influence the world through moral and technical leadership excellence. 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 9 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII-column (6) 7a 0 Net unrelated business taxable income from Form 990-1 Hinter Prior Year Current Year Contributions and grants (Part VIII, line 1h 20 . . Program service revenue (Part VIII, line 2g . . Investment income (Part VIII, column (A), lines 3, 4 266,706 213,647 96,878 80,607 10 3 Other revenue (Part VIII, column (A), lines 5, 6d, 8e, 9o, 1917, and Total revenue—add lines 8 through 11 (must equal Part VIII, column 11 31 87 12 363,619 294.344 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 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) 133,385 139,128 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 274.819 135.550 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 408.204 274,678 19 Revenue less expenses. Subtract line 18 from line 12 -44.585 19,666 **Boginning of Current Year** End of Year 20 Total assets (Part X, line 16) 40,275 13,910 21 Total liabilities (Part X, line 26) . 381,950 231,894 22 Net assets or fund balances. Subtract line 21 from line 20 -341.675 -217,984 Part II Signature Block Under penalties of penjury, 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 office Here Type or print name and title Print/Type preparer's name Preparer's signature Date Naid Check 🔲 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) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2010)

SCANNEGENANCE NAVOT 4 2013

017-21 X

Form 99	90 (2010) Pago 2
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: We produce morally and technically excellent leaders. The institute coaches, trains and equips leaders in our nation, leaders in the church, leaders among youth, committed to moral and technical excellence, reconciliation and empowerment of the economically underserved and spiritually neglected to impact and influence the world through moral and technical leadership excellence.
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?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 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 \$ 106,673 including grants of \$) (Revenue \$ 110,910) Tom Skinner Campus Ministry: Evangelistic outreach, discipleship training, intercessory prayer, and leadership training including A Homecoming Praise Service, A leadership Retreat, Plans for a leadership Excellence Program at Howard University to equip students with the key skills of morally and technically excellent leadership. Power lunches with professionals who model moral excellence in their lives and careers. The lunches demonstrate how faith is expressed in different professions such as law, politics medicine, and education. Noonday Prayer Gatherings where students pray for the power and presence of God to impact all areas of the campus of Howard University, including the President and his administration, faculty, students and their families.
4b	(Code:) (Expenses \$ 88,687 including grants of \$) (Revenue \$ 90.400) Ballou Automotive Technology Center at Ballou High School - This outstanding career and technology program highlights academic excellence and scholarship in a sale, physically upgraded environment at Ballou High School in Southeast Washington DC. Working closely with the VP of Darcars Automotive Dealers, Toyota ha provided 70 automotive students with paid internships and summer employment with assigned mentors, job shadowing throughout the schoolyear, scholarships to two year community colleges with advanced automotive courses, and full time jobs at Darcars' 26 DC area dealerships in a full-range of fucrative careers.
4c	(Code.) (Expenses \$ 33,455 including grants of \$) (Revenue \$ 41,916) General Programs- Continue to support programs that produce a pipeline of high performing middle managers and exec. leaders to meet the needs of underserved communities. These program allow a group of gifted and talented young leaders to learn intangible skills of leadership including strength of character, integrity, resiliency, and the value of empowering relationships. Participants also spend time in community service projects with organizations like Habitat for humany, Faith and Politics Institute, Congressional Black Caucus Foundation, NAACP Policy Institute, and the National Urban League Policy Institute.
- di-a	Other program applies (Describe in Schodule O.)
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 228,815

Form 99	0 (2010)			Page 3
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,"		705	100
	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		1
4	Section 501(c)(3) organizations. 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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	118	<i>.</i>	
þ	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		1
C	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		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
ſ	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		1
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		1
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 45	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, Parts I and IV	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		1
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		1
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? If "Yes," complete Schedule G, Part II	18		1
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		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		*
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	000	(2010)

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		1
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		1
23	Did the organization answer "Yes" to Part VII, Section A, Ilne 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		1
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		1
C	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 defease any tax-exempt bonds?	24b 24c		1
d 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		1
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		1
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		1
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		1
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	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? 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 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		✓
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? Note . All Form 990 filers are required to complete Schedule O	38	1	
	*	Fare	. 000	(0010)

	0 (2010)			ugo (
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		168	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	· ·		
С	reportable gaming (gambling) winnings to prize winners?	1c	1	
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 2a 2			
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. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3а		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3Ь		<u> </u>
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		1
b	If "Yes," enter the name of the foreign country:			
	See instructions for filling requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			١,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ý
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		1
	organization solicit any contributions that were not tax deductible?	6a		-
b	gifts were not tax deductible?	6b		1
7	Organizations that may receive deductible contributions under section 170(c).	- 55		-
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		1
ь	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 82827	7c		1
d	If "Yes," indicate the number of Forms 8282 filed dunng the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
9	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			
	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		✓
9	Sponsoring organizations maintaining donor advised funds.			
8	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?	96		_
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ı	
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filling Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		į	
	the organization is licensed to issue qualified health plans		ſ	
C	Enter the amount of reserves on hand	اـــا		
14a	Did the organization receive any payments for Indoor tanning services during the tax year?	148		<u> </u>
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b			
•	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See Instructions.	es m	SCHE	eaure
	Check if Schedule O contains a response to any question in this Part VI			. 🗸
Secti	ion A. Governing Body and Management			
			Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year 1a 9	4		
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 9	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	<u> </u>	1
6	Does the organization have members or stockholders?	6	ļ	1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓_	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O			/
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	9	ode l	<u> </u>
Secu	on B. Folicies (This decilent is requests information about policies not required by the internal recycle	00 0	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		7
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?	10ь		
118	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	/	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	1	,
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	,	<u> </u>	
_	rise to conflicts?	12b	 	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14	\longrightarrow	/ _
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]		'
а	The organization's CEO. Executive Director, or top management official	15a	-	Ĩ,
_	Other officers or key employees of the organization	15b		*
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1	$\neg \uparrow$	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its		. 1	
	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?	405		لـــــا
Section	on C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed ► Maryland			
18	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) avai	ilable
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o and financial statements available to the public.	finter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Skinner Leadership Institute, Inc. 5875 Solomons Island Rd, Tracys Landing, MD 20779 301.261.98			

	_
Page	7

	•	
	nnn	(2010)

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	r any relate	d org	aniz			ompe	nsa		nt officer, directo	r, or trustee.
(A)	(B)	_		•	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	_	Officer		Highest compensated at 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) Rev. John Jenkins Chairman	0	1						o	o	· o
(2) Mr. Mark Christensen Cive Chairman	- 0	1						0	0	0
(3) Pastor Bruce Clark Secretary	- 0	1						o	o	0
(4) Mrs. Rosemary Trible Treasuror	0	1						· o	0	0
(5) Dr. Maya Angelou Director	0	1						0	0	0
(6) Mr. Robert Brown Director	0	1					,	o	0	0
(7) Rev. H. Beecher Hicks Director	0	\						o	0	0
(8) Dr. Barbara Williams-Skinner Executive Director	40		-		1			65000	0	0
(9) Bishop Donald Hilliard Director	0	~								
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										····
(16)										

Par	Section A. Officers, Directors, Tru (A)	stees, Key	Emple	oyee		ana C)	High	est	(D)	Employees (E)	(conti	nueaj	(F)	
•	Name and title	Average	Posit	ion (d	-	•	that ap	pty)	Reportable	Reportab			timated	
		hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organizatic (W-2/1099-N	ons	comp fro orga and	nount of other pensation om the anization direlated inizations	1
(17)														
(18)		-												
(19)														
(20)														
(21)						-								
(22)		1						<u> </u>						
(23)														
(24)														
(25)														
(26)														
(27)														
(28)														
1b	Sub-total							•	65,000					
C	Total from continuation sheets to Part	•						>	0 000					
d	Total (add lines 1b and 1c)							<u> </u>	65,000	ara than \$1/	20.00	· ·		
	reportable compensation from the organi		1 10 111		1151	eu a	aDOVE) W	no received m	ore man on	יטט,טנ	J III		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5						- 7	-	loyee, or high	est compe	nsate		Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortab	ole c	com	per	satio	n ai	nd other comp					<u>√</u> √
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or Ind				·
Section	n B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization.	compensate	ed Ind	lepe	ende	ent o	contra	acto	ors that receive	d more thai	n \$10	0,000 of	-	
	(A) Name and business add	ress							(B) Description of se	rvices		(C) Compens		
None.														
			,											
	Total number of independent contractor	rs (includio	à hư		3 † †!	mitc	ad to	the	nea listed abo	wal who				
2	received more than \$100,000 in compens							ur II		vej wild				
												For	n 990 ((2010)

Parl	VIII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>n</u> n	1a	Federated campaigns 1a					
F T	ь	Membership dues 1b					
Contributions, gifts, grants and other similar amounts	c	Fundraising events 1c					-
ar a	d	Related organizations 1d					
S, E	e	Government grants (contributions) 1e					
lion I si	f	All other contributions, gifts, grants,					
jg şt		and similar amounts not included above 1f	213,647				İ
d g	g	Noncash contributions included in lines 1a-1f. \$				Ì	
	h	Total. Add lines 1a-1f	▶	213,647			
Program Service Revenue		<u> </u>	Business Code				
eve	2a	Seminar Registration		80,607	80,607	9	· · · · · · · · · · · · · · · · · · ·
ec g	b					0	0
Ž	C				-		
ဖွဲ့	đ			 	-		
Tau	e	All other program service revenue .					
ğ	g	Total. Add lines 2a–2f		80,607	 	L	<u> </u>
	3	Investment income (including divide	nds. interest.	00,007		1	1
		and other similar amounts)		3	۰ ا	0	3
	4	Income from investment of tax-exempt both					
	5		▶				
		Royalties	(ii) Personal				
	6a	Gross Rents	·				
	, p	Less: rental expenses				ł	
	С	Rental income or (loss)					_
	d	Net rental income or (loss)					•
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	b	Less: cost or other basis and sales expenses .					
	C	Gain or (loss) .					
Ì	d	Net gain or (loss)	<u>.</u> >	·			
Other Revenue	8a	Gross income from fundraising events (not including \$					
ler R		of contributions reported on line 1c). See Part IV, line 18 a					
퓡	b	Less: direct expenses b				-	
		Net income or (loss) from fundraising e Gross income from gaming activities.	vents . ▶				
		See Part IV, line 19 a	<u>.</u>				i
		Less: direct expenses b Net income or (loss) from gaming activity	ition				
		Gross sales of inventory, less returns and allowances a	illes P				!
l		Less: cost of goods sold b					
ļ	<u> </u>	Net income or (loss) from sales of inver					
ļ	4.4		Business Code			<u> </u>	
- 1	11a	Miscellaneous		87	87	0	0
ļ	b c						•
l	d	All other revenue			-		
	_	Total. Add lines 11a-11d	>				
	12	Total revenue. See instructions		294,344	80,694	0	3
							000

Part IX Statement of Functional Expenses

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

	All other organizations must complete col not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Out are not (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				<u> </u>
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, Ilnes 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	65000.	54,895	9,388	717
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	49,959	41,566	7,797	596
9	Other employee benefits	1,914	1,715	199	0
10	Payroll taxes	8,930	7,421	1,402	107
11	Fees for services (non-employees):				
a	Management				<u>.</u>
ь	Legal				
C	Accounting	14,775	12,278	2,320	177
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2.500	2.520		
9	Other	2,500	2,500	0	0
12 13	Advertising and promotion	1,550	1,550	0	0
14	Office expenses		-		
15	Royalties				
16	Occupancy	10,163	9,106	1,057	0
17	Travel	14,284	12,798	1,486	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
19	Conferences, conventions, and meetings .	12,249	10,975	1,274	0
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	7,575	0	7,575	0
^23	Insurance	4,821	4,320	501	0
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	Bank and Credit Card Fees	2,845	108	2,737	0
b	Contributions Telephone Fay Internet	23,066 8,332	23,066	1 200	0
c d	Telephone, Fax, Internet Professional Services	17,969	6,924 14,932	1,308	100
e	Printing	6,940	5,767	2,821 1,090	216 83
f	All other expenses	21,806	18,894	2,169	743
25	Total functional expenses. Add lines 1 through 24f	274,678	228,815	43,124	2,739
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			10,12	5000

Part)	Balance Sheet	(A) Beginning of year		(B) End of year
				
1	Cash—non-interest-bearing	(8,057)	1	2,218
2	Savings and temporary cash investments	11,180 5,310	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	12,634	4	
5	Receivables from current and former officers, directors, trustees, key			
- 1	employees, and highest compensated employees. Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
Assets	Notes and loans receivable, net		7	
8 ASS	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a			-	
'0"	other basis. Complete Part VI of Schedule D 10a 88,848			
		19,208	10c	11,692
11	Investments—publicly traded securities		11	•••
12	Investments—other securities. See Part IV, line 11	<u> </u>	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 equal line 34)	40,275	16	13,910
17	Accounts payable and accrued expenses	119,031	17	4,271
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
န္မ 21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
₹ 22	Payables to current and former officers, directors, trustees, key			
Liabilities 22	employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	73,637	22	139,473
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	20,007	24	14,513
25 26	Other liabilities. Complete Part X of Schedule D	169,275	25	73,637
20	Organizations that follow SFAS 117, check here ▶ ☐ and complete	381,950	26	231,894
န္မ	lines 27 through 29, and lines 33 and 34.		1	
alances 27	Unrestricted net assets	(341,675)	27	-217,984
E 28	Temporarily restricted net assets	(241,010)	28	277,004
E 29	Permanently restricted net assets		29	
5	Organizations that do not follow SFAS 117, check here ▶ □ and			
-	complete lines 30 through 34.			
Net Assets or Fund B 33 32 55 55 55 55 55 55 55 55 55 55 55 55 55	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund	-	31	
₹ 32	Retained earnings, endowment, accumulated income, or other funds .		32	
₹ 33	Total net assets or fund balances	(341,675)	33	-217,984
7 34	Total llabilities and net assets/fund balances	40,275	34	13,910

Form **990** (2010)

Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	·····	· · ·	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		29	4,344
2	Total expenses (must equal Part IX, column (A), line 25)	2		27	4,678
3	Revenue less expenses. Subtract line 2 from line 1	3		1	9,666
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		(341	1,675)
5	Other changes in net assets or fund balances (explain in Schedule O)	5		10	4,025
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		(217	7.984)
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: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expl. Schedule O.	ain in			! !
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a	\	
b	Were the organization's financial statements audited by an independent accountant?		2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove of the audit, review, or compilation of its financial statements and selection of an independent account	•	2c	\	
	If the organization changed either its oversight process or selection process during the tax year, expl Schedule O.	ain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year issued on a separate basis, consolidated basis, or both:	were			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for the Single Audit Act and OMB Circular A-133?	rth in	3a		1
b	The second secon		3b		Ť
			Forn	990	12010

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Open to Public

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

SKU	ier Leadersnip insi									30000		
			rity Status (All orga						instructio	ons.		
The			ation because it is: (Fo									
1			ches, or association of			ed in sec	ction 170	(b)(1)(A)(i).			
2			170(b)(1)(A)(ii). (Atta									
3			spital service organiz									
4		-	on operated in conjun	ction with	h a hospi	tal descri	ibed in se	ection 17	'0(b)(1)(A)	(iii). Ente	er the	
_		ne, city, and stat				·					·····	
5		on operated for b)(1)(A)(Iv). (Com	the benefit of a colle plete Part II.)	ege or un	iversity o	wned or	operated	by a go	overnmen	tal unit d	tescrib	ed in
6	A federal, sta	te, or local gover	nment or government	tal unit de	escribed i	n sectio	n 170(b)(1)(A)(v).				
7		•	receives a substantia)(A)(vi). (Complete Pa		its supp	ort from	a govern	mental u	nit or fron	n the ge	neral p	ublic
8	A community	trust described	in section 170(b)(1)(A	(Co	mplete Pa	art II.)						
9	☐ An organizati	on that normally	receives: (1) more th	an 331/39	6 of its s	upport fr	om contr	ibutions,	members	ship fees	i, and ç	ross
			d to its exempt function									
			ent income and unre after June 30, 1975. S						on 511 ta	x) from	busine	sses
10		=	d operated exclusively						(4).			
	_ • •	•	nd operated exclusiv		•	-				or to ca	arry on	t the
	purposes of	one or more pul	olicly supported organized describes the type of	nizations	describe	d in seci	ion 509(a	a)(1) or s	ection 50	9(a)(2). S		
	a Type			☐ Tyr] Type	- III-O+	ner
e			that the organization				_					
		indation manage	ers and other than on									
f			a written determination	on from	the IRS	that it is	a Type	1 Type	li or Typ	برع اال عب	nnortin	a
	organization,	check this box										" 🗆
9	following pers	ions?	he organization acce					•				
			indirectly controls, elt						d in (ii) ar	nd	Yes	No
	• •	-	ody of the supported	-						11g(i	<u>'</u>	
		-	on described in (i) abo							11g(i	1	
			a person described in							11g(ii	<u>) </u>	
<u>h</u>			ion about the support					,				
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		is the		lmount of	•
	Organization		above or IRC section		document?	col. (1)	of your	organization in col. support (i) organized in the				
		ŀ	(see instructions))	V	N-		port?	<u> </u>	S 7			
				Yes \	No	Yes	No	Yes	No			
(A)												
(B)												
(C)	,											
(D)												
(E)	· · · · · · · · · · · · · · · · · · ·											
											**.	

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	267,124	279,195	163,316	266,706	213,087	1,189,428
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	267,124	279,195	163,316	266,706	213,087	1,189,428
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.						1,186,428
Sect	on B. Total Support						
Caler	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	267,124	279,195	163,316	266,706	213,087	1,186,428
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20			4	3	27
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.)		426		31	85	542
11	Total support. Add lines 7 through 10						1,186,997
12	Gross receipts from related activities, etc.					12	1,069,999
13	First five years. If the Form 990 is for the						
D = = A ²	organization, check this box and stop her			<u> </u>	· · · · ·		<u>· · • </u>
	on C. Computation of Public Suppor			1 (0)		44	
14	Public support percentage for 2010 (line 6 Public support percentage from 2009 Sch	• •	•	, , , ,		14	99.56 %
15 16a	331/3% support test—2010. If the organiz						99.56 %
	box and stop here. The organization quali					370 0: 1110:0, 0:	. •
ь						15 is 331/4% (
-	check this box and stop here. The organiz						. • 🗖
17a		10. If the orgarets the "facts-aucts-and-circur	nization did no nd-circumstar nstances" test	t check a box onces" test, check the organiza	on line 13, 16a ck this box an tion qualifies a	d stop here. E	ine 14 is xplain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	on meets the eets the "facts-	"facts-and-cire and-circumsta	cumstances" t ances" test. Th	est, check th e organization	is box and sto qualifies as a	and line p here. publicly
18	supported organization						
10	Instructions			10a, 100, 17a,	or tru, check	uns pox and s	:ee . ▶ □

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 fails to qualify under the tests listed below, please complete Part II.)

							
	on A. Public Support						
Caler	idar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	1					
_	received. (Do not include any "unusual grants.")						· · · · · · · · · · · · · · · · · · ·
2	Gross receipts from admissions, merchandise sold or services performed, or facilities	1	1				
	furnished in any activity that is related to the organization's tax-exempt purpose	į				:	
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		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
Ь	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	<u> </u>					
8	Public support (Subtract line 7c from line 6.)		, ,				
Secti	on B. Total Support		1		l		
	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(1,111111111111111111111111111111111111	\ -,	1-7		(1,111	.,,
10a							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			·			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or	· · · · · · · · · · · · · · · · · · ·					
-	loss from the sale of capital assets (Explain in Part IV.)				,		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-	n's first, second				
	on C. Computation of Public Suppor						
15	Public support percentage for 2010 (line 8		•	3, column (f))		15	%
16	Public support percentage from 2009 Sch			<u> </u>		16	<u>%</u>
	on D. Computation of Investment Inc			. P - 40	- 10	7-2-1	
17	Investment income percentage for 2010 (i					17	<u>%</u>
18 19a	Investment income percentage from 2009 331/3% support tests—2010. If the organi					18 ore than 331e%	% and line
129	17 is not more than 331/2%, check this box						
b	33'n% support tests—2009. If the organiz line 18 is not more than 33'n%, check this b	ation did not cl	heck a box on I	ine 14 or line 1	9a, and line 16	is more than 3	31a%, and
20	Private foundation. If the organization did						

Schedule A (F	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See Instructions).	
Other Inco	me Part II, Line 10 - Interest Income	
		
	•••••••••••••••••••••••••••••••••••••••	•••••
••••••		
****	·	
-4-144-4		

	,	

	,	
		••••

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047 2010

► 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 of the organization Employer Identification number Skinner Leadership Institute, Inc. 52-1830868 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charltable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 . Assets included in Form 990, Part X . . .

Done	2

Par	III Organizations Maintaining Col	llections of Art, H	istori	cal Treasure:	s, or Ol	ther Similar As	sets (c	ontinued)
3	Using the organization's acquisition, acce	ession, and other re	cords,	check any of t	he follow	wing that are a s	ignificar	nt use of it
•	collection items (check all that apply):							
а	☐ Public exhibition	c		Loan or excha	ange pro	ograms		
ь	☐ Scholarly research	6		Other				
C	☐ Preservation for future generations							
4	Provide a description of the organization's	s collections and ex	plain t	now they furthe	r the on	ganization's exen	npt pur	oose in Pai
	XIV.							
5	During the year, dld the organization solid						ar	
	assets to be sold to raise funds rather than							res 🔲 No
Par	IV Escrow and Custodial Arrange				answe	red "Yes" to Fo	rm 990), Part IV,
	line 9, or reported an amount on							
1a	is the organization an agent, trustee, cus						ot	
	included on Form 990, Part X?				•		□ '	res 🔲 No
b	If "Yes," explain the arrangement in Part X	IV and complete the	follow	ving table:	,	. - ,		
		,				A	mount	
C	Beginning balance				10	:		
ď	Additions during the year . ,				10			
e	Distributions during the year				1e			
f	Ending balance							
28	Did the organization include an amount on		ne 211	?			\ \	res 🗌 No
	If "Yes," explain the arrangement in Part X							
Par								
ı	<u> </u>	Current year (b)	Prior yea	Br (c) Two yes	ars back	(d) Three years back	(e) Fo	ur years back
1a	Beginning of year balance							
b	Contributions						<u> </u>	
C		ļ		i				
	losses				·····		<u> </u>	·····
d	Grants or scholarships						<u> </u>	
е	-							
	programs	<u> </u>				······································	<u> </u>	
f	Administrative expenses						<u> </u>	· · · · · · · · · · · · · · · · · · ·
9	End of year balance [<u>.L</u>	· · · · · · · · · · · · · · · · · · ·
2	Provide the estimated percentage of the year	ear end balance held	i as:					
a	Board designated or quasi-endowment							
Ь	Permanent endowment ► %	Ó						
	Term endowment ▶ %		_1					
38	Are there endowment funds not in the pos	ssession of the orga	nizatio	on that are held	and ad	ministered for the	Ð	
	organization by:					۵		Yes No
	(i) unrelated organizations				• •		3a(i)	
4.	(ii) related organizations				• •		3a(ii)	<u> </u>
4	If "Yes" to 3a(ii), are the related organization	ins listed as required	1 on 20	ent funda			3b	Щ.,
Part	Describe in Part XIV the intended uses of the VI Land, Buildings, and Equipment							
Part	Description of investment	(a) Cost or other base			1 43		40.5	
	Description of investment	(Investment)	(0)	Cost or other basis (other)		Accumulated preciation	(a) Ro	ok value
1a	Land		\top		!			
b	Buildings							
c	Leasehold improvements	544	15			5445		0
ď	Equipment	8340		··· · · · · · · · · · · · · · · · · ·		71711		11692
е	Other		\top	•				
Total.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, co	lumn (B), line 1	O(c).) .			11,692

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 va Cost or end-of-year n	
(1) Financia	derivatives			
	neld equity interests			
(3) Other	······	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(A)				
(B)				
(C) (D)				
(E)		,		
(F)				
(G)				
(H)				
(i)				······································
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments - Program Related		line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
_(1)		<u> </u>		
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> <u>(7)</u>				
(8)	·			
(9)				
(10))	, , , , , , , , , , , , , , , , , , ,
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa			
	(8	a) Description		(b) Book value
(1)	······································			
<u>(2)</u> _(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>		· · · · · · · · · · · · · · · · · · ·		
(10)	(F) 000 D 11	. (5) (1)		
Total. (Colui	mn (b) must equal Form 990, Part X, co	D. (B) line 15.)	<u>. , , , , , , ▶ </u>	
Part X 1.	Other Liabilities. See Form 990, (a) Description of hability	(b) Amount		
	ncome taxes	(b) Amount		
(2) Loan Fro		73,637		
(3)		70,00.		1
(4)				1
(5)				1
(6)				ì
(7)				;
(8)				1
(9)				
(10) (11)				
) must equal Form 990, Part X, col. (B) line 25.)			
2 FIN 48 (AS	SC 740) Footnote. In Part XIV, provide	the text of the footnote to t	he organization's financial states	conta that socoets the
organization	's liability for uncertain tax positions ur	nder FIN 48 (ASC 740)	no organization a miancial statem	iona macreports me

Schedu	le D (Form 990) 2010			rage 🕶
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stat	emen	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		
2	Total expenses (Form 990, Part IX, column (A), line 25)			
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	1	
7	Prior period adjustments	7		
8	Other (Describe in Part XIV.)	8		
-	Total adjustments (net). Add lines 4 through 8			
9 10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
	Reconciliation of Revenue per Audited Financial Statements With Revenue			
	Total revenue, gains, and other support per audited financial statements		1	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	_ ⊢	' 	
2	Net unrealized gains on investments			
а			i i	
Ь		\dashv		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIV.)			
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:	i	l	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		i	
b	Other (Describe in Part XIV.)			
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expense			
1	Total expenses and losses per audited financial statements	· _	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments		i	
C	Other losses			
đ	Other (Describe in Part XIV.)			
е	Add lines 2a through 2d	. 12	2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe In Part XIV.)		_	
C	Add lines 4a and 4b		1c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
	XIV Supplemental Information			
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Parl	l IV, lines 1b a	nd 2b;
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also o	comple	te this part to	provide
any ac	dditional information.			
			····	

	·			*****
				•••••

Schedule D (For	n 990) 2010	Page 5
Part XIV	Supplemental Information (continued)

		· ·
		\

		•
	***************************************	***************************************

		•
	***************************************	•••••••••••••••••••••••••••••••••••••••
		
	***************************************	***************************************

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

Employer identification number

52-1830868

Department of the Treasury Internal Revenue Service

Skinner Leadership Institute

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

Open to Public Inspection

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ. Name of the organization

Part 6-11b Review of the 990 - With our input, a draft of the 990 is prepared by our accountant and provided for our review. It is copied
and reviewed by the executive committee. Any changes are noted and forwarded to the accountant for modification and finalization.
Part 6 - 19 - All financial statements, governing documents and policies are provided to the public upon request.
Part 11 - Change in fund balances - The change in the fund balance was due to the forgiveness of debt previously owed to the Executive
Director.
A listing of the Board of Directors is attached
······································
······································

······································



Dr. Maya Angelou 3240 Valley Road Winston-Salem, NC 27106 336-724-0509 Office 336-722-0716 Fax mrsclay1@bellsouth.com

B & C Associates 808 Greensboro Road High Point, NC 27260

336-884-0744 Office 336-884-53|| Fax

Mr. Robert Brown

rjbrown@bandcassociates.com

Mr. Mark Christensen, Vice Chair Christensen & Ehret 222 West Adams Street, 21 Floor Chicago, IL 60606 312/634-1014 Office 312/634-1018 Fax mchristensen@christensenlaw.com

Pastor Bruce Clark, Secretary Advance Church 2209 Nees Lane Silver Spring, MD 20905 301/879-0980 Advance.pastorb@gmail.com www.advancechurch.org

Rev. H. Beecher Hicks, Jr. Metropolitan Baptist Church 96 Harry S. Truman Drive Suite 300 Largo, Maryland 20774 202-238-5011 Office 301-324-0378 Fax drhbhicks@aol.com

Bishop Donald Hilliard, Jr.
The Cathedral International Church
205 Smith Street Perth Amboy, NJ 08861
732/826-5293 Ext. 1134 Office
732/826-5449 Fax
bishop@thecathedral.org

Rev. John K. Jenkins, Sr., Chair First Baptist Church of Glenarden 3600 Brightseat Road Landover, MD 20785 301/773-3600 Office 301/341-5660 Fax pastoroffice@tbcglenarden.org

Dr. Barbara Williams-Skinner Skinner Leadership Institute 5875 Solomon's Island Road Tracy's Landing, MD 20779 301-261-9800 Office 301-318-9841 Cell 443-458-4938Fax dr.williams.skinner@gmail.com

Mrs. Rosemary Trible, Treasurer Christopher Newport University 812 Riverside Drive Newport News, VA 23606 757/594-7371 757/827-6704 Office 757-838-6486 Fax rtrible@cnu.edu

Board of Tdvisors & Staff

Mr. Dale Jones
Heidrick & Struggles
2001 Pennsylvania Avenue, NW
Suite 800
Washington, DC 20006
202/331-4908 Office
diones@heidrick.com

Dr. Marjorie Edmonds-Lloyd

2105 Carter Mill Way Brookeville, MD 20833 301/570-5294 inmelloyd@vahoo.com

Mr. Derek Lloyd

Howard University 2105 Carter Mill Way Brookeville, MD 20833 301-570-5294 Home 202-437-4485 Cell prof.lloyd@mac.com

Mr. Michael H. Millegan Verizon Partner Solutions Verizon Corporation I Verizon Way, Mail Code VC 44E207 Baskin Ridge, NJ 07920 908/908-559-1865 michael.h.millegan@verizon.com

Rev. Calvin Taylor Skinner Eastern University 1274 Eagle Road St. Davids, PA 19087 610/710-9792 ctskinner1@aol.com ctskinner1@hotmail.com Mr. Martin Smith
Smith McClure
14104 Guardian Court
Bowie, MD 20715
240/245-3434 Home and Office
martin.smith@lpl.com
martin@smithmcclure.com
myfinancialadvisor@msn.com

Rev. Michael Worsley
Vision DC

105 35*Street NE Apt.1
Washington, DC 20019
202/378-4041
202/399-1807 Home
202/399-7267 Fax
mworsley@worldvision.org

Staff

Ms. Barbarella A. Brown, Director of Operations Skinner Leadership Institute

Minister Carlous Price, Ministry Coordinator Tom Skinner Campus Ministry

Rev. Joseph A. C. Smith, Coordinator Musters Series for Distinguished Leaders

*Dr. Williams-Skinner is the only board member to receive a salary.