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DLN: 93493067009472

Department of the Treasury

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

Open to Public Inspection

·The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011 A For the 2010 D Employer identification number B Check if applicable LYNDON INSTITUTE INC 03-0182055 Address change Doing Business As Name change E Telephone number Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite (802) 626-6122 168 INSTITUTE CIRCLE Terminated G Gross receipts \$ 12,686,950 Amended return City or town, state or country, and ZIP + 4 LYNDON CENTER, VT 05850 Application pending Name and address of principal officer **H(a)** Is this a group return for affiliates? Yes RICHARD D HILTON POBOX 127 H(b) Are all affiliates included? LYNDON CENTER, VT 05850 If "No," attach a list (see instructions) Group exemption number 🕨 Tax-exempt status Website: ► WWW LYNDONINSTITUTE ORG K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1923 M State of legal domicile VT Part I Summary Briefly describe the organization's mission or most significant activities LYNDON INSTITUTE IS AN ACADEMIC COMMUNITY PROVIDING STUDENTS WITH EXCELLENT PREPARATION FOR SUCCESS IN SCHOOL, COLLEGE, CAREERS, AND LIFE Activities & Governance 2 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) $\,$. $\,$. 27 Number of independent voting members of the governing body (Part VI, line 1b) . 27 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . 5 229 6 Total number of volunteers (estimate if necessary) . 6 27 7a Total unrelated business revenue from Part VIII, column (C), line 12 38.901 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 37,901 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 853.816 642,819 10,817,589 Program service revenue (Part VIII, line 2g) . 11,636,073 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 146,987 106,633 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 58,064 52,263 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 11.876.456 12,437,788 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 16,100 141,269 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines $\,5\,$ Expenses 130,097 6,724,760 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 186,654 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 12,090,676 5,973,205 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 12,236,873 12,839,234 19 Revenue less expenses Subtract line 18 from line 12 $\,$. -360.417 -401,446 Net Assets or Fund Balances **Beginning of Current End of Year** Year 24.804.027 22,619,998 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . . 14,464,504 15,575,195 22 Net assets or fund balances Subtract line 21 from line 20 8,155,494 9,228,832 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. 2012-03-05 Signature of officer Sign Here RICHARD D HILTON HEADMASTER Type or print name and title Check if self Preparer's signature Date PTIN W JAY SIMMS W JAY SIMMS preparer's name employed |

Firm's name FTYLER SIMMS & STSAUVEUR CPAS PC

LEBANON, NH 03766

May the IRS discuss this return with the preparer shown above? (see instructions)

Fırm's address 🕨 19 MORGAN DRIVE

Paid

Preparer

Use Only

Phone no (603) 653-

Firm's EIN

▼Yes

Pa	rt III	Statement of Program Se Check if Schedule O contains a r				৮
1	Brief	ly describe the organization's miss	ion			
		NSTITUTE IS AN ACADEMIC CO	MMUNITY PROVI	IDING STUDENTS W	ITH EXCELLENT PREPARAT	ION FOR SUCCESS IN
	·					
2		ne organization undertake any sign rior Form 990 or 990-EZ?			r which were not listed on	「Yes 「No
	If "Ye	s," describe these new services or	n Schedule O			
3	servi	ne organization cease conducting, ces?		t changes in how it co	onducts, any program	┌ Yes ┌ No
4	Desc Secti	s," describe these changes on Schribe the exempt purpose achievem on 501(c)(3) and 501(c)(4) organistions to others, the total expenses	ents for each of th zations and section	on 4947(a)(1) trusts a	are required to report the amo	
4a	(Cod	e) (Expenses \$	8,803,569	ıncludıng grants of \$	141,805) (Revenue \$	11,636,073)
	LYND EAST INST: CHOI DAY I	ON INSTITUTE PROVIDES A HIGH SCHOOL HAVEN, LYNDON, NEWARK, SUTTON, AND ITUTE TO ACCEPT THEIR STUDENTS AUTO CE, AND THOSE STUDENTS HAVE CHOOSE BOARDING), BUT PRIMARILY INTERNATION ILT OF RECRUITING EFFORTS THROUGH F DENTIAL PROGRAM AND ARE PROVIDED W	EDUCATION TO ITS S OUNION DISTRICT #3 MATICALLY WITH NO A N LYNDON INSTITUTE IAL STUDENTS (7-DAY AIRS, ETC THE NON-	TUDENTS TO HELP PREPAR 7 WHICH COMPRISES OF N ADMISSIONS NEEDED THE LYNDON INSTITUTE OFFE BOARDING) THESE NON- SENDING SCHOOL STUDEN	RE THEM FOR A SUCCESSFUL LIFE S WHEELOCK AND SHEFFIELD) HAVE C RE ARE VARIOUS NON-SENDING SCI RS A RESIDENTIAL PROGRAM FOR S SENDING SCHOOLS AND INTERNATI	SEVEN SENDING TOWNS (BURKE, CONTRACTS WITH LYNDON HOOLS, WHO OFFER SCHOOL SOME DOMESTIC STUDENTS (5- ONAL STUDENTS ARE A DIRECT
4b	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Cod	e) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4d		er program services (Describe in S venses \$	Schedule O) ncluding grants of	f\$) (Revenue \$)
4e	Tota	ıl program service expenses►\$	8,803,56	9		

Part IV	Checklist of	Required	Schedules
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			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
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		Νο
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		Νο
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		No
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		Νο
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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		Νο
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
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</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		N o
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 U S? If "Yes," complete Schedule F, Parts II and IV	15		N o
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 U S ? If "Yes," complete Schedule F, Parts III and IV.	16		N o
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		N o
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		N o
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		N o
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	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		N o
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-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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	25a		No
Ь	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		N o
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		N o
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		N o
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
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		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νο
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 Tyes Volume No.			
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		Νο
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		N o
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	Yes	

Form 990 (2010)
Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
Е	Enter the number reported in Box 3 of Form 1096 Enter - 0- if not applicable			
_	1a 18			
E	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	paming (gambling) winnings to prize winners?	1c	Yes	
	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
r	eturn			
I	f at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
N	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
	Old the organization have unrelated business gross income of \$1,000 or more during the			
•	'ear?	3a	Yes	
	f "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
o	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		Νo
I	f "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			
14	Was the erganization a party to a prohibited tay shelter transaction at any time during the tay year?	5a		N c
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N C
		5b		14.0
1	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	ooes 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		Νo
	f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts vere not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
С	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		No
Ι	f "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		No
	lle Form 8282?	7с		IN C
•	res, material number of forms also med during the year 1 1 1 1			
	Old the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	7e		No
	ontract?	7£		140
	f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	equired?	7g		
F	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
t	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did he supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
S	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Old the organization make a distribution to a donor, donor advisor, or related person?	9b		
9	Section 501(c)(7) organizations. Enter			
	nitiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club acilities			
	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
а	against amounts due or received from them)			
5	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the			
•	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
-	Enter the amount of reserves the organization is required to maintain by the states			
	n which the organization is licensed to issue qualified health plans			
E	Enter the amount of reserves on hand			
, -		1/1-		NI -
	Old the organization receive any payments for indoor tanning services during the tax year?	14a		Νo

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal			
KE	evenue Code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
ь	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4.5		N
L	taxable entity during the year?	16a		No
D	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		
Se				
	ection C. Disclosure			
17	ection C. Disclosure List the States with which a copy of this Form 990 is required to be filed▶			

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website 🔽 Another's website 🔽 Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization MEAGAN NEWLAND
 PO BOX 127

LYNDON CENTER, VT 05850 (802) 626-6122

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees 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 nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours	Posi t	((tion (hat a	che		l I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) DAVID ARONOFF TRUSTEE	4 00	х						0	0	0
(2) RICHARD ASHTON PRESIDENT	4 00	х		х				0	0	0
(3) LINDA BISHOP TRUSTEE	4 00	х						0	0	0
(4) EDMUND BUSCHMANN TRUSTEE	4 00	х						0	0	0
(5) EARL DANIELS TRUSTEE	4 00	х						0	0	0
(6) MARLIN DEVENGER TRUSTEE	4 00	х						0	0	0
(7) JEANNE ELLIOT VICE PRESIDENT	4 00	х		х				0	0	0
(8) PATRICIA EMERY TRUSTEE	4 00	х						0	0	0
(9) MEREDITH FELTUS TRUSTEE	4 00	х						0	0	0
(10) JOSEPH FLYNN TRUSTEE	4 00	х						0	0	0
(11) JAMES A GALLAGHER TRUSTEE	4 00	х						0	0	0
(12) JAMES C GALLAGHER TRUSTEE	4 00	х						0	0	0
(13) STEPHEN GRAY TRUSTEE	4 00	х						0	0	0
(14) DANIEL HEATH TRUSTEE	4 00	х						0	0	0
(15) PETER HOPKINS TRUSTEE	4 00	х						0	0	0
(16) ELIZABETH KOENIG TRUSTEE	4 00	Х						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours		tion (II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	_	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(17) GREGORY MCCORMICK TRUSTEE	4 00	х						0	0	0
(18) JAMES MCDONALD TRUSTEE	4 00	х						0	0	0
(19) NORMAN MESSIER SECRETARY	4 00	х		Х				0	0	0
(20) RANDALL NORTHROP TREASURER	4 00	х		Х				0	0	0
(21) EMERY NOYES TRUSTEE	4 00	х						0	0	0
(22) RYAN NOYES TRUSTEE	4 00	х						0	0	C
(23) SARA SIMPSON TRUSTEE	4 00	х						0	0	0
(24) ELAINE SMITH TRUSTEE	4 00	х						0	0	0
(25) DAVID STAHLER SR TRUSTEE	4 00	х						0	0	0
(26) MARK WHEELER TRUSTEE	4 00	х						0	0	0
(27) TIFFANY YOUNG TRUSTEE	4 00	х						0	0	0
(28) RICHARD D HILTON HEADMASTER	40 00			х				112,194	0	23,648
1b Sub-Total							▶			
c Total from continuation sheets t	o Part VII, Sect	ion A				>				
d Total (add lines 1b and 1c)							>	112,194	0	23,648
2 Total number of individuals (inclu	-				ed a	bove)) who	received more tha	n	

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such				
	ındıvıdual	4		Νo	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		Νο	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BROCK AND COMPANY INC	FOOD VENDOR	644,616
RUGGIO INC PO BOX 127 BARNET, VT 05821	CONSTRUCTION	198,077
APCO BUILDING MAINTENANCE INC 74 CRESCENT BEACH DRIVE BURLINGTON, VT 05408	MAINTENANCE	177,085
PRESIDIO 10 SIXTH ROAD WOBURN, MA 01801	TECHNOLOGY	137,259

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 🖦

t \/	•	2010)					Pa	ge 9
art V	•	Statement of Revenu	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	exclude from tax
								under section 512, 513, o 514
242	1a	Federated campaigns	1 a					
and other similar amounts	b	Membership dues	. 1b					
틆	c	Fundraising events	. 1c					
<u>`</u> ≅	d	Related organizations	. 1d					
Sim.	e	Government grants (contributions)	1e	312,471				
<u>-</u>	f	All other contributions, gifts, grants,	, and 1f	330,348			<u> </u>	İ
⇟		similar amounts not included above Noncash contributions included in li		97,177				
핕	_	Total. Add lines 1a-1f			642,819			
		iotai. Add lines 1a-11		Business Code	042,013			
	2a	TUITION AND FEES		611600	9 008 143	9,008,143		
Program Service Revenue		RESIDENTIAL PROGRAM IN		611600		2,268,240		
3		FOOD SALES		721310	149,565			
Ξ. Σ	d	TRANSPORTATION		480000	104,398	104,398		
-		ATHLETIC INCOME		711210	20,492	20,492		
2	f	All other program service rev	venue		85,235	85,235		
-	g	Total. Add lines 2a-2f	 		11,636,073			
		Investment income (includin		-	215.011			216
		and other similar amounts)		-	216,911			216,
		Income from investment of tax-ex-		-				
	5	Royalties	(ı) Real	(II) Personal				
	6a	Gross Rents	191,147	(ii) i diseilai				
	b	Less rental expenses	138,884					
	С	Rental income	52,263					
		or (loss) Let rental income or (loss)	<u> </u>		52,263		38,901	13,:
T		, ,	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
		Less cost or other basis and sales expenses		110,278				
		Gain or (loss)		-110,278	440.070			
-		Net gain or (loss)		1	-110,278			-110,
		Gross income from fundraisii (not including \$						
		of contributions reported on See Part IV, line 18						
			а					
		Less direct expenses						
F		Net income or (loss) from fur	ctivities See Part IV, line 19 . a					
		Less direct expenses		ь				
		Net income or (loss) from ga	_					
	10a	Gross sales of inventory, les	s					
		returns and allowances .	a					
	ь	Less cost of goods sold .						
		Net income or (loss) from sa						
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
		I All other revenue	•					
	е	Total. Add lines 11a-11d .						
- 1				-				-
	12	Total revenue. See Instruction	ons 🕨	I	12,437,788		38,901	119,

Part IX Statement of Functional Expenses

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

А	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	=		(D).	
Do no	ot include amounts reported on lines 6b, b, 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				<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	141,269	141,269		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	122,659		122,659	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	5,010,595	3,508,050	1,445,758	56,787
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	106,511	36,213	68,938	1,360
9	Other employee benefits	1,101,968	787,475	292,201	22,292
10	Payroll taxes	383,027	267,674	112,074	3,279
а	Fees for services (non-employees) Management				
ь	Legal				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	620,076	460,901	159,175	
12	Advertising and promotion	15,163	2,421	12,646	96
13	Office expenses	198,152		150,613	47,539
14	Information technology	23,573	23,573		
15	Royalties				
16	Occupancy	1,080,130	946,261	133,869	
17	Travel	103,052	55,072	38,276	9,704
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	573,626	570,235	3,391	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	933,024	933,024		
23	Insurance	215,177	81,223	133,954	
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	REPAIRS AND MAINTENANCE	514,213	326,737	183,409	4,067
b	COMMISSIONS AND RECRUIT	471,403		471,403	
c	SUPPLIES	394,913	285,169	108,292	1,452
d	PROFESSIONAL FEES	198,566	25,297	148,219	25,050
е	FOOD	111,850	111,850		
f	All other expenses	520,287	241,125	264,134	15,028
25	Total functional expenses. Add lines 1 through 24f	12,839,234	8,803,569	3,849,011	186,654
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				

Part X Balance Sheet (A) (B) Beginning of year End of year 2.897 214,125 1 380.781 3.383 2 141.974 99,858 3 3 58,823 4 1,406,818 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) **A**ssets 7 8 10.864 60,811 Prepaid expenses and deferred charges 47,707 82,112 10a Land, buildings, and equipment cost or other basis Complete 19.541.690 10a Part VI of Schedule D 10b 6.768.175 ь Less accumulated depreciation 13,442,072 10c 12,773,515 7.239.207 8.639.698 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,295,675 15 1,523,707 15 16 22,619,998 16 24,804,027 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 954,507 17 1,037,328 17 Accounts payable and accrued expenses . 18 18 19 2,132,522 19 3.898.744 20 5,029,647 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 5.690.317 23 8.057.703 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 657,511 25 2.581.420 Other liabilities Complete Part X of Schedule D 14,464,504 26 26 15,575,195 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 4.531.578 4.994.226 Unrestricted net assets Temporarily restricted net assets 28 1,828,142 28 2,300,983 Fund 1,933,623 1,795,774 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 8,155,494 9,228,832 33 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 22.619.998 24.804.027

1461	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)			12	127 70
2	Total expenses (must equal Part IX, column (A), line 25)	2			37,78 339,23
3	Revenue less expenses Subtract line 2 from line 1	3			101,44
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		8,1	155,49
5	Other changes in net assets or fund balances (explain in Schedule O)	5		1,4	174,78
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		9,2	228,83
Par	Table Transport		•		ı
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," explain in Schedule O			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of to audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	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?	e	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Employer identification number

33493007009472

OMB No 1545-0047

2010

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section

Public Charity Status and Public Support

4947(a)(1) nonexempt charitable trust.

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

Name of the organization LYNDON INSTITUTE INC

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions
The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	Γ	A churc	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2	~	A scho	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3	Γ	A hosp	ıtal or a coo	perative hospital sei	vice organiz	atıon descr	ibed in sectio	n 170(b)(1	.)(A)(iii).				
4	Γ			n organization operat ty, and state	ed in conjun	ction with a	hospital desc	rıbed ın se	ection 170(b)	(1)(A)(i	iii). Ente	r the	
5	Γ			erated for the benefit A)(iv). (Complete P		or universi	ty owned or o	perated by	a governmen	ital unit	describe	ed in	
6	Г			local government or		al unit desc	rıbed ın sect i	on 170(b)(1)(A)(v).				
7	F	An orga describ	anization tha ed in	at normally receives A)(vi) (Complete P	a substantia					from the	general	public	:
8	Γ	A comr	nunity trust	described in section	170(b)(1)(A)(vi) (Cor	nplete Part II)					
9	Γ	Anorga	anızatıon tha	at normally receives	(1) more th	an 331/3%	of its support	from contr	ibutions, mer	nbership	o fees, a	nd gro	ss
		receipt	s from activ	ities related to its ex	empt function	ons—subjec	t to certain ex	ceptions,	and (2) no m	ore than	3 3 1/3%	of	
		ıts sup	oort from gr	oss investment incoi	me and unrel	ated busine	ss taxable in	ome (less	section 511	tax) fro	m busın	esses	
		acquire	d by the org	anızatıon after June	30,1975 S	ee section 5	509(a)(2).(C	omplete Pa	art III)				
10	Γ	Anorga	anızatıon org	janized and operated	exclusively	to test for p	oublic safety	See sectio	n 509(a)(4).				
11 e	, _	one or the box a By chee other the	more public that descri Type I cking this be	ganized and operated y supported organize bes the type of supp b Type II ox, I certify that the on managers and oth	ations descri orting organi [c organization	bed in sect zation and o Type III is not conti	ion 509(a)(1) complete line: :- Functional colled directly	or section s 11e throi y integrate or indirect	i 509(a)(2) S ugh 11h ed tly by one or i	d more dis	ion 509(Type II qualifie	a)(3). I - Oth d pers	Check ner ons
f g		If the o check t Since A	rganization his box	received a written de 2006, has the organi						III sup	porting o	organız	ration,
				rectly or indirectly c	ontrols, eithe	eralone ort	ogether with p	ersons de	scribed in (ii))		Yes	No
		and (III)	below, the	governing body of th	e the suppor	ted organiza	ation?				11g(i)		
		(ii) a fa	mily membe	er of a person describ	oed in (i) abo	ve?					11g(ii)		
		(iii) a 3	5% control	led entity of a persoi	n described i	n (ı) or (ıı) a	ibove?				11g(iii)		
h		Provide	the followir	ng information about	the supporte	ed organizat	ion(s)			'			
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e Ion In ted In rnIng	(v) Did you not organizat col (i) of suppor	on in your	(vi Is t organiza col (i) or in the l	he ition in ganized		A mo	r ii) unt of port
				instructions))	Yes	No	Yes	No	Yes	No			
Tota	ı												

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.)

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar 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						
	ınclude 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						
	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						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	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	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not ender		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493067009472

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► 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.

	e of the organization ON INSTITUTE INC	Emp	Employer identification number				
LYNU	INSTITUTE INC		03-0	0182055			
Par	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99				Complet	te if the	
		(a) Donor advised funds	((b) Funds and ot	her accou	nts	
1 -	otal number at end of year						
2 /	aggregate contributions to (during year)						
3 /	ggregate grants from (during year)						
4 /	ggregate value at end of year						
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advı	sed	☐ Yes	┌ No	
	Old the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	┌ No	
Part	Conservation Easements. Complete	ıf the organization answered "Yes" to	o Forn	n 990, Part IV	, lıne 7.		
	Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualicasement on the last day of the tax year	Preservation of a c	ertifie	d historic struct		a	
				Held at the l	End of the	Year	
а	Total number of conservation easements		2a				
Ь	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified his	storic structure included in (a)	2c				
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d				
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminate	d by th	ne organization d	urıng		
	he taxable year ►						
ı	Number of states where property subject to conserva	ation easement is located 🕨					
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	g the periodic monitoring, inspection, hand	— dling of	violations, and	☐ Yes	┌ No	
5	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents d	uring the year ►			
7	Amount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	during	g the year 🟲 \$ _			
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No	
	In Part XIV, describe how the organization reports co palance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial nents	stater	nents that descr	ıbes		
art	Organizations Maintaining Collectio		or Ot	her Similar A	ssets.		
	Complete if the organization answered ' If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	:h ın fu			2 ,	
_	If the organization elected, as permitted under SFAS nistorical treasures, or other similar assets held for porovide the following amounts relating to these items	public exhibition, education, or research ir			•		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$			
	(ii) Assets included in Form 990, Part X			► \$			
	If the organization received or held works of art, histological of the control of		r finan	cıal gaın, provid	e the		

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	ollections of Art	:, His	torical Tr	<u>easu</u>	res, or C	<u>the</u>	<u>r Similai</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e following t	hat are	e a significa	ant u	ise of its co	llectio	n	
а	Public exhibition		d	┌ Loan d	rexch	nange prog	rams	;			
ь	Scholarly research		e	┌ Other							
С	✓ Preservation for future generations										
4	Provide a description of the organization's c Part XIV	ollections and expla	ın hov	v they furthe	r the o	rganızatıor	ı's ex	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			•				nılar	Г	Yes	√ No
Pai	rt IV Escrow and Custodial Arrang					answere	d "Y	es" to For	m 99	0,	
	Part IV, line 9, or reported an ar		•	•							
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?				tions o	r other ass	ets	not	Γ	Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng table		Г		1	A		
_	De sur une helene						1		A mo	unt	
c C	Beginning balance					-	1c				
d	Additions during the year						1d				
e r	Distributions during the year						1e				
f	Ending balance					L	1f				
2a	Did the organization include an amount on F		e 21?							Yes	No
	If "Yes," explain the arrangement in Part XIV			1 1137				1.71/ 1	10		
Рα	rt V Endowment Funds. Complete	(a)Current Year		<u>wered "Yes</u>)Prior Year				Tt IV, IINE Three Years		≥) Four Ye	ears Back
1a	Beginning of year balance	8,333,503	(5	7,954,341	<u> </u>	vo rears back	1	Jimee rears	Dack (5 , 0 a. 1	saro back
b	Contributions	4,757		15,085	;						
С	Investment earnings or losses	1,676,389		862,640							
d	Grants or scholarships			498,563	3						
e	Other expenditures for facilities	347,985									
_	and programs						+		_		
f	Administrative expenses	9,666,664		8,333,503	,		+				
g	End of year balance	, ,		6,333,303	<u>'l</u>						
2	Provide the estimated percentage of the year		as								
а	Board designated or quasi-endowment	60 110 %									
b	Permanent endowment 🕨 20 000 %										
С	Term endowment ► 19890 %					_					
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation t	that are held	and a	dministere	d for	the		Yes	No
	(i) unrelated organizations								3a(i)	Yes	
	(ii) related organizations								3a(ii)		Νο
ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	chedule R?					3b		
4	Describe in Part XIV the intended uses of th										
Pai	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Form 99	90, Pa	rt X, line	10.		Т		
	Description of investment			(a) Cost or basis (invest		(b)Cost or o basis (othe		(c) Accumul depreciation		(d) Boo	k value
1a	Land			9	88,148						988,148
b	Buildings		•	14,8	25,306			4,72	6,888	10	0,098,418
c	Leasehold improvements										
d	Equipment			2,3	68,223			1,31	6,264		1,051,959
е	Other			1,3	860,013			72	5,023		634,990

12,773,515

(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
			_
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin			T
(a) Descrip	tion		(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	UICT		930,077
(2) CONTRIBUTION RECEIVABLE FROM REMAINDER TR (3) DEBT ISSUANCE COSTS	(031		401,403 192,227
(3) DEBT 1330ANCE COSTS			132,227
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		1,523,707
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
DUE TO STUDENT ORGANIZATIONS	121,057		
CAPITAL LEASE PAYMENTS	460,363		
	2,000,000		
· · · · · · · · · · · · · · · · · · ·			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,581,420		

1 Total	revenue (Form 990, Part VIII, column (A), line 12)	1	12,437,788
2 Total	expenses (Form 990, Part IX, column (A), line 25)	2	12,839,234
3 Exces	s or (deficit) for the year Subtract line 2 from line 1	3	-401,446
4 Netu	nrealized gains (losses) on investments	4	1,474,784
5 Donat	ed services and use of facilities	5	
6 Inves	tment expenses	6	
7 Prior	period adjustments	7	
8 Other	(Describe in Part XIV)	8	
9 Total	adjustments (net) Add lines 4 - 8	9	1,474,784
10 Exces	s or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,073,338
Part XII	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1 Tota	l revenue, gains, and other support per audited financial statements	1	12,278,979
2 A mo	unts included on line 1 but not on Form 990, Part VIII, line 12		
a Net	unrealized gains on investments		
b Dona	ited services and use of facilities		
c Reco	veries of prior year grants		
d Othe	r (Describe in Part XIV) 2d 14,489		
e Add	lines 2a through 2d	2e	1,489,273
3 Subt	ract line 2e from line 1	3	10,789,706
4 A mo	unts included on Form 990, Part VIII, line 12, but not on line 1		
a Inve	stment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Othe	r (Describe in Part XIV)		
c A d d	lines 4a and 4b	4c	1,648,082
	Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	12,437,788
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
	expenses and losses per audited financial ments	1	12,721,303
	unts included on line 1 but not on Form 990, Part IX, line 25		
	ted services and use of facilities		
	year adjustments		
c Othe	rlosses		
d Othe	r (Describe in Part XIV) 2d 14,489		
	ines 2a through 2d	2e	14,489
3 Subt	ract line 2e from line 1	3	12,706,814
4 A mo	unts included on Form 990, Part IX, line 25, but not on line 1:		
a Inve	stment expenses not included on Form 990, Part VIII, line 7b 4a		
b Othe	r (Describe in Part XIV) 4b 132,420		
	ınes 4a and 4b	4c	132,420
5 Total	expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,839,234

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Ident if ier	Return Reference	Explanation
	PART III, LINE 1A	THE COLLECTION, WHICH CONSISTS OF LIBRARY BOOKS, PERIODICALS AND RELATED MATERIAL, WAS ACQUIRED THROUGH PURCHASES SINCE THE SCHOOL'S INCEPTION AND IS NOT RECOGNIZED AS AN ASSET ON THE STATEMENT OF FINANCIAL POSITION PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL'S ENDOWMENT CONSISTS OF 79 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES ITS ENDOWMENT INCLUDES BOTH DONOR- RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP), NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS
PART XII, LINE 2D - OTHER ADJUSTMENTS		CIRCUS SMIRKUS EXPENSES 14,489
PART XII, LINE 4B - OTHER ADJUSTMENTS		INCREASE IN NET ASSETS FROM ENDOWMENT ACTIVITIES 1,515,662 FINANCIAL AID 141,269 RENTAL EXPENSES - 8,849
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CIRCUS SMIRKUS EXPENSES 14,489
PART XIII, LINE 4B - OTHER ADJUSTMENTS		FINANCIAL AID 141,269 RENTAL EXPENSE -8,849

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2010

Inspection
Employer identification number

LYNDON INSTITUTE INC 03-0182055 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

7

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE SCHOOL DOES NOT ADVERTISE FOR STUDENTS BECAUSE LYNDON INSTITUTE IS A DESIGNATED-AREA HIGH SCHOOL FOR THE RESIDENTIAL STUDENTS, RECRUITERS AND LYNDON EMPLOYEES TRAVEL TO LET FOREIGN STUDENTS KNOW ABOUT THE PROGRAMS THAT THE SCHOOL OFFERS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	LYNDON INSTITUTE, INC RECEIVES GRANT MONEY FROM THE STATE OF VERMONT AND RECEIVES FEDERAL REIMBURSEMENTS FOR THOSE STUDENTS QUALIFYING FOR FREE OR REDUCED LUNCH

Schedule E (Form 990 or 990-EZ) 2010

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Schedule I

(Form 990)

Department of the Treasury

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

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

OMB No 1545-0047

DLN: 93493067009472

Name of the organization						Employer identification	on number
LYNDON INSTITUTE INC						03-0182055	
Part I General Informatio	n on Grants and	l Assistance					
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization Part II Grants and Other A	vard the grants or as ation's procedures fo ssistance to Go	sistance? or monitoring the use overnments and O	f grant funds in the Unite		nplete if the orgai	nızatıon answered "Y	
Form 990, Part IV, lind duplicated if additiona							Part II can be
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50)1(c)(3) and govern	ment organizations .				· · · · · ·	
3 Enter total number of other orga		• ·-···································	· · · · · ·	· · · ·	·	_	

Part III	Grants and Other Assistance to Individuals in the United States. $ extstyle extstyle$	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS FOR TUITION AND FEES	12		141,269	FM∨	FINANCIAL AID 4 SCHOLARSHIPS FOR 7-DAY BOARDERS TOTALING \$68,400, AND 9 SCHOLARSHIPS FOR 5-DAY BOARDERS TOTALING \$72,869

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

DLN: 93493067009472

Inspection

OMB No 1545-0047

Open to Public

Department of the Treasury

Schedule K

(Form 990)

Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Internal Revenue Service Name of the organization

Employer identification number

	IDON INSTITUTE INC								5	emproye	identiii	cation numb	er	
									c	03-018	2055			
P	art I Bond Issues	<u> </u>	T											
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Pric	e (f)) Description	of Purpose	(g) De	efeased	Beh	On alf of uer		Pool ncing
									Yes	No	Yes		Yes	No
A	VERMONT ECONOMIC DEVELOPMENT AUTHORITY	03-6024497		10-05-2006	5,353,00	nnı	UND CONST	RUCTION OF ORMITORY		х		х		Х
Pa	rt II Proceeds													
					Α		I	В		С			D	
1	A mount of bonds retired													
2	A mount of bonds legally defea	sed												
3	Total proceeds of issue				5	,353,000								
4	Gross proceeds in reserve fun													
5	Capitalized interest from proce	eeds												
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds	3				105,046	5							
8	Credit enhancement from proc													
9	Working capital expenditures f	from proceeds			2	,096,016	5							
10	Capital expenditures from prod	ceeds			3	,151,938	3							
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	1			2008	3								
					Yes	No	Yes	No	Yes		No	Yes		No
14	Were the bonds issued as part	of a current refundi	ing issue?		Х									
15	Were the bonds issued as part	of an advance refu	ndıng ıssue?			Х								
16	Has the final allocation of proc	eeds been made?			X									
17	Does the organization maintain allocation of proceeds?	n adequate books a	nd records to sup	port the final	х									
Pa	rt IIII Private Business U	se					1					_		
					Yes	No	Yes	No No	Yes		No	Yes	D	No
	Was the organization a partner	r in a nartnership o	r a member of an I	IC which owned	res	140	res	140	1 es		110	res	+	140
1	was the organization a partner		a member of all i	LLC, William Owilled										

Are there any lease arrangements that may result in private business use of bond-

property financed by tax-exempt bonds?

financed property?

			١	ı	В		С		ס
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
С	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								
Pai	t IV Arbitrage							-	

		_ ^		0		· ·			
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?								
2	Is the bond issue a variable rate issue?								
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?								
b	Name of provider						<u>I</u>		
С	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?								
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?								
6	Did the bond issue qualify for an exception to rebate?								

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Ident if ier	Return Reference	Explanation

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As Filed Data -

DLN: 93493067009472

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

	t he organization NSTITUTE INC								mployer i	dentifica	ation numb	er
									3-01820			
Part I	Excess Benefit Train Complete of the organization										ına 40b	
	-				111 9 9 0 , 1	·				rait v, i		orrected?
1	(a) Name of disq	ualified	person			(b) Desc	ription	of trans	action		Yes	
	er the amount of tax ımpos							ng the y	ear unde	r		
		• .								• \$ —		
3 Ent	er the amount of tax, if any	, on lin	e ∠, abo	ve, reimburs	ed by th	ie organization .				• 5		
Part II												
	Complete if the organiz	zation a T	nswere	d "Yes" on F T	orm 990), Part IV, line 26 T	, or Forr	n 990-l		, line 38	Ba T	
			oan to				(e) I	n	(f) Approv	ved.	(g)Writ	ten
(a) Nam	e of interested person and purpose		om the zation?	(c)Orig		(d)Balance due	defau	lt?	by boar		agreeme	ent?
	F F	To	From	-			Yes	No	commit [*]	No No	Yes	No
		10	FIOIII				165	NO	res	NO	res	NO
												1
Total .					▶ \$							
Part III	Grants or Assistar					Persons.						
	Complete if the orga						, line 2	27.				
(a) Name of interested pers	on	(een interested per	rson	(c) A n	nount of a	rant or t	ype of assi	stance
•	- ,			ar	id the or	ganization		(-)			7	
						-						

Part IV Business Transactions Involving Interested Perso
--

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	m answered res on	TOTHI 550, Farciv, III	1C 200, 200, 01 20C.		
(a) Name of Interested person	person and the transaction '		(d) Description of transaction	n of transaction (e) Sharin organization revenue	
	organization			Yes	No
(1) PETER HOPKINS	TRUSTEE HIS FAMILY OWNS HOPKINS OIL (BOURNE'S ENERGY OIL)	,	PURCHASE OF HEATING OIL THROUGH HOPKINS OIL/BOURNE'S ENERGY OIL		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2010

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DLN: 93493067009472

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization LYNDON INSTITUTE INC

02 0102055

					03-0182055			
Pa	rt I Types of Property			<u>.</u>				
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining of amounts		ontribut	ion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
J 000								
	Cars and other vehicles .							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded	Х	4	76,742	FMV ON DATE OF	GIFT		
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Q ualified conservation contribution—O ther							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	Х	1	11,313	VALUED BY USDA			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	GIFTS IN							
25	Other►(KIND)	Х	6	9,122	FMV			
26	Other ►()							
	O ther ►()							
28	Other ► ()							
29	Number of Forms 8283 received by for which the organization complete				29			
							Yes	No
30a	During the year, did the organization	n receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the o	date of the initial contributi	on, and which is not require	d to be used			
	for exempt purposes for the entire	holdıng p	eriod?			30a		No
b	If "Yes," describe the arrangement	in Part I	II					
31	Does the organization have a gift a	cceptano	ce policy that requires the i	review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use t	hırd partı	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
h	If "Yes," describe in Part II							
33	If the organization did not report re	venuesi	n column (c) for a type of n	roperty for which column (a) is checked.			
	describe in Part II		(e) ioi a cype oi p		,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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2010

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

► Attach to Form 990 or 990-EZ.

Name of the organization LYNDON INSTITUTE INC

Employer identification number

03-0182055

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE MEMBERS (CORPORATORS) OF THE INSTITUTE SHALL CONSIST OF NOT LESS THAN FIFTY AND NOT MORE THAN ONE HUNDRED FIFTY PLUS NO MORE THAN THREE SCHOOL BOARD MEMBERS FROM EACH SCHOOL BOARD OF EACH DISTRICT THAT HAS DESIGNATED LYNDON INSTITUTE AS ITS HIGH SCHOOL AND HAS BEEN ACCEPTED BY LYNDON INSTITUTE AS A SENDING DISTRICT

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE CORPORATORS OF LYNDON INSTITUTE ELECT THE BOARD OF TRUSTEES FROM ELIGIBLE MEMBERS OF THE CORPORATION THE BOARD OF TRUSTEES SHALL CONSIST OF 27 MEMBERS THE BOARD OF TRUSTEES WILL BE VOTED ON ANNUALLY AT THE ANNUAL MEETING HELD IN SEPTEMBER THE BOARD OF TRUSTEES SHALL SELECT AND EMPLOY A HEADMASTER WHO WILL BE CHARGED WITH THE DAILY ADMINISTRATION OF EDUCATIONAL LEADERSHIP OF THE SCHOOL

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 WILL BE REVIEWED BY THE COMPTROLLER AND THE ASSISTANT HEAD FOR FINANCE PRIOR TO FILING THE RETURN ONCE FILED, A COPY WILL BE PROVIDED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	LYNDON INSTITUTE MONITORS POTENTIAL CONFLICTS OF INTEREST ON A REGULAR BASIS AS WE PREPARE OUR ANNUAL FINANCIAL STATEMENT AUDIT AT THIS TIME WE ACCUMULATE A LIST OF ALL RELATED PARTIES AND DETAIL THEIR RELATIONSHIP TO THE SCHOOL

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	THE CONTRACT AND COMPENSATION FOR THE HEADMASTER WAS DISCUSSED IN THE EXECUTIVE SESSION OF THE EXECUTIVE COMMITTEE ON MAY 17, 2010 LATER, AT THE JUNE 8, 2010 MEETING OF THE EXECUTIVE COMMITTEE, THE COMMITTEE VOTED TO EXTEND THE HEADMASTER'S CONTRACT FOR 3 YEARS, ADJUSTED TO REFLECT HIS CURRENT SALARY AS PART OF THE DISCUSSIONS, THE SCHOOL DID PREPARE SOME BENCHMARKS FOR THE COMMITTEE TO LOOK AT THE BENCHMARKS CONSISTED OF THE THREE OTHER INDEPENDENT HIGH SCHOOLS IN THE STATE, ST JOHNSBURY ACADEMY, BURR & BURTON, AND THETFORD ACADEMY, AS WELL AS WHITE MOUNTAIN SCHOOL IN NEARBY BETHLEHEM, NH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	LYNDON INSTITUTE MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON EACH INDIVIDUAL REQUEST

Identifie	r Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	LYNDON INSTITUTE IS NOT REQUIRED TO MAKE ITS FORM 1023 AVAILABLE TO THE GENERAL PUBLIC AS THEY OBTAINED EXEMPTION PRIOR TO 1973 THE FORM 990 IS MADE AVAILABLE FOR PUBLIC INSPECTION THROUGH USE OF THE GUIDESTAR WEBSITE AND UPON EACH INDIVIDUAL REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,474,784

ldentifier	Return Reference	Explanation
		THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR