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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

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				dar year, or tax				, 2010, and			30		, 2011 fication Number	
	В		applicable			re nurve	rsity El	izabethan	Club	Corp				r
		Add	dress change	Doing Busines			 					3329		
		Na ₁	me change	Number and s	street (or PO b	ox if mail is not o	delivered to stree	t addr)	Room/s	uite	E Telepho			
		Init	ial return	459 Coll		eet			.l		(203	3) 4:	32-0172	
		Ter	minated	City, town or	country			State ZIP	code + 4					
		Am	ended return	New Have	n			CT 06	<u>5511</u>		G Gross re	eceipts \$	753,6	87
		Apı	olication pending	F Name and ad	dress of princip	al officer				H(a) Is this a	a group returi	n for affil	iates? Y	es X No
		_		Stephen Par	ks 44 Ter	mple Cour	t New Ha	ven CT 06	6511		affiliates incl		🔲 Ү	'es 🔲 No
	<u> </u>	Tax-e	xempt status	X 501(c)(3)	501(c) (nsert no)	4947(a)(1) or	527	IT INO,	attach a list	(see inst	ructions)	
	J		site: N/		1 1 (./ (7	1 10 11 (-2/17)	1.5	H(c) Group	exemption nu	ımher ►		
	ĸ		of organization	X Corporation	Trust	Association	Other►	I Vear		ion 191:			gal domicile (
	i Pa		Summar		1 11030	7.030Clation 1		I Tear	or r orma	1011 131.		tate or ic	gar domiche (
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	Š	2	Check this bo	y ▶ Tif the	organizatio	n discontinu	ed its operati	ons or disposed	of more	e than 259	% of its ne	 ot asse	 ts	
	ŏ			otina members					01 11101	o (11011 2 0	/ 01 / 13 / 10	3		6
	80	4	Number of in	dependent voti	ng members	s of the gove	rning body (F	art VI, line 1b)				4		6 6
	Activities & Governance	5	Total number	of individuals	employed in	n calendar ye	ar 2010 (Par	t V, line 2a)				5		3
	흏	6	Total number	of volunteers	(estimate if	necessary)						6		26
	٩	7a `	Total unrelate	ed business rev	venue from l	Part VIII, colu	ımn (C), line	12				7a		0.
]	b	Net unrelated	business taxa	ble income	from Form 9	90-T, line 34					7b		
										Р	rior Year		Current	t Year
		8	Contributions	and grants (P	art VIII, line	1h) .					576,9	49.	75	2,498.
2012	ž	9	Program serv	rice revenue (F	Part VIII, line	e 2g)								
, 0	Š	10	Investment in	ncome (Part VI	II, column (A	A), lines 3, 4,	and 7d)					3.		2.
ග	œ	11	Other revenu	e (Part VIII, co	lumn (A), lır	nes 5, 6d, 8c	, 9c, 10c, and	d 11e) .				96.		<u>-75.</u>
0		12	Total revenue	e – add lines 8	through 11	(must equal	Part VIII, col	umn (A), line 12	<u>) . </u>		_577 , 2	48.	7.5	52,425.
		13	Grants and si	ımılar amounts	paid (Part l	IX, column (A	A), lines 1-3)				34,5	00.	3	34 <u>,400.</u>
JAN	ļ	14	Benefits paid	to or for mem	bers (Part I)	K, column (A)), line 4)							
		15	Salaries, othe	er compensation	n, employe	e benefits (Pa	art IX, colum	n (A), lines 5-10) .		118,4	88.	12	21,168.
	န္မ	16a	Professional :	fundraising fee	s (Part IX. o	column (A). li	ne 11e)							
SCANNED	Expenses			ing expenses (Part IX, column (D), line 25)										
Ē	ă					1		 	10.	* * ****	0.40	MARCH E		DESCRIPTION OF THE PROPERTY OF
K			-	ses (Part IX, co		1.			ည်	<u> </u>	249,0			53,501.
\aleph				es Add lines 1			.,column (A)				402,0			09,069.
•		19	Revenue less	expenses Su	btract line 1	8 from line it	2: DE.C	2 2011		 	175,1			13,356.
	alancos					1			民		ng of Curren	_	End of	
	¥ =			(Part X, line 16	•	}	· CGI	75-71-11-	}	3	,478,9	32.	3,82	<u> 24,347.</u>
	Ž	21	Total liabilitie	s (Part X, line	26)	ū		- '						
	žē	22	Net assets or	fund balances	. Subtract li	ne 21 from li	ne 20_	,		3	,478,9	32.	3,82	24,347.
ľ	Ŗā	ATT N	Signatur	e Block										
	Unde	r penalti	es of perjury, I de	eclare that I have e	xamined this re	turn, including ac	companying sche	edules and statements has any knowledge	s, and to	the best of m	y knowledge	and belie	ef, it is true, con	rect, and
	comp	lete De	claration of prepa	arer (other than office	cer) is based on	all information o	of which preparer	has any knowledge			·			
	Sig	n	Signatu	ire of officer		710	1			Da	ite			
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Form	990 (2010) Yale University Eli:	zabethan Club Corp	06-	033297	5	Page 2
Pa	Statement of Program Service	•	,			
	Check if Schedule O contains a respons	se to any question in this Part I	11			
1	Briefly describe the organization's mission.					
	See statement attached to Sc		,,			
	The promotion among its memb	ership and the Yal	e University community			
	of a larger appreciation of	literature.				
	Did the organization undertake any significant	program services during the ve	ear which were not listed on the prior			
-	Form 990 or 990-EZ?	program services during the ye	sai which were not listed on the pho		Yes X	No
	If 'Yes,' describe these new services on Sched	ule O		ليا	103 [21]	140
3	Did the organization cease conducting, or make		conducts, any program services?	П	Yes X	No
-	If 'Yes,' describe these changes on Schedule C		program controls.			
4	Describe the exempt purpose achievements fo and 501(c)(4) organizations and section 4947(expenses, and revenue, if any, for each progra	a)(1) trusts are required to repo	ee largest program services by expe ort the amount of grants and allocati	nses Sec ons to oth	ction 501(c ners, the to)(3) tal
4a	(Code:) (Expenses \$50	9,069. including grants of	\$34,400.) (Revenue	\$	752,4	25.
	See statement attached to So					
	-					
	- 					
						
4b	(Code) (Expenses \$	including grants of	\$) (Revenue	\$)
						
						
					,-	
4c	(Code) (Expenses \$	including grants of	\$ \(\(\)(Revenue	Ś)
	, (2.1peniese)		, (10101100	т		
	_					
						- -
	Other program services. (Describe in Schedule					
	(Expenses \$ include Total program service expenses ►	ding grants of \$ 509,069.) (Revenue \$			
BAA	rotal brodiant service exhetises	TEEA0102 10/06/10	· · · · · · · · · · · · · · · · ·	_	Form 990	(2010)

	•		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A .	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
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		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		_ <u>x</u> _
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		<u>x</u>
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	х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
4	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
ı	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	11 b		X
(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	11 c		<u>x</u>
(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	11 d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u> </u>
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	11 f		<u>x</u>
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		<u> </u>
	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	х	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
t	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		<u> </u>
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? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>x</u>
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		<u>x</u>
20 a	aDid the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
b	olf '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)	20 b		

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 22 Х Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J 23 X **24a** Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 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 Х 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 25b Х Schedule L, Part I . 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 X 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 27 Schedule L, Part III X 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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b Schedule L, Part IV Х 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 Х 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . X 31 32 X 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 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 X line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 Х a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Yes X No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If Yes, complete Schedule R, Part V, line 2 X 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 37 X 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

BAA

Page 5 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 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 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 2b Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? Х 3 a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3 b 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)? Х **4** a **b** If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5с c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х services provided to the payor? 7b **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . 7c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g as required? 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 8 holdings at any time during the year? X 9 Sponsoring organizations maintaining donor advised funds. X 9a a Did the organization make any taxable distributions under section 4966? X **b** Did the organization make a distribution to a donor, donor advisor, or related person? 96 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 ... b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b . (> 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b . . 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13 a 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 the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand . . . Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section 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 6 6 1 b **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X 4 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х X 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7 a X governing body? 7b Х **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a Х **b** Each committee with authority to act on behalf of the governing body? 8ь X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10 a X 10a Does the organization have local chapters, branches, or affiliates? **b** If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a ≥γ. b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X 12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b Х to conflicts? 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 Х 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 Х 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? a The organization's CEO, Executive Director, or top management official 15a 15b X **b** Other officers of key employees of the organization 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 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 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 X Upon request Another's website Own website 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 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Nadine Honigberg 459 College Street New Haven CT 06511 (203) 432-0172

Rait VIII 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.

(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	P or director	ा भारताताच्याचे दिवस्त	_		A 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) Stephen Parks Director Chair	4.00	х						0.	0.	0	
(2) Marie Boroff Director	1.00	х						0.	0.	0	
(3) Peter B. Cooper Director	1.00	Х						0.	0.	0	
(4) Charles EllisDirector	1.00	_X						0.	0.	0	
	1.00	х						0.	0.	0	
(6) David F. Swensen Director	1.00	_X_						0.	0.	0	
(7) Roberta Frank President	4.00			х				0.	0.	0	
(8) Jonny Dach Vice President	2.00			х	_			0.	0.	0	
(9) Jan Simpson Grad Secretary/Treasurer	2.00			х				0.	0.	0	
(10) Ramon Gonzalez Undergrad Secretary	2.00			х				0.	0.	0	
(11) Kate Berman Undergrad Treasurer	2.00			х				0.	0.	0	
(12)											
(13)											
<u></u>											
(15)										<u> </u>	
(16)											
(17)											

Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	oye	es,	an	d Highest Con	npensated Em	ploye	es (cc	nt)
· (A)	(B)			•	c)			(D)	(E)		(F)	
Name and title	Average hours		_			_		Reportable compensation from	Reportable compensation from	an	Estimated nount of o	
	per week (describe hours for related organi- zations in Sch O)	dir.	Institutional trustee	Officer	Key employee	fighe	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	C	ompensat from the	
	related organi-	tual t	tiona	٦.	mplo	st co	ñ				organizatio and relate organizatio	ed
	zations	ruste	i trus		yee	mper					rganizatio	713
	Sch O)	"	tee			Highest compensated employee			!			
	ļ											
(18)	-											
(19)												
(20)												
(21)									····			
(22)	-											
(23)												
_(24)		<u> </u>								 		
(25)												
(26)										-		
_(27)												
(28)												
(29)												
1 b Sub-total		·				ш.	▶	0.	0			0.
c Total from continuation sheets to Part VII, Section A	.						▶					
d Total (add lines 1b and 1c)							>	0.	0			0.
2 Total number of individuals (including but not limited	to those	e list	ed a	abov	e) w	vho r	ece	eived more than \$	100,000 ın reporta	ble com	pensat	ion
from the organization 0						-		·····				
											Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such inc	or truste dividual	e, ke	еу е	mple	oyee	e, or	hıgi	hest compensated	l employee	. 3		X
·		com	nan	atio	nn ai	nd of	thai	r companyation fro	· ·			
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater th such individual	an \$150	,000)? <i>If</i>	'Ye	s' cc	mple	ete	Schedule J for)		-	
•			6-				لدندا		·	4	+	X
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co	mpensa omplete	Sch	edul	e J	tor s	ireia such	neu per	organization or ir son	laiviauai	5		X
Section B. Independent Contractors									4100			
1 Complete this table for your five highest compensate compensation from the organization.	d indep	ende	ent c	ontr	acto	ors th	nat i	received more tha	n \$100,000 of			
(A) Name and business address	s							(B Description) of services	Com	(C) pensation	 on
												
				_								
2 Total number of independent contractors (including b	out not li	mıte	d to	tho	se li	sted	abo	ove) who received	more than	j	. .,;	
\$100,000 in compensation from the organization >										,		٠,

		ii Statement of Ne	venue					
	٠	•			(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>s</u>	1a	Federated campaigns	1a	0.				
ΗĘ	'a	• •						
ÆŠ	ם	Membership dues	1 <u>b</u>	912.				(
S,S	С	Fundraising events	1c					1
Ē	d	Related organizations	1 d	716,179.			•	,
Ω ⊒	م ا	Government grants (contribution						ŀ
S S	"	dovernment grants (contribution	110					3
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f	All other contributions, gifts, g similar amounts not included		· · · · · · · · · · · · · · · · · · ·				
돌	g	Noncash contributions include	d ın Ins 1a-1f. 🛭 💲		····			
	h	Total. Add lines 1a-1f		•	752,498.			
핌			· -	Business Code				
Ē	2a							
ğ	b							
Ä	ט.							
₹	C.							
Ä	d							
Σ	٠	- 						
ξ	ζ.	All other promises						
PROGRAM SERVICE REVENUE		All other program service	e revenue	L				
<u> </u>	g	Total. Add lines 2a-2f		•				
	3	Investment income (incl	udına dividende	interest and				
	_	Investment income (incl other similar amounts)	aag aaaa	>,	2.	2.	0.	0.
		Income from investment						
			t or tax-exempt	bond proceeds				
	5	Royalties	· · · · · · · · · · · · · · · · · · ·					
			(ı) Real	(II) Personal				l i
	6a	Gross Rents						
	h	Less: rental expenses						
		· · · · · · · · · · · · · · · · · · ·						
		Rental income or (loss) .						
	ď	Net rental income or (log	ss)	•				<u> </u>
	72	Gross amount from sales of	(i) Securities	(II) Other		·		
		assets other than inventory						
		´						
		Less: cost or other basis						ļ
		and sales expenses .				-		
	C	Gain or (loss)						i
		Net gain or (loss)		•				
u	8a	Gross income from fund	raising events					
ENUE		(not including \$		- !				
2		of contributions reported	l on line 1c).					1
OTHER REVE	;	See Part IV, line 18		a				
皇		Less: direct expenses		b				
5		·		~ L				
		Net income or (loss) from	_	vents				
	9a (Gross income from gam See Part IV, line 19	ing activities	a				
		Less: direct expenses .		b				
		Net income or (loss) from		ution >				
		, .						
	10a (Gross sales of inventory	, less returns					
	ä	and allowances		a 1,187.				
	Ьl	Less: cost of goods sold		b 1,262.				
		Net income or (loss) from			-75.	- 75.	0.	0.
ļ		Miscellaneous Revenu		Business Code	-/3.	- / 3 •		
ŀ	11 -							
	11 a _		- 					
l	b_							
	С							
- 1	d 2	All other revenue .		-				
l				>	· · · · · ·			
		Total. Add lines 11a-11d						
	12	Total revenue. See instri	uctions	. ▶	752,425.	-73.	0.	0.

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Partix Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

 До 6Ь,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1		33,900.	33,900.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	500.	500.		t
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4					
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	120,208.	120,208.	0.	<u> </u>
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	960.	960.	0.	0.
10	Payroll taxes				·
11	, , , , , , , , , , , , , , , , , , , ,				
	a Management				
	Legal .	2,531.	2,531.	0.	0.
	Accounting .				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	40.004	40.004		
	Other .	40,004.	40,004.	0.	0.
	Advertising and promotion	25 251	25 051		
13	Office expenses	35,251.	35,251.	0.	0.
14	Information technology	6,943.	6,943.	0.	0.
15	Royalties	25 226	25 226		
16 17	Occupancy . Travel	35,236. 3,516.	35,236.	0.	0.
18	Payments of travel or entertainment	3,310.	3,516.	0.	0.
	expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates .				
22	Depreciation, depletion, and amortization .				
	Insurance 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.)	, ,	,		, ,
я	Miscellaneous	3,090.	3,090.	0.	0.
	House maintenance,	0.	0.	0.	0.
	repair & refurbishing	49,672.	49,672.	0.	0.
	Grounds maintenance	8,457.	8,457.	0.	0.
	Food and beverages	60,742.	60,742.	0.	0.
	All other expenses	108,059.	108,059.	0.	0.
<u> 25</u>	Total functional expenses. Add lines 1 through 24f	509,069.	509,069.	0.	0.
	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.				
BAA					Form 990 (2010)

		•	(A) Beginning of year		(B) End of year
	1.	Cash – non-interest-bearing	960,675.	1	186,378.
	2	Savings and temporary cash investments	7,783.	2	7,645.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key 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 employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
ŝ	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	2,899.	8	2,580.
ş	9	Prepaid expenses and deferred charges .		9	
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 1,474,479.			
		Less: accumulated depreciation. 10b	1,372,420.	10 c	1,474,479.
	11	Investments — publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11	· · · · ·	13	
- 1	14	Intangible assets	-	14	
	15	Other assets. See Part IV, line 11	1,135,155.	15	2,153,265
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,478,932.	16	3,824,347
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
뉘	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
-	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
ı	25	Other liabilities. Complete Part X of Schedule D		25	
					0.
	26	Total liabilities. Add lines 17 through 25	0.	26	, 0,
N	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X and complete lines	0.	26	0.
NE T	26	Organizations that follow SFAS 117, check here ► X and complete lines	0.	26	
. 1		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34.	0.	** **	
. 1	26 27 28	Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets		27	
. 1	27 28	Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets	968,458.	27 28	194,023
ANNETS	27 28	Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets		27	194,023 3,630,324
AWWEL-S OR	27 28	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► and complete	968,458.	27 28	194,023
AWWEL-S OR	27 28 29	Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here And complete lines 30 through 34.	968,458.	27 28 29	194,023 3,630,324
מששורה סב הטבם	27 28 29	Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here And complete lines 30 through 34. Capital stock or trust principal, or current funds	968,458.	27 28 29	194,023. 3,630,324.
מששורט סת השבם	27 28 29 30 31	Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund	968,458.	27 28 29 30 31	194,023. 3,630,324.
AWWIII-S OR	27 28 29 30 31 32	Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here And complete lines 30 through 34. Capital stock or trust principal, or current funds	968,458.	27 28 29	194,023. 3,630,324.

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Form 990 (2010)

		0 <u>6-0332975</u>	5Page 1	2
Pa	t XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response to any question in this Part XI			1
1	Total revenue (must equal Part VIII, column (A), line 12)	1	752,425	<u>.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	509,069	<u>.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	243,356	<u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,478,932	•
5	Other changes in net assets or fund balances (explain in Schedule O)	5	102,059	•
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	3,824,347	
Pai	t渊峰 Financial Statements and Reporting			_
	Check if Schedule O contains a response to any question in this Part XII		Г	1
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		Yes No	_
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			1
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
ı	Were the organization's financial statements audited by an independent accountant?		2b X	_
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or 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 in Schedule O.	if the audit,	2c X	
(If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis	sued on a		
3 6	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	ie Single	. 3a X	_
t	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit	3 b	_
BAA			Form 990 (2010	<u></u>

TEEA0112 12/21/10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

				Elizabethan Clu							33297		
Par	<u>t I</u>	Re	ason for Pu	ublic Charity Statu	s (All organizations	must (comple	te this	part.)	See II	nstruct	ions.	
The	or <u>ga</u> ı	nızat	ion is not a pri	vate foundation becaus	e it is (For lines 1 throu	ıgh 11, c	heck on	y one bo	ox)				
1		A ch	nurch, convent	ion of churches or asso	ciation of churches desc	ribed in	section	170(b)(1)(A)(i).				
2		A so	chool described	d in section 170(b)(1)(A)(ii). (Attach Schedule E	Ē.)							
3		A ho	ospital or a coo	operative hospital service	ce organization describe	d in sect	tion 170	(b)(1)(A)	(iii).				
4		A m	edical researc	h organization operated	I in conjunction with a ho	ospital d	escribed	ın secti	on 170(b)(1)(A)	(iii) Ente	er the hospital's	
			ie, city, and st										
5		An d 170 (organızatıon oç (b)(1)(A)(iv). (perated for the benefit of Complete Part II)	f a college or university	owned o	r operat	ed by a	governn	nental u	nit desci	ribed in section	
6 7	Н	An o	organization th	r local government or ga at normally receives a s I XA)(vi). (Complete Pa	overnmental unit describ substantial part of its sup	oed in se pport fro	ction 17 m a gov	0(b)(1)(ernment	A)(v). al unit c	r from t	he gene	ral public descri	bed
8	\Box				7 0(b)(1)(A)(vi). (Complet	o Part II	`						
9	Ħ) more than 33-1/3% of		•	contribi	itions m	aomhorc	hin food	and areas rea	unto
3	_	from	ı actıvıtıes rela stment income	ited to its exempt functi	ons – subject to certain s taxable income (less s	exception	ons, and	(2) no r	nore tha	n 33-1/3	3% of its	support from a	ross
10	Ш	An c	organization or	ganized and operated e	exclusively to test for put	blic safet	ty.See s	ection 5	509(a)(4)).			
11		desc	e publicly supportions the supportion in the support in the supportion in the suppor	orted organizations des of supporting organization	exclusively for the benefi scribed in section 509(a) tion and complete lines)(1) or se 11e thro	ection 50 ugh 11h)9(a)(2)	See se	or carry ction 50	out the 9(a)(3).	purposes of one Check the box	e or that
	_	a L	Type I	b L Type II	c 🛛 Type II	I – Fund	tionally	ıntegrate	ed		d 🗌	Type III - Oth	er
е		othe	thecking this burthan foundation 509(a)(2).	ox, I certify that the org ion managers and othe	anization is not controller than one or more publi	ed direct cly supp	ly or indi orted or	rectly by ganization	one or	more d cribed in	squalific section	ed persons 509(a)(1) or	
f		If the	e organization ck this box .	received a written dete	rmination from the IRS t	hat is a	Type I,	Гуре II о	r Type I	II suppo	rting org	janization,	X
g		Sind	e August 17, 2	2006, has the organizati	on accepted any gift or	contribu	ition fror	n any of	the follo	wing pe	ersons?		
		4 1										Yes	No_
		(i)	A person who below, the go	o directly or indirectly coverning body of the su	ontrols, either alone or t oported organization?	ogether	with per	sons des	scribed i	n (II) an	ıd (III)	. 11g (i)	x
		(ii)	A family mer	mber of a person descri	bed in (i) above?							. 11 g (ii)	<u> </u>
		(iii)	A 35% contro	olled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	X
h		Prov	ride the followi	ng information about th	e supported organizatior	n(s)						- , , , , , , , , , , , , , , , ,	
			ime of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column (Is the zation in in little	(v) Did y the organ columi your su	ou notify ization in in (i) of ipport?	colun	ation in nn (i) ed in the	(vii) Amount of s	upport
						Yes	No	Yes	No	Yes	No		
(A)	Ya	le	Universi	y 06-0646973	2	х		х		х		716,	179.
<u>(B)</u>					ļ	ļ	ļ						
<u>(C)</u>			· · · · · · · · · · · · · · · · · · ·			-	ļ <u> </u>						
(D)													
<u>(E)</u>	-									·		<u> </u>	
Total											1	716.	179.

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.)

Se	ction A. Public Support						·-	
	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge .							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	,		, ,	,			
6	Public support. Subtract line 5 from line 4							
Se	ction B. Total Support							
	endar year (or fiscal year inning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010		(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly 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 activi	ities, etc (see insti	ructions)	-	•	[12	
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶□
	ction C. Computation of Pul						- I	
	Public support percentage for 20	-	· ·	e 11, column (f))		-	14	<u>%</u>
	Public support percentage from 2						15	<u>%</u>
16	a 33-1/3% support test — 2010. If the and stop here. The organization of	he organization di qualifies as a publ	d not check the book licly supported org	ox on line 13, and ganization	the line 14 is 33-	1/3% or more	, check	this box
	b 33-1/3% support test — 2009. If the and stop here. The organization of	he organization di qualifies as a publ	d not check a box icly supported org	on line 13 or 16a ganization	, and line 15 is 33	3-1/3% or mo	re, ched	ck this box
17:	a 10%-facts-and-circumstances te or more, and if the organization r the organization meets the 'facts-	neets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here.	Explain in P	art IV h	% ow . ► □
	or more, and if the organization re organization meets the 'facts-and	neets the 'facts-ar I-circumstances' t	nd-circumstances' lest. The organiza	test, check this b tion qualifies as a	ox and stop here. a publicly supporte	Explain in P d organizatio	art IV h n	low the
18 BAA	Private foundation. If the organiz	ation did not ched	k a box on line 13	3, 16a, 16b, 17a,				
OAF					50	леоше 🗛 (ЕС	1111 YYU	or 990-EZ) 2010

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.)

Sec	tion A. Public Support			,			
Calen	dar year (or fiscal yr 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.')			3 7	, , , , , , , , , , , , , , , , , , ,		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			· • • • • • • • • • • • • • • • • • • •			
3	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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			海大学	مها اوم	The state of the s	
<u>Sec</u>	tion B. Total Support						
Caleni	dar year (or fiscal yr beginning in)►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, 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						
11	Add lines 10a and 10b 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 Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and			, third, fourth, or	fifth tax year as a	section 501(c)(3)	▶ □
	ion C. Computation of Pul						
	Public support percentage for 20	•	•	13, column (f))	•	15	
	Public support percentage from 2				· · · · · · · · · · · · · · · · · · ·	16	
	ion D. Computation of Inv						
17	Investment income percentage for	or 2010 (line 10c, c	olumn (f) divided	by line 13, colum	n (f))	17	- 8
18	Investment income percentage from	om 2009 Schedule	A, Part III, line 1	7		18	- 8
	33-1/3% support tests – 2010. If is not more than 33-1/3%, check						
b	33-1/3% support tests – 2009. If line 18 is not more than 33-1/3%,	the organization d , check this box ar	id not check a boo nd stop here. The	k on line 14 or lin organization qual	e 19a, and line 16 ifies as a publicly	is more than 33-1, supported organiza	/3%, and ation ► □
20	Private foundation. If the organiz	ation did not checl	k a box on line 14	, 19a, or 19b, che	eck this box and se	ee instructions	▶ 🗍

Part W	Supp Part I (See	lemen I, line Instruc	tal Inf 17a o ctions)	orma r 17b	tion.; and	Comp Part	olete t III, lin	his p e 12	y E1 art to . Also	prov com	ide th plete	n CI ne exp this p	olanat part fo	orp tions or any	requir addit	ed by ional i	Part II nform	, line 1 ation.	0;
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

	le University Elizabethan Club		06-0332975	
Pai	প্রী Organizations Maintaining Dono	r Advised Funds or Other Similar F	unds or Accounts. Complete if	
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and done funds are the organization's property, subject t	or advisors in writing that the assets held in the organization's exclusive legal control?	donor advised Yes] No
6	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private benefits	ne benefit of the donor or donor advisor, or f	inds can be or any other] No
Pai	Conservation Easements. Compl	ete if the organization answered 'Y	es' to Form 990, Part IV, line 7.	
	Purpose(s) of conservation easements held by	<u> </u>		
	Preservation of land for public use (e.g., re	ecreation or education) Preservati	on of an historically important land area	
	Protection of natural habitat	Preservati	on of a certified historic structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization last day of the tax year.	n held a qualified conservation contribution	in the form of a conservation easement o	n the
			Held at the End of the Ta	x Year
ā	Total number of conservation easements		2a	
Ł	Total acreage restricted by conservation easen	nents	2b	
(Number of conservation easements on a certific	ed historic structure included in (a)	2c	
C	Number of conservation easements included in structure listed in the National Register	(c) acquired after 8/17/06, and not on a his	toric 2d	
3	Number of conservation easements modified, t tax year ▶	ransferred, released, extinguished, or termii	nated by the organization during the	
4	Number of states where property subject to con	nservation easement is located >		
5	Does the organization have a written policy regard enforcement of the conservation easemen	arding the periodic monitoring, inspection, I is it holds?	nandling of violations, . Yes	No
6	Staff and volunteer hours devoted to monitoring	g, inspecting, and enforcing conservation ea	sements during the year	
7	Amount of expenses incurred in monitoring, in: • \$	specting, and enforcing conservation easem	ents during the year	
8	Does each conservation easement reported on 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of	section Yes	No
9	In Part XIV, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue a the organization's financial statements that	and expense statement, and balance sheet describes the organization's accounting	et, and for
Rai	Mill Organizations Maintaining Colle	ctions of Art, Historical Treasures	, or Other Similar Assets.	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, I	ne 8.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets in Part XIV, the text of the footnote to its finance	held for public exhibition, education, or res	venue statement and balance sheet works earch in furtherance of public service, pro	of vide,
t	If the organization elected, as permitted under historical treasures, or other similar assets hel following amounts relating to these items:	SFAS 116 (ASC 958), to report in its revenu d for public exhibition, education, or research	ue statement and balance sheet works of h in furtherance of public service, provide	art, the
	(i) Revenues included in Form 990, Part VIII,	line 1	► \$	0.
	(ii) Assets included in Form 990, Part X		►\$ <u>44</u> 4	0.
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar asset 16 (ASC 958) relating to these items:	s for financial gain, provide the following	
a	Revenues included in Form 990, Part VIII, line	1	> \$	
	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·		

Schedule D (Form 990) 2010 Yale					06-033			Page 2
Part III Organizations Mainta	ining Collections	s of Art, Histo	rical	Treasures, or C	Other Similar Ass	ets (co	<u>ntınu</u>	<u>ed)</u>
3 Using the organization's acquisition items (check all that apply)	on, accession, and of		_	•	t are a significant use	of its co	llectio	n
a Public exhibition		—	or exc	hange programs				
b X Scholarly research		e [] Other						
c X Preservation for future genera								
4 Provide a description of the organizate5 During the year, did the organizate						ın		
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be main	tained as part of	the o	rganization's collecti	on?	Yes		K No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangements. unt on Form 990	Complete if on Part X, line	orgar 21.	nization answere	ed 'Yes' to Form 9	90, Pa	rt IV,	line
1a Is the organization an agent, trus included on Form 990, Part X?		•			ssets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and comp	piete the following	gtable	2		A may unt		
c Beginning balance					1c	Amount		
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an ai	mount on Form 990.	Part X. line 21?				Yes		No
b If 'Yes,' explain the arrangement					1		L	
Part V Endowment Funds. Co		anization ans	were	ed 'Yes' to Form	990, Part IV, line	10.		
	(a) Current year	(b) Prior year		(c) Two years back	(d) Three years back		our year	s back
1 a Beginning of year balance	1,135,155.	1,098,5		1,055,094				¥
b Contributions	800,100.		0.	10,100			·c	• `
c Net investment earnings, gains, and losses	716,179.	579,1	00.	630,711		Solitate Services and S	Spec. se	.
d Grants or scholarships	2,500.		0.	3,000			:	
e Other expenditures for facilities and programs .	16,289.		0.	3,632				(
f Administrative expenses	479,380.	542,4		590 , 736.				
g End of year balance	2,153,265.	1,135,1	55.	1,098,537				·
2 Provide the estimated percentage	•	nce held as:						
a Board designated or quasi-endow		—— ₹						
b Permanent endowment ►	%							
c Term endowment ►								
3a Are there endowment funds not in organization by.	the possession of th	ne organization th	nat are	e held and administe	ered for the	\Box	Yes	No
(i) unrelated organizations	• •					3a(i)		<u> </u>
(ii) related organizations						3a(ii)	<u> </u>	
b If 'Yes' to 3a(II), are the related of	-	•			•	3b	X	<u> </u>
4 Describe in Part XIV the intended								
Part VI Land, Buildings, and I		 						
Description of investment		st or other basis nvestment)		Cost or other pasis (other)	(c) Accumulated depreciation	(d) B	ook va	ilue ———
1 a Land .	·	030 300					030	300
b Buildings .		,030,390.				Ι,	030	,390.
c Leasehold improvements			_					
d Equipment	 	444,089.					1 1 A	,089.
Total. Add lines 1a through 1e (Column	(d) must equal Form		lumn	(B) line 10(c))		1		,479.
BAA	(12) made aquai i om			(=),	Sched			90) 2010

TEEA3302 12/20/10

Schedule D (Form 990) 2010 Yale University E	lizabethan Club	Corp	06-03329	7 <u>5</u> Page 3
Part VII Investments-Other Securities. See F	orm 990, Part X, Iır	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value) Method of valuation r end-of-year market v	alue
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
<u>(A)</u>				
(B)				
<u>(C)</u>				
<u></u>				
(E)				
<u></u>				
<u>(G)</u>				
(H)				
_()				
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)				
Part VIII Investments-Program Related. (See	Form 990, Part X,	line 13)	<u> </u>	
(a) Description of investment type	(b) Book value	(c Cost o) Method of valuation r end-of-year market v	alue
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				_
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)				
Part IX Other Assets. (See Form 990, Part X,	line 15)			· · · · · · · · · · · · · · · · · · ·
	scription			(b) Book value
(1) Yale University Endowment Funds				2,153,265.
(2)				
(3)				
(4)	······································			
(5)				
(6)				
(7)			- ·· ·	
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column(B)	line 15)		>	2,153,265.
Part X Other Liabilities. (See Form 990, Part	X line 25)			2,133,203.
(a) Description of liability	(b) Amount			
(1) Federal income taxes	(b) Amount			
(2)	- 			
(3)				
· · · · · · · · · · · · · · · · · · ·				
(4)				
(5)	·			
(6)				
(7)				$(x,\lambda_{\alpha}^{i},x^{\alpha}) = \frac{1}{\epsilon} (x^{\alpha} - x^{\alpha}) = \frac{1}{\epsilon} (x^{\alpha} - x^{\alpha})$
(8)		_		* 1
(9)		, ,		, *** _* ,
(10)				, (
(11)		_		• • •
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	>		·-·	
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of	f the footpote to the ora	anization's financial s	tatements that reports	tho

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Scne	edule D (Form 990) 2010 Yale University Elizabethan Club Corp	16-0332975	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year Subtract line 2 from line 1		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments .		
8	Other (Describe in Part XIV)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
1	Total revenue, gains, and other support per audited financial statements	1 22.000.00	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments . 2a		
	b Donated services and use of facilities		
	c Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	. 3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
ä	a Investments expenses not included on Form 990, Part VIII, line 7b		
I	b Other (Describe in Part XIV.)		
•	c Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return	
	Total expenses and losses per audited financial statements .	1 s-400000	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities		
	b Prior year adjustments		
	c Other losses		
	d Other (Describe in Part XIV.)		
	e Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	_	
	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	. 4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Supplemental Information	5	
		lunca 1h and 2h	
Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV V, line 4, Part X, line 2; 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.		
<u>Pt</u> .	V Line 4 See Schedule O, Part V, Line 4		
Pt.	III Line 4 The Club maintains a collection of rare books, manu	scripts	
	and letters from the Elizabethan period in order to		
	further the organization's exempt purpose of the		
	promotion of literature from this period within the		
	Yale University community.		

Schedule D (Form 990) 2010 Yale University Elizabethan Club Corp	06-0332975	Page 5
Schedule D (Form 990) 2010 Yale University Elizabethan Club Corp Part XIV Supplemental Information (continued)		
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SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

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

201

OMB No 1545-0047

4

Employer identification number

06-0332975

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Yale University Elizabethan Club Corp

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) New Haven Public Library 133 Elm Street New Haven CT 06510	06-6001876		.005,8	0	1	N/A	Gen'l support
(2) Yale Univ Summer Cabaret -217 park Street New Haven CT 06511	06-0646973		10,000.	0		N/A	Gen'l support
(3)							
(4)							
(5)							
(6)							
ω							
(8)							
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations	3) and government orgons	janizations				A A	

Schedule 1 (Form 990) 2010

TEEA3901 10/29/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) 2010 Yale University Elizabethan Club Corp

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

| Part III can be duplicated if additional space is needed.

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(f) Description of non-cash assistance								and any other additional information.			; ; ; ; ; ; ; ; ; ;	 		,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		1
(e) Method of valuation (book, FMV, appraisal, other)								7	established by Yale	<u>. u.s.</u>		 	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 4 4 1	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(d) Amount of non-cash assistance								on required in Par	ลูร	grant funds in the U.S.	 	1 1 1 1 1 1 1 1	 	1 	! ! ! ! ! ! !	 	 	:
(c) Amount of cash grant	500.							to provide the information required in Part I, line	s all procedures	use of	 		 	 	1 1 1 1 1 1 1 1 1 1	 	† 1 1 1 1 1 1 1 1 1	
(b) Number of recipients	1								ın Club follow	monitoring th	 				 		 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Type of grant or assistance	1 David Currell: Essay Prize	2	8	4	S	9	7		Pt_I_Line_2The_Elizabethan_Club_follows	Pt_I_Line_2University_for_monitoring_the_								

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Schedule I (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Yale University F	Clizabethan Club Corp	06-0332975
Pt_VI-B, Line 12c	Yale University provides written policies on al	l_of_the
Pt_VI-B, Line 15	subjects contained in line 12 through 15 and th	le
-	Elizabethan Club follows these policies.	
Pt_VI-B, Line 11a	Form 990 is reviewed by the Chair of the Board	o <u>f</u>
	Directors and staff prior to filing. After fil	ing it
	is reviewed by the entire Board of Directors an	<u>id</u>
	Officers.	
Pt_III, Lns_1 & 4a	a Form 990, Part III, Line 1 and 4a:	
	Con statement attacked	
Pt VI-C, Line 19	The Elizabethan Club will respond to written re	
	information about the coporation such as govern	
	documents, conflict of interest policies and fi	
	statements.	
		
Pt_XI, Line 2c	Form 990, Part XI, Financial Statements and Rep	orting:
	The Elizabethan Club's financial statements are	
	as part of the audit of Yale University's finan	
	statements.	
	Form 990, Schedule A, Line 11f:	
	See attached copy of IRS Classification Letter	
	May 12, 2008	
Scnea D, Pt XIV	Form 990, Schedule D, Endowment Funds, Line 4:	
	See statement attached.	

YALE UNIVERSITY ELIZABETHAN CLUB CORPORATION EIN 06-0332975 FORM 990 - FYE 6/30/11

Part III, Line 1 and Line 4a

The Yale University Elizabethan Club Corporation is an organization operated solely for the benefit of and in connection with Yale University, an organization described in Section 170(b)(1)(A)(11) of the Internal Revenue Code of 1954 as amended.

The Corporation was formed in 1911, and its purposes include the promotion among its membership and in the Yale community of a larger appreciation of literature. Membership is drawn almost entirely from the Yale community, and includes faculty, students and alumni who are interested in the serious discussion of literature. Distinguished scholars and authors from outside the Yale community are sometimes elected to honorary membership.

The principal assets in which the Corporation has an interest are its building, located at 459 College Street, on the Yale campus in New Haven, which houses the library and serves as a meeting place for conversations and discussions relating to literary topics; its endowment fund, which is held by Yale University in trust for the Corporation; and its library, containing a number of very valuable books and pamphlets known as "The Elizabethan Club Collection", ownership of which is vested in Yale University and is deposited in the Corporation's building and held for use by scholars and others in the Yale community. A separate fund is held by the Yale University Press, for publications of a scholarly nature under the direction of the Corporation.

The Articles of Association provide that the Corporation may, upon the affirmative vote of two-thirds of its members, convey all of its property to Yale University: further provide that if the Corporation shall be dissolved or its corporate existence be terminated, all of its property shall immediately vest free and clear of any trust in Yale University; further provide that the Corporation may not sell, convey or encumber any of its property without the consent of Yale University; and further provide that the Articles of Association may not be amended without the consent of Yale University.

YALE UNIVERSITY ELIZABETHAN CLUB CORPORATION EIN 06-0332975 FORM 990 - FYE 6/30/11

Schedule D, Part V, Endowment Funds, Lines 1g and 2b:

This figure represents the book value of the endowment fund principal. In accordance with the 2011 instructions for Form 990, this figure is reported at book value. It is reported on Line 15 of Part X as "Other Assets" because this fund is entirely under control of the financial office of Yale University. The securities which make up the principal of this endowment fund cannot be sold or otherwise disposed of by the officers of the Elizabethan Club.

Page 3

Name Yale University Elizabethan Club Corp

FIN: 06-0332975

Addendum

As provided by sections 1241 and 1243 of the Pension Protection Act of 2006, the existing integral part test regulations contained in section 1.509(a)-4(i)(3) of the Income Tax Regulations will be amended. Since this determination letter classifies you as a Type III supporting organization based on the existing integral part regulations, your continued classification as a Type III supporting organization will depend on your meeting the requirements of any new final guidance. See advance notice of proposed rulemaking (ANPRM) at 72 Fed. Reg. 42335 (August 2, 2007). A copy of Notice 2006-109, 2006-51 I.R.B. 1121, which provides reliance for private foundations when making grants to certain section 509(a)(3) supporting organizations, is enclosed.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Yale University Elizabethan Club Corp

Related Organizations and Unrelated Partnerships

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

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OMB No 1545-0047

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Open to Public Inspection

Employer identification number 06-0332975

(f)
Direct controlling
entity **Parall Identification of Related Tax-Exempt Organizations** (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e) End-of-year assets Partim Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN of disregarded entity 1 1

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(g) Sec 512(b)(13) controlled entity?	No							
Sec 51; controlle	Yes							
(f) Direct controlling entity		N/A						
(if section 501(c)(3))		509(a)(3) Type 1 N/A						
(d) Exempt Code section		501(c)(3)						
(c) Legal domicile (state or foreign country)		LO						
(b) Primary activity		Educational Purposes			-			
(a) Name, address, and EIN of related organization		(1) Yale University 06-0646973 Educatio 100 Wall Street, New Haven, CT 06511-8913 Purposes	(2)	(3)	(4)	(E)	(9)	

Schedule R (Form 990) 2010

TEEA5001 12/22/10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Page 2

מכנממטה וו וומת	because it had one of more related organizations treated as a partitle ship dufing the lax year.	מוכח חואם	חוזבמנוטווא נובמנ	en as a pariner		lax year.)			•	
(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(c) (d) (lvity Legal Direct	(e) Predominant	(f) Share of total	(g) Share of	(h) Dispropor-	Code V-UBI	General or	(k) Percentane
related organization		domicile (state or	controlling entity	Income (related,	ıncome	end-of-year	tionate	amount in box	managing	ownership
		foreign		from tax under		dssels	allocations:	Zo of Scriedule K-1		
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
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(Z)										
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Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	rporation or Tru treated as a co	ust (Complete	if the organiz	ration answered 'Ye tax year.)	es' to Form 990, Pa	art IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	Cegal domicile Direct Type of entity (State or foreign controlling entity (C corp, S corp, counity) or trust)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ω							
(2)							
			-				
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Partive Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)	Form 990, Part IV,	line 34, 35, 35a, o	or 36.)
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ons listed in Parts II-IV?		1 4
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			Ta X
b Cirt, grant, or capital contribution to other organization(s)			1 b X
c Gift, grant, or capital contribution from other organization(s)			
d Loans or loan guarantees to or for other organization(s)			1d X
e Loans or loan guarantees by other organization(s)			1e ×
(a) and the state of the state			1
Sale of assets to other organization(s)			
g Purchase of assets from other organization(s)	٠		1g X
h Exchange of assets			1h X
i Lease of facılıtıes, equipment, or other assets to other organization(s)	•		1i X
Lease of facilities, equipment, of other assets from other organization			
K Performance of services or membership or fundraising solicitations for other organization(s)			
Charing of facilities on membership of uniquality associate Charing of facilities on monost manifus lists or other accepta			
n Sharing of paid employees			Z uL
o Reimbi issement naid to other organization for expenses			>
Beimblirsement haid by other organization for expenses.			1
בייייים מיייים לייייים מיייים מייים מיייים מייים מיים מייים מיים מיים מיים מיים מיים מייים מייים מיים מיים מיים מייים מיים מיים מייים מייים מיים מיים מיי			1
g Other transfer of cash or property to other organization(s)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
r Other transfer of cash or property from other organization(s)			
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	covered relationships a	ind transaction thresho	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining
	type (a-r)		amount involved
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BAA TEEA5003 12/23/10		Sche	Schedule R (Form 990) 2010

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Park VII Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity (b) (c) (c) (c) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f	(b) Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	(e) Share of end-of-year assets	Disproportionate	Code V-UBI amount	(h) General or managing
		(famo)	organizations?		Yes	Form (1065)	Yes No
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Schedule R (Form 990) 2010	Yale Univer	sity Elizabet	han Club Corp	06-0332975	Page 5
Schedule R (Form 990) 2010 Part VIII Supplement	tal Information				
Complete th	is part to provide	additional inform	ation for responses	to questions on Schedule R	
(See instruction	uons).				
					. – – – – .
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Schedule R (Form 990) 2010

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24f All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Honoraria	6,000.	6,000.	0.	0.
Purchase of rare books	102,059.	102,059.	0.	0.

Form 990 p 9/Related Organizations

Description	Amount
Yale University Elizabethan Club Endowment Fund Income	716,179.
Total	716,179.

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
Key deposits	76.
Direct public support	35,331.
Total	35,407.

Form 990 p 10/Line 11b col (B)

Description	Amount
Davis O'Sullivan & Priest LLC Legal and tax preparation fees	2,531.
Total	2,531.

Supporting Statement of:

Form 990 p 10/Line 11g col (A)

Description	Amount
Professional fees re preparation of Club	
history and library catalog	26,941.
Total	26,941.

Supporting Statement of:

Form 990 p 10/Line 11g col (B)

Description	Amount
Professional fees re preparation of Club	
history and library catalog	26,941.
Professional fees connected with house	
renovations	8,929.
Other professional fees	4,134.
Total	40,004.

Supporting Statement of:

Form 990 p 10/Line 13 col (A)

Description	Amount
Printing and publications	30,321.
Postage and shipping	4,907.
Total	35,228.

Form	990	n	10	/Line	13	001	(B)
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Description	Amount
Printing and publications	30,322.
Postage and shipping	4,907.
Bank service charges	22.
Total	35,

Supporting Statement of:

Form 990 p 10/Line 14 col (A)

Description	Amount
Equipment rental and maintenance	6,943.
Total	6,943.

Supporting Statement of:

Form 990 p 10/Line 14 col (B)

Description	Amount
Equipment rental and maintenance	6,943.
Total	6,943.

Supporting Statement of:

Form 990 p 10/Line 16 col (A)

Description	Amount	
Utilities	17,210.	
Taxes: real and personal property	18,026.	
Total	<u>35,236.</u>	

Supporting Statement of:

Form 990 p 10/Line 16 col (B)

Description	Amount
Utilities	17,210.

Description		Amount
Form 990 p 10/Line 16 col (B)		
Supporting Statement of:		Continued
Yale University Elizabethan Club Corp	06-03329/5	

18,026.

<u>35,236.</u>

Taxes: real and personal property

Total

Form 990 p 11/Line 29, column (B)

Description	Amount
Endowment funds	2,153,265.
Club house Rare book collection	1,030,390. 444,089.
Inventory for resale	2,580.
Total	3,630,324.

t	Yale University Elizabethan Club
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Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
Purchase of rare books	102,059.
Total	102,059.

Corp

Schedule D/Part III, line 1b(ii)

Description	Amount
Collection of rare books	444,089.
Total	444,089.

Supporting Statement of:

Sch D, page 2/Part V, line 1b col (a)

Description	Amount	
Contributions from public	100.	
Transfer from Operating Account	800,000.	
Total	800,100.	

Supporting Statement of:

Sch D, page 2/Other col (a)

Description	Amount	
Collection of rare books	444,089.	
Total	444,089.	

(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return



OMB No 1545-1709

Department of the Treasury

Internal Revenue	Service	File	a separate appli	cation for each return.			
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box						► x	
If you are	e filing for an 🗗	dditional (Not Automatic) 3-	Month Extension	, complete only Part II (on page 2 of this	form)	_	
Do not comp	olete Part II un	<i>less</i> you have already been g	ranted an automa	itic 3-month extension on a previously file	ed Form 8868.		
request an e Associated V	required to file xtension of tim Vith Certain Pe	Form 990-T), or an additional e to file any of the forms liste	I (not automatic) : ed in Part I or Par ch must be sent t	a 3-month automatic extension of time t 3-month extension of time. You can elect till with the exception of Form 8870, Info to the IRS in paper format (see instruction Charities & Nonprofits	tronically file Form	m 8868 to or Transfers	
Part A	utomatic 3-	Month Extension of Tir	ne. Only subn	nit original (no copies needed).			
				month extension – check this box and co	omplete Part I onl	v ►	
•	porations (incli	•		d trusts must use Form 7004 to request		, .	
	Name of exempt		Employer identification number				
Type or print							
File by the		versity Elizabetha and room or suite number. If a PO bo		<u>'p</u>	06-0332975		
due date for filing your			x, see instructions				
return See instructions		ege Street office, state, and ZIP code For a fore	an address and make				
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	New Have	n			<u>CT 06</u>	511	
Enter the Re	turn code for ti	ne return that this application	is for (file a sepa	rate application for each return)		01	
Application Is For			Return Code	Application Is For	Application Is For		
Form 990			01	Form 990-T (corporation)		07	
Form 990-BL			02	Form 1041-A		08	
Form 990-EZ			03	Form 4720		09	
Form 990-PF			04	Form 5227	10		
Form 990-T (section 401(a) or 408(a) trust)			05	Form 6069	11		
Form 990-T	Form 990-T (trust other than above)		06	Form 8870		12	
Telephon If the org If this is to check this the exten I reques until E The ext	e No. ► (203 anization does for a Group Re s box ► [] sion is for. st an automatic Feb 15 tension is for the calendar year	turn, enter the organization's If it is for part of the group, 3-month (6 months for a coi , 20 12 , to file the exemple organization's return for. 20 or	FAX Notes that the four digit Group E check this box . The proportion required the organization records the following the follo	United States, check this box	f this is for the wh and EINs of all me		
Cha	ax year entered	in line 1 is for less than 12 r	months, check rea	ason: Initial return Fir	nal return		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a S						0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b \$						0.	
c Balance EFTPS	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . 3c \$						

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)