

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

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

OMB No 1545-0047 Open to Public

A F	or the	2010 calendar year, or tax year beginning NOV 1, 2010 and ending	OCT 31, 2011	
_	heck if	C Name of organization	D Employer identifi	
a	pplicable	Traine of digarization		
	Addres	OLD GLOBE ENDOWMENT TRUST 386838007		
	Name change	— Doing Business As		1-25-358
┌	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
F	Termin-			231-1941
$\overline{}$	Amend		G Gross receipts \$	1,795,415.
一	Applica		H(a) is this a group r	
	pending	F Name and address of principal officer:	for affiliates?	Yes X No
		P.O. BOX 122171, SAN DIEGO, CA 92112	H(b) Are all affiliates in	
	ax-exe			list. (see instructions)
	Vebsite		H(c) Group exemption	-
				M State of legal domicile: CA
		Summary		<u>,</u>
Ь		Briefly describe the organization's mission or most significant activities: TO HOLD	DONATIONS TO	OLD GLOBE
2		THEATRE, AN ORGANIZATION DESCRIBED IN IRC SE	CTION 501(C)(3) AND TO
Governance	-	Check this box In the organization discontinued its operations or disposed of r		
Ş		lumber of voting members of the governing body (Part VI, line 1a)	3	2
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)	4	2
ತ		otal number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
ξį		otal number of volunteers (estimate if necessary)	6	7
Activities	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
⋖		let unrelated business taxable income from Form 990-T, line 34	7b	0.
			Prior Year	Current Year
Ð	8 (Contributions and grants (Part VIII, line 1h)	2,000.	9,000.
ž	9 F	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	290,452.	235,602.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	292,452.	244,602.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	286,162.	170,587.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)*	0.	0.
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), line 4) Professional fundraising fees (Part IX, column (A), line 11e)		0.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
хbе	ьΤ	otal fundraising expenses (Part IX, column (D), line 25)	10	
Ш	17 (other expenses (Part IX, column (A), lines 11a-11d, 11f-24n SEP 1 9 2012	27,544.	36,338.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	نان 313,706.	206,925.
	19 F	Revenue less expenses. Subtract line 18 from line 12	巴 -21,254.	37,677.
Net Assets or Fund Balances		OGU <u>EN, U</u>	Beginning of Current Year	End of Year
set	20 T	otal assets (Part X, line 16)	-3,525,177.	3,483,101.
age de la general de la gener	21 1	otal liabilities (Part X, line 26)	0.	0.
컐	22 N	let assets or fund balances Subtract line 21 from line 20	3,525,177.	3,483,101.
_	rt II	Signature Block	 	
		les of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
	l	Signature of officer		
Sig	ו י	Signature of officer	Date 4/14	1/12
Her	e	Type or print name and title PONALL COHN - TRUSTEE		
			Date Check	PTIN
De!		Print/Type preparer's name Preparer's signature	1 4/7/21	
Paid		Patricia To MAYET faturiage News		eO
		Firm's name MOSS ADAMS LLP	Firm's EIN	
use	Only	Firm's address 5665 GRANITE RIDGE DRIVE, SUITE 600 SAN DIEGO, CA 92123	t e	58-627-1400
		S discuss this return with the preparer shown above? (see instructions)	Phone no. 8	X Yes No
Ma∖	the IR	5 discuss this feturit with the preparet shown above? (See Instructions)		LAN TES L NO

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		x
-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		х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		7.	
	If "Yes," complete Schedule D, Part V	10	X	
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.		7 55754	. ,}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	110	i	X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	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>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v l	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<u> </u>
D	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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	17		<u> </u>
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,"			77
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	ا یہ		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	900 /	2010)

Į		990 (2010) OLD GLOBE ENDOWMENT TRUST 386838007 33-6125	358	<u> </u>	age 4
Į	Pa	t IV Checklist of Required Schedules (continued)			
				Yes	No
	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	Ì	i	
		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	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		Х
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
			<u> </u>		
		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete		1	х
		Schedule J	23	-	
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			[
		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		Schedule K. If "No", go to line 25	24a		X
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	
	С	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		
	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		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		x
	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	OEL		Х
	~~	·	25b		
	26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			х
		person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	_	
	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		X
į	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)	. `		
	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	С	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		X
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
		contributions? If "Yes," complete Schedule M	30		Х
	31	Did the organization liquidate, terminate, or dissolve and cease operations?		-	
	•	If "Yes," complete Schedule N, Part I	31		Х
	22	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 51		
	32				Х
		Schedule N, Part II	32	 	
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			₹.
		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
;	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	Х	
	35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
		section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
		If "Yes," complete Schedule R, Part V, line 2	36		X
;	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		X

Form **990** (2010)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable b Enter the number of Forms W.G included in line 1s. Enter 0- if not applicable c Did the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winning? 2a "Enter the number of prize winning? 2b "Enter the number of prize winning? 2c "Enter the number of prize winning? 2c "Enter the number of prize winning? 2c "Enter the number of prize winning? 2d "Did I "Tex." I see upon did not a see and of the organization flow of the organization of the organization flow of the organiza		Check if Schedule O contains a response to any question in this Part V			
tale Enter the number reported on Box 3 of Form 1098. Enter 0- in not applicable 10 0 0 0 0 0 0 0 0				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Finite the number of employees eported on Form W3, Transmittal of Wage and Tax Statements. 16 If of the calendar year ending with or within the year covered by this return 17 If the state of the calendar year ending with or within the year covered by this return 18 If at least one is reported on the 2A, did the organization file all required federal employment tax returns? 18 Note. If the sum of here 2A, did the organization file and required federal employment tax returns? 18 Note. If the sum of here 2A, did the organization file and required to e-file (see instructions) 29 If Yes, *In as if field a Form 990-T for this year? If Yino, *I provide an explanation in Schedule O 20 A AI any time duming the calendar year, did the organization have an emplanation in Schedule O 20 A If yes, *In a field a Form 990-T for this year? If Yino, *I provide an explanation in Schedule O 20 If Yes, *In the Sac of Sb, did the organization have a far as each sound, securities account, or other financial account; 20 If Yes, *In the Sac of Sb, did the organization have that are are is a party to a prohibited tax shelter transaction at any contributions on party to a prohibited in the variety of the organization have annual gross receipts that are normably greater than \$100,000, and did the organization solicit any contributions that were not tax deductable? 2a Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 3b If Yes, *In other the organization mouthy the dorn of the value of the goods or services provided? 4c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 5c Did the organization mouthy the dorn of the value of the goods or services provided? 5c Did the organization received a contribution of cus	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	\(\frac{1}{3}\)	7	1
gambling\ wrinings to prize winners? 2	ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	*	*`	
gambling) writings to prize winners? 2a — Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feed for the calendar year ending with or within the year covered by this return b if at least one is reported on the 2a, did the organization file all required (educate 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) 3b Did the organization have unrelated business gross income of \$1,000 or more duming the year of the responsibility. The control of the state of the control of the co	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	ì	Į ,
thied for the calendar year ending with or within the year covered by this return bit of at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1 a and 2 a is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross is some of \$1,000 or more during the year? 5a Did the organization have unrelated business gross is some of \$1,000 or more during the year? 5a Did the organization have unrelated outsiness gross is some of \$1,000 or more during the year? 5a Was the filed a Form 950°T for this year? If "No," provide an explanation in Schedule O. 5a Was the organization provided the organization have an interest in, or a signature or other authority over, a financial account; or the financial provided to the financial account; or the financial acc		(gambling) winnings to prize winners?	_1c	Ì	
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? 3a X 3b If 179a; has it filed a form 990.7 for this year? If 170, provide an explanation in Schedule 0 3b A 1 any time during the calendary year, did the organization have an inferest in, or a significant or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)? 5b If 179a; here the name of the foreign country. 5c If 179a; here the name of the foreign country. 5c If 179a; here the name of the foreign country. 5c If 179a; his the organization has a bank account, securities account, or other financial accounts. 5c Was the organization a party to a prohibited tax shelter transaction? 5c If 179a; his line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Difference of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Difference of the organization network application include with every solicitation and partly for goods and services provided to the payor? 7d Difference of the organization network application of the value of the goods or services provided? 7d Difference of the solicitation of the value of the goods or services provided? 8d Difference of the organization receive a payment in access of \$55 made partly as a contribution and partly for goods and services provided to the payor? 7d Difference of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9d If Yes, indicate the number o	-2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		<u> </u>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return	*	\ \frac{1}{2}	~ ~ 4
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 990-T for this year? if "No," provide an explanation in Schedule 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?) b if "Yes," enter the name of the foreign country: ► See instructions for fining requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization or party to a prohibited tax shelter transaction? c if "Yes," to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to line 5s or 5b, did the organization file Form 88861? 8 Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization enotify the donor of the value of the goods or services provided? b if "Yes," did the organization enotify the donor of the value of the goods or services provided? 7 If "Yes," did the organization enotify the donor of the value of the goods or services provided? 16 If "Yes," did the organization enough and the properties of the property for which it was required to file Form 8282? 16 If "Yes," did the organization enough and the property of which it was required to file Form 8282? 17 If "Yes," did the organization enceived a contribution of qualified intellectual property, did the organization file a Form 109e.C? 38 Spensoring organization maintaining doner advised fundamentaling done advised fundamentaling done advised fundamentaling done advi	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has if filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 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?) b If "Yes," enter the name of the foreign country: See instructions for fining requirements for form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. See instructions for fining requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Id any taxable party notify the organization file Form 8886-1? 6a Does the organization application that if was or is a party to a prohibited tax shelter transaction? 6b If "Yes," to line 5a or 5b, did the organization file Form 8886-1? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). a Id the organization stall may be expressed that the section 170(c) and the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year and the organization self, exchange, or other vehicles, did the organization self, exchange, or other vehicles, did the organizations. Provided in the increase of the organizations and the increase of the party organizations. Provided in the increase of the party organizations. Did the organization maintaining donor advised funds and section 509(e)(3) supporting organizations. Did the organization make any taxable distributions		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		× _{Nex} ,	
4a X 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?) b If Yes, "enter the name of the foreign country: ▶ See instructions for fining requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes," to did the organization nebude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Ded the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d If Yes," did the organization notify the donor of the value of the goods or services provided? 8d If Yes," which tax the number of Forms 8282 filed during the year 9d If Yes," which cate the number of Forms 8282 filed during the year 10d the organization during the year, pay premiums, directly or indirectly, or a personal benefit contract? 7d X 7f X 7g X 7f X 7g X 7f Y 7g X	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," enter the name of the foreign country; ≥ See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5f Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5f Did she transaction a party to a prohibited tax shelter transaction? 5f Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5f Did was the organization received annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions in that were not tax deductible? 6c Did the organization received eductible contributions under section 170(c). 7f Organizations that may receive deductible contributions under section 170(c). 8d Did the organization received apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7g If "Yes," indicate the number of Forms 8282 filed during the year. 7g If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7g If the organization received a contribution of caris, boats, anylanes, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organizations maintaining doner advised funds and section 59(8)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4986? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organization make any taxable distributions under section 4986? 9 Sponsoring organization make any taxable distributions in a caccined during the year 10 Section 501(c)(7) org	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. So Was the organization a party to a prohibited tax shelter transaction? 50 Day of any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 51 Day of 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? 52 Dif Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 53 Diff the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 54 Diff the organization neceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 54 Diff the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 55 Diff the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 56 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8293 as required? 56 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 57 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 57 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 58 Department of the seed of the payor seed of the payor seed of the orga	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 solicit any contributions that there not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 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? 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 preniums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980-7 and a party to receive the contract? 9 Sponsoring organizations maintaining donor advised finds and section 599(a)(s) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Of the organization make a distribution is a donor, donor adviser, or related person? 10a Intaktor fees and capital contributions included on Part VIII, l		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 solicit any contributions that there not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 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? 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 preniums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980-7 and a party to receive the contract? 9 Sponsoring organizations maintaining donor advised finds and section 599(a)(s) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Of the organization make a distribution is a donor, donor adviser, or related person? 10a Intaktor fees and capital contributions included on Part VIII, l	b	If "Yes," enter the name of the foreign country: ▶		1	€. <
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 solicit any contributions that there not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 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? 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 preniums on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1980-7 and a party to receive the contract? 9 Sponsoring organizations maintaining donor advised finds and section 599(a)(s) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Of the organization make a distribution is a donor, donor adviser, or related person? 10a Intaktor fees and capital contributions included on Part VIII, l		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		, ž	₹
c If "Yes," to lime 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 solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$5° made partly as a contribution and partly for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization maintaining donor advised funds and section 590(a)(3) supporting organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 590(a)(3) supporting organization file a Form 1098-C? 9 Did the organizations maintaining donor advised funds and section 590(a)(3) supporting organization file a Form 1098-C? 9 Did the organization make a distribution to a donor, donor advised funds. 10 Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(2) organizations. Enter: 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 10	5a		5a		
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 6282? filed during the year If "Yes," indicate the number of Forms 6282? filed during the year If "Yes," indicate the number of Forms 6282 filed during the year If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 59(3)(3) supporting organizations. Diff the supporting organization, or a donor advised funds and section 59(3)(3) supporting organizations. The supporting organization organizations maintaining donor advised funds. In that organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In the organization make any taxable distributions under section 4966? In that organization make any taxable distributions under section 4966? In that organization make any taxable distributions under section 4966? In that organization make any taxable distributions under section 4966? In that organization make any taxable distributions under section 4966? In that organization make any taxable distributions under section 4966? In that organization is the organizations. Enter: Section 501(c)(1) organizations. Enter: Section 501(c)(1) organizations. Enter: Section 501(c)(1) orga	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 services provided to the payor? 7 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? 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? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 198.Cr 8 Spensoring organizations maintaining dionor advised funds. 8 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization frees and capatic contributions included on Porm 990, Part VIII, line 12 10 Did the organization free and capatic contributions included on Porm 990 in lieu of Form 1041? 11 D		· · · · · · · · · · · · · · · · · · ·	5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization ele, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year D dit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 the Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 the Organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization file a Form 1098-C? 8 Spensoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person? 9 Spensoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(2) organizations. Enter: a Intitution fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 12 Section 501(c)(2) organizations. Enter: 3 Section 4947(a)(1) non-exempt charitable trusts. Is the organi	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 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? 8 If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive a payment in the self of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization members or shareholders 10 Did 10 Di		•	6a		X
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 services provided to the payor? b If "ves," did the organization nettly 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? d If "ves," 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 t Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 t If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a	b				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 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? 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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 a Form 1098-C? The Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the surporting organizations and properting organizations. Did the surporting organizations maintaining donor advised funds. a Did the organization make any stable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5 Section 501(c)(7) organizations. Enter: a Intitution fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders coross income from members or shareholders b Gross income from other sources (50 not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(21) organizations. Enter: a Intitution fees and capital contributions included on Part VIII, line 12, for public use of club facilities f 'Yes,' enter the amount of tax-exempt interest received or accrued dumng the year 13 Section 501(c)(29) qualified nonprofit			6b		
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? 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and one advised funds and section 509(a)(3) supporting organizations. Did the supporting organization and one advised funds. g Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities d Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) g Dif "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization incensed to issue qualified health plans in more than one state?		• • • • • • • • • • • • • • • • • • • •			4 3.5
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organization, or a donor advised fund and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5b Did the organization make a distribution is under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 5c Did Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health plans in more than one state? 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 in more than one state? Note. See the inst	_				<u> </u>
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? But the organization make a distribution to a donor, donor advisor, or related person? Did the organization make a distribution to a donor, donor advisor, or related person? Did the organization make any taxable distributions under section 4966? But the organization make and testinbutions included on Part VIII, line 12 Control of (c)(12) organizations. Enter: Control of (c)(12) organizations. Enter: Control of (c)(12) organizations. Enter: Control of (c)(12) organizations. Control of			7b		
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? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 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 11a 12a 13 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders amounts due or received from them.) 12b 13c 13c 13c 13c 13c 13d 13a 13a 13a 13a 13a 14a 14b 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	С		_		v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did be organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Intitiation 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 11a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(229) qualified nonprofit health insurance issuers. a Is 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. 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 pla	_	1 1			
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 as required? h If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h If the organization make a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h If the organization making donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations, or a donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? a Intuation 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 a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the					v
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is 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. 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b Id the organization is field a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_				
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 599(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Bigoss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Bigoss income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If Yes, enter the amount of tax-exempt interest received or accrued during the year Is 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. 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 Enter the amount of reserves on hand The Did the organization receive any payments for indoor tanning services during the tax year? It was a provided an explanation in Schedule O. The Wes, "has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. The Control of the organization receive any payments for indoor tanning services during the tax year?					
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) Section 501(c)(12) organizations. Enter: Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Italiaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa					
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 Enter the amount of reserves on hand 13b Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			/11		`
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	•		R	l	1
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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? 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 c Enter the amount of reserves on hand 13b 14a 14b 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9		Ĭ		
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 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 Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Is 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. 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 c Enter the amount of reserves on hand 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	•	9a		
Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions included on Part VIII, line 12 Intiation fees and capital contributions. Into Intiation fees for public use of club facilities Intiation fees and capital contributions. Into Intiation fees for public use of club facilities Intiation fees and capital contributions. Into Intiation fees for public use of club facilities Intiation fees and capital contributions. Intiation fees for public use of club facilities Intiation fees and capital contributions. Intiation fees for public use of club facilities Intiation fees and capital contributions. Intiation fees for public use of club facilities Intiation fees and capital contributions fees for beautions. Intiation fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees and capital fees for public use of club facilities Intiation fees for substitutions for public use of club facilities Intiation fees	b	· · · · · · · · · · · · · · · · · · ·			
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 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is 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. 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 c Enter the amount of reserves on hand 13b 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	10			; Y	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. Is 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. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	а	Initiation fees and capital contributions included on Part VIII, line 12		% &2	
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. Is 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. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b			Ş	
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b In the section 501(c)(29) qualified nonprofit health insurance issuers. 12b In the organization licensed to issue qualified health plans in more than one state? 12b In the organization for additional information the organization must report on Schedule O. 12b In the organization is licensed to issue qualified health plans 12c In the amount of reserves on hand 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization in Schedule O. 13d In the organization receive any payments for indoor tanning services during the tax year? 13d In the organization receive any payments for indoor tanning services during the tax year? 13c In the organization is serviced to instance or the organization in Schedule O. 14d In the organization is serviced to instance or the organization is serviced	11	Section 501(c)(12) organizations. Enter:			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b In the section 501(c)(29) qualified nonprofit health insurance issuers. 12b In the organization licensed to issue qualified health plans in more than one state? 12b In the organization for additional information the organization must report on Schedule O. 12b In the organization is licensed to issue qualified health plans 12c In the amount of reserves on hand 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization in Schedule O. 13d In the organization receive any payments for indoor tanning services during the tax year? 13d In the organization receive any payments for indoor tanning services during the tax year? 13c In the organization is serviced to instance or the organization in Schedule O. 14d In the organization is serviced to instance or the organization is serviced	а	Gross income from members or shareholders		8 3	
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a In the section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b In the section 501(c)(29) qualified nonprofit health insurance issuers. 12b In the organization licensed to issue qualified health plans in more than one state? 12b In the organization for additional information the organization must report on Schedule O. 12b In the organization is licensed to issue qualified health plans 12c In the amount of reserves on hand 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization receive any payments for indoor tanning services during the tax year? 12d In the organization in Schedule O. 13d In the organization receive any payments for indoor tanning services during the tax year? 13d In the organization receive any payments for indoor tanning services during the tax year? 13c In the organization is serviced to instance or the organization in Schedule O. 14d In the organization is serviced to instance or the organization is serviced	b	Gross income from other sources (Do not net amounts due or paid to other sources against			_
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? 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 c Enter the amount of reserves on hand 13b 13c 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	•	amounts due or received from them.)	7.3		
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
a Is 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. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 13a 13a 13b 13b 13c 14a X	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b		*			30
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b	b				Z
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b				1/4/20	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		——————————————————————————————————————		· ¾	<u> </u>
					<u> </u>
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	0040

032005 12-21-10

Part VI 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

	Check if Schedule O contains a response to any question in this Part VI					X
Sec	tion 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	1a		2	1.00	1.0
	Enter the number of voting members included in line 1a, above, who are independent	1b		2		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	╡	ļ	
-	officer, director, trustee, or key employee?		,	2		Х
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	et supervision	├	 	
Ū	of officers, directors or trustees, or key employees to a management company or other person?	0 0,100	ot ouporviolor.	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S	190 ws	s filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5	\vdash	X
6	Does the organization have members or stockholders?	,010		6		X
	Does the organization have members, stockholders, or other persons who may elect one or more me	mhars	of the	<u> </u>	 	 -
, ,	governing body?	IIIDEIS	o or title	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	eone?		7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken			75	 	
8	by the following:	during	lile year			
_	•			 Ro	х	-
	The governing body?			8a 8b	X	-
ь	Each committee with authority to act on behalf of the governing body?	الممطم	nà tha	OD		├
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	cried	at the	9		x
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Re		Codo I	9		
360	tion B. Folicies (mis Section B requests information about policies not required by the internal no	everiue	- Code)		Vaa	- Na
40-	Describe assessment as house least shortess because as officiates?			40-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	ob oot	ero offiliatos	10a		 ^
D	If "Yes," does the organization have written policies and procedures governing the activities of such	cnapte	ers, amiliates,	406		
44-	and branches to ensure their operations are consistent with those of the organization?	l AL	- 40	10b	X	├
	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iing th	e form?	11a	<u> </u>	\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1	х	~
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	<u> </u>	-
D	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ııa gıv	e rise	1	X	l
	to conflicts?	IV 11	-l	12b		-
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	uescribe	1	х	i
40	In Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?	. 1 1	at a a at a A	14	^	
15	Did the process for determining compensation of the following persons include a review and approva	u by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-		X
	The organization's CEO, Executive Director, or top management official			15a	-	X
a	Other officers or key employees of the organization			15b		^
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		11.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	ntn a	1	'	X.
	taxable entity during the year?			16a	\vdash	<u> </u>
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the control of the			1		l
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızatı	on's		. :	
	exempt status with respect to such arrangements?			16b_	<u> </u>	L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA		161			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) availab	e for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest policy,	and fina	ancial	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books are	nd rec	ords of the organiz	ation:	- _	
	MARK SOMERS - (619) 231-1941					
	1363 OLD GLOBE WAY, SAN DIEGO, CA 92101-1696					

032006 12-21-10

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per week	⊢	hecl	(all	that	app	ly)	compensation from	compensation from related	amount of other	
	(describe hours for 'related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	. Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
KATHRYN HATTOX FRUSTEE	1.00	x						0.	0.	0	
OONALD COHN	1.00	1		<u> </u>	⊢	┢	-	U •	0.		
TRUSTEE	1.00	x						0.	0.	C	
VICTOR GALVEZ		1			\vdash						
INVESTMENT COMMITTEE	1.00	X						0.	0.	C	
JOEL EWAN	0.50	Į.,				l		0	0	,	
INVESTMENT COMMITTEE	0.50	Х	_		\vdash	}	_	0.	0.	(
INVESTMENT COMMITTEE	0.50	x						0.	0.	(
LAINE DARWIN	1	 	\vdash			T					
INVESTMENT COMMITTEE	0.50	X						0.	0.	(
ANTHONY THORNLEY									•		
INVESTMENT COMMITTEE	0.50	X						0.	0.	0	
						_			•		
		_	_						• · · · · · · · · · · · · · · · · · · ·		
		-									
						_					

Part VII Section A. Officers, Directors, T		mple	oyee			High	est		ees (continued)				
(A)	(B)			•	C)	_		(D)	(E)			(F)	
Name and title	Average hours per	(c		Pos all t		ı app	lv)	Reportable compensation	Reportable compensation	n		timate	
	week				II / II I	1	Ι,,	from	from related			other	
	(describe	rector						the	organization	s		pensa	
	hours for related	trustee or director	stee			sated	ļ	organization	(W-2/1099-MIS	SC)		om th	
	organizations	- trust	- la	_	9 <u>-</u>	mper —	ļ	(W-2/1099-MISC)				anızat d relat	
	ın Schedule	Individual	Institutional trustee	cer	Key employee	Highest compensated employee	Former		1			ınızatı	
	0)	声	Inst	Officer	Æ	표를	For						
	•	⊢			_								
											*		
		_	\vdash				_						
		İ											
		Г											
•													
					ŀ								
	 	Ь.											
-	 	-	\vdash	Н	┢	\vdash	_						
												,	
					 								
													
			Ш			Щ							_
1b Sub-total	/// O							0.		0.			0
c Total from continuation sheets to Part \(\)d Total (add lines 1b and 1c)	II, Section A							0.		0.			-
2 Total number of individuals (including but	not limited to th	ose	liste	d at	DOVE	e) wh	10 ге	eceived more than \$100	.000 in reportable				<u> </u>
compensation from the organization								•					(
												Yes	No
3 Did the organization list any former officer	•		, key	em/	ploy	yee,	or h	ighest compensated en	nployee on		.		**
line 1a? If "Yes," complete Schedule J for					. .				u		3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15								<u>.</u>	the organization		′- <u>·</u> .		X
5 Did any person listed on line 1a receive or									dual for services			73	
rendered to the organization? If "Yes," cor								ou organization of that			5		X
Section B. Independent Contractors												_	
1 Complete this table for your five highest of	ompensated inc	depe	ende	nt c	ontr	acto	rs tl	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. NONE												_	
(A) Name and busines:	address						1	(B) Description of s	ervices	С	(C omper		n
							\dashv		5.7.666		opo.	100110	
							- 1						
							寸		i				
							- 1						
					_		4						
									ļ				
	,						+						
									ļ				
2 Total number of independent contractors	including but n	ot lir	nıte	d to	thos	se lis	ted	above) who received m	ore than				
\$100,000 in compensation from the organ	-				(_					4		_ :
		_									Form 9		

Page 9

Pa	art VI	III _ Statement of Reve	nue					
			<i>*</i>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	a Federated campaigns	1a				K _y	
Contributions, gifts, grants and other similar amounts	l t	Membership dues	1b				3	
an, c	<u>—</u> с	c-Fundraising events	[1c					
giff ar	0	d Related organizations	1d		٠		,	
ns, ini	€	e Government grants (contribu	rtions) 1e		,		*	
itio er s	f	f All other contributions, gifts, gra	nts, and				•	*
ibe		similar amounts not included abo	ove 1f	9,000.	1			
ontr od c	g	Noncash contributions included in line	s 1a-1f \$					>
S F	h	h Total. Add lines 1a-1f			9,000.	, , , , , , , , , , , , , , , , , , , ,	>	
				Business Code			«c	
9	2 a	a			A MARKAGAN A VOLUMBAN		A	***************************************
ě Ž	b							
S	_ c							
am	٥	d	-					
Program Service Revenue	e	•						
ď	f	All other program service rev	enue					
	g					**		
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)	,	•	91,911.			91,911.
	4	Income from investment of ta	ax-exempt bond i	proceeds				1
	5	Royalties		>		`		
		,	(i) Real	(ii) Personal			3.,,	<u> </u>
,	6 a	Gross Rents	(9 : 152)	(.,, : :::::::::::::::::::::::::::::::::	,	34		.``
		Less rental expenses	-		ŕ			\$^ G*
		Rental income or (loss)			,		,	
		Net rental income or (loss)				•		Next in the
		Gross amount from sales of	(i) Securities	(II) Other				: 1
	, ,	assets other than inventory	1694504.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	'A		` *
	ь	Less: cost or other basis		1			`	8
	~	and sales expenses	1550813.			· .	,	,
	_	Gain or (loss)	143,691.			\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ ·	,
- 1		Net gain or (loss)			143,691.	* * *	'S' \	143,691.
-		Gross income from fundraising	na events (not		113,0310			, 13,051
Jue	U a	including \$	of				,	*
ķ		contributions reported on line			•			.,
æ		Part IV, line 18	•	.]	× .			3.74
Other Reven		Less: direct expenses	a b		*			* * *
ŏ		Net income or (loss) from fun		'L		¥,		
		Gross income from gaming a	-					
	a	Part IV, line 19						
		•	a b		is an annual section of the section	, 40 mg		× × × ·
		Less: direct expenses		' 	*			- 14
		Net income or (loss) from gar				· · · · · · · · · · · · · · · · · · ·		
	10 a	Gross sales of inventory, less		1				ľ
		and allowances	a		Į,	. 4 8		
		Less cost of goods sold	b	`L	v en home - x av	The Same Since		no access to
		Net income or (loss) from sale		In				
		Miscellaneous Reveni		Business Code				
	11 a							
	b			-				
	C							
	d							
	e	• •			244,602.	0.	0.	235,602.
03200	12 9	Total revenue. See instructions.		>	477,004.	<u> </u>	<u> </u>	Form 990 (2010)
03200 12-21	l- 10							romi 350 (2010

Part IX | 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).

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		not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Target and other assistance to individuals in the U.S. See Part IV, Ine. 2 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine. 25 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of minided above, to dequalified persons (as defined under section 4958(ft/1)) and persons discretioned in section 4958(ft/1) and persons discretioned in	1	Grants and other assistance to governments and				
Target and other assistance to individuals in the U.S. See Part IV, Ine. 2 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, Ine. 25 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of minided above, to dequalified persons (as defined under section 4958(ft/1)) and persons discretioned in section 4958(ft/1) and persons discretioned in		organizations in the U.S. See Part IV, line 21	170,587.	170,587.		
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 Compensation of current officers, directors, trustees, and key employees Compensation of included above, to disqualified persons (as defined under section 4958ft(IV)) and persons discretified in section 4958ft(IV) and persons discretified in se	-2 -					
organizators, 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, trustese, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and		the U.S. See Part IV, line 22				5 5
organizators, 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, trustese, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f(1)) and persons described in section 4958(f(1)) and	3	Grants and other assistance to governments,			·	, vi
4. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons discribed in section 4958(r)(1) and perso		organizations, and individuals outside the U.S.				3
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation int included above, to disqualified persons (as defined under section 4958(ft/t)) and persons described in section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Accounting 15 Lobbying 16 Professional fundrasing services. See Part IV, line 17 Investment management fees 17 Investment management fees 18 Other 19 Advertising and promotion 19 Office expenses 19 Coupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Coupancy 10 Interest 10 Payroll taxes 10 Insurance 11 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 1 Depreciation, depletion, and amortization 1 Insurance 1 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 2 Office expenses 2 Total functional expenses, foliated in the 24 depress rose is in ext. If the 24 depress rose rose rose rose rose rose rose		See Part IV, lines 15 and 16				،
trustess, and key employees Compension not included above, to disqualified persons (as defined under seaton 4558(r()11) and persons described in section 4958(r()3(8)) 7 Other selenses and wages Penson plan contributions (include section 401(k) and section 403(t) employer contributions) 9 Other employee benefits 10 Payroll taxes 1 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring Trievestment management fees Other 2 Advertising and promotion 13 Office expenses 1 Information technology 15 Royalties C Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Interest 24 Other expenses not covered 24 Other expenses for the propenses in the 25 column (A) amount, list in 254 expenses on Schedule 0.) 3 MANAGEMENT FEES 3 Tala functional expenses. Add lines 1 through 24f 25 Joint cests. Check here	4	Benefits paid to or for members				
trustess, and key employees Compension not included above, to disqualified persons (as defined under seaton 4558(r()11) and persons described in section 4958(r()3(8)) 7 Other selenses and wages Penson plan contributions (include section 401(k) and section 403(t) employer contributions) 9 Other employee benefits 10 Payroll taxes 1 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring Trievestment management fees Other 2 Advertising and promotion 13 Office expenses 1 Information technology 15 Royalties C Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any foderal, state, or local public officials 19 Conferences, conventions, and meetings Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Interest 24 Other expenses not covered 24 Other expenses for the propenses in the 25 column (A) amount, list in 254 expenses on Schedule 0.) 3 MANAGEMENT FEES 3 Tala functional expenses. Add lines 1 through 24f 25 Joint cests. Check here	5	•				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Person plan contributions (include section 401(k) and section 405(b) employer contributions) 9 Other employee benefits 10 Payrell taxes 1 Fees for services (non-employees)* a Management b Legal c Accounting d Lobbyring d Lobbyring d Lobbyring 1 Professional fundrasing services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 1 Interest in Interest i		•				
persons described in section 4958(c)(3)(B) 7 Other salaries and section 401(k) and section 403(b) employer contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 investiment management fees g Other 12 Advertising and promotion 13 Office expenses 14 information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments to affiliates 20 Depreciation, depletion, and amortization Insurance 21 Depreciation, depletion, and amortization Insurance 22 Other expenses, itemize expenses in ine 24f. If line amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES Tatal functional expenses. Add lines 1 through 24f 28 Joint costs. Check here	6	Compensation not included above, to disqualified				
7 Other salanes and wages 8 Person plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Depreciation, depletion, and amortization 15 Insurance 16 Observations, and meetings 17 Interest 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Depreciation, depletion, and amortization 10 Interest 10 Depreciation, depletion, and amortization 10 Interest 10 Depreciation, depletion, and amortization 10 Interest 11 FEES 12 Advertising and promotion 13 Office expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24t If line 24 amount, list line 24 expenses on Schedule 0.) 15 All other expenses, itemize expenses not covered above. (List miscellaneous expenses in line 24t If line 24 amount exceeds 10% of line 25, column (10) amount, list line 24 expenses on Schedule 0.) 16 Other expenses, itemize expenses in the 24t If line 24t amount, list line 24t expenses on Schedule 0.) 17 All other expenses. Add lines 1 through 24t 18 Jaint costs. Check here		persons (as defined under section 4958(f)(1)) and				
8 Penson plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 3 Office expenses 14 Information technology 18 Royalities 19 Cocupancy 17 Travel 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization linsurance 23 Insurance 24 Other expenses, lienure expenses not covered above, flust miscellareous expenses in the 24t if fine 24d amount, list line 24t expenses on Schedule 0.) a MANAGEMENT FEES 7 All other expenses. Add lines 1 through 24f 28 Joint costs. Check here ▶ ☐ if following SOP 982 (2ASC 987-20) Complete his line only if the organization reported in column (8) pint costs from a combined deductional camping and fundraising on the more accombined deductional camping and fundraising common and more combined deductional camping and fundraising common accombined deductional camping and fundraising camping camping and fundraising camping camping camping camping camping		persons described in section 4958(c)(3)(B)				
and section 403(b) employer contributions) 7 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 8 Management 9 Legal 10 Lobbying 11 Professional fundraising services. See Part IV, line 17 11 Investment management fees 12 Other employees 13 Office expenses 14 Information technology 15 Royathes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 amount exceed 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.) 15 All other expenses, litemize expenses in line 24.1 If line 24 amount exceed 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.) 15 All other expenses 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 All other expenses in line 24.1 If line 24 amount, list line 24 expenses on Schedule 0.) 15 All other expenses 17 Total functional expenses. Add lines 1 through 241 28 Joint costs. Check here I following SOP 1892 (ASC 598-720). Complete this line only if the organization reported in column (8) pint costs from a combined educational campagn and fundraising	7	Other salaries and wages			-	
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees)* a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 22 Advertising and promotion 3 Office expenses 14 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 24 Other expenses. Itemize expenses not covered above, (fust miscellaneous expenses in line 24. If line 24 amount exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of line 25, column (A) amount, list line exceeds 10% of list line exceeds 10% of list 25, column (A) amount, list line exceeds 10% of list 25, column (A) amount, list line exceeds 10% of list 25, column (A) amount, list line exceeds 10% of list 25, column (A) amount, list line exceeds 10% of list 25, column (A) amount, list line exceed 10% of list 25, column (A) amount, list line exceeds 10% of lin	8	Pension plan contributions (include section 401(k)			****	
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying e Professional fundratising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 6 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses itemize expenses in line 24f. If line 24f amount, tist line 24f expenses on Schedule O.) MANAGEMENT PEES 15 Total functional expenses. Add lines 1 through 24f 15 All other expenses 15 Total functional expenses. Add lines 1 through 24f 17 Joint costs. Check here		and section 403(b) employer contributions)				
11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 1 Insurance 2 Other expenses in line 24 if the 24 imanual expenses on Schedule 0.) a MANAGEMENT FEES 3 6, 338. 3 6, 338. 0 0 4 Other expenses. Tetra in following SOP 98-2 (ASS 958-720), Complete this line only if the organization reported did usioning in graph and fundraising on some brighted this line and reproduct the size only if the organization reported did column (B) joint costs from a combined educational campaing and fundraising	9	Other employee benefits				
a Management b Legal c Accounting d Lobbying e Professional fundrasing services. See Part IV, line 17 f Investment management fees g Other 22 Advertising and promotion 33 Office expenses 14 Information technology 15 Royathes 60 Occupancy 77 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest 21 Payments to affiliates 20 Depreciation, depletion, and amortization Insurance 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses, themize expenses not covered above, (List miscellaneous expenses in line 24t, if line 24t amount exceeds 10% of line 25, column (A) amount, list line 24t expenses on Schedule 0.) a MANAGEMENT FEES 5 Total functional expenses. Add lines 1 through 24t 7 All other expenses. 5 Total functional expenses. Add lines 1 through 24t 8 Office expenses. Interest 9 Office expenses. 1 Interest 9 Occupancy 1 Occu	10	Payroll taxes				
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royathes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Ofther expenses in line 24f, If line 24f amount exceeds 10% of line 25f, column (A) amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES 36, 338. 36, 338. 56 c d e f All other expenses. Add lines 1 through 24f 206, 925. 170, 587. 36, 338. 0 Joint costs. Check here ▶	11	Fees for services (non-employees)				
b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royathes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Ofther expenses in line 24f, If line 24f amount exceeds 10% of line 25f, column (A) amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES 36, 338. 36, 338. 56 c d e f All other expenses. Add lines 1 through 24f 206, 925. 170, 587. 36, 338. 0 Joint costs. Check here ▶	а	Management				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Office expenses in line 24f. If line 24f expenses in Schedule 0.) 24 MANAGEMENT FEES 36, 338. 36, 338. 36, 338. 0 Joint exists. 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 culargiang and middraising	b	Legal				
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Office expenses in line 24f. If line 24f expenses on Schedule 0.) 14 MANAGEMENT FEES 15 Total functional expenses. Add lines 1 through 24f 15 Office expenses. Total functional expenses. Add lines 1 through 24f 15 Office expenses. Total functional expenses. Add lines 1 through 24f 15 Office expenses. Remize expenses. Add lines 1 through 24f 26 Joint costs. Check here	С	Accounting				
f Investment management fees g Other Advertising and promotion 3 Office expenses Information technology 15 Royalties Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24t. If line 24t amount, list line 24f expenses on Schedule 0.) 25 MANAGEMENT FEES 26 Joint costs. Check here b if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (8) pint costs from a combined educational campagin and fundraising	d	Lobbying				
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses, Itemize expenses in line 24f, If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES 5 All other expenses 4 All other expenses 5 Total functional expenses. Add lines 1 through 24f 6 Octobrook 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising	е	Professional fundraising services. See Part IV, line 17	·	,	W,	
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24t, If line 24 amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule 0.) 2 MANAGEMENT FEES 3 6, 338. 3 6, 338. 3 6, 338. 5 7 Total functional expenses. Add lines 1 through 24f 2 Joint costs. Check here	f	Investment management fees				
13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Office expenses, Itemize expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES 5 Total functional expenses. Add lines 1 through 24f 0 Joint costs. Check here Image: Infollowing SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campagin and fundraising	g	Other		_		
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) 26 MANAGEMENT FEES 27 Total functional expenses. Add lines 1 through 24f 28 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising and combined and campaign and fundraising and combined devactional campaign and fundraising and combined devactional campaign and fundraising	12	Advertising and promotion				
15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses in line 24f. If line 24f amount, list line 24f expenses on Schedule 0.) 26 MANAGEMENT FEES 27 Total functional expenses. Add lines 1 through 24f 28 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising	13	Office expenses				
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 11 Insurance 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 0.) 28 MANAGEMENT FEES 29 Total functional expenses. Add lines 1 through 24f 20 Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising	14	Information technology				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1 Insurance 23 Insurance 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 0.) 25 MANAGEMENT FEES 26 All other expenses 27 Total functional expenses. Add lines 1 through 24f 28 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 fundrasing	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a MANAGEMENT FEES b C	16	Occupancy		1		
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest 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 0.) MANAGEMENT FEES MANAGEMENT FEES All other expenses Total functional expenses. Add lines 1 through 24f 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	17	Travel				
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) A MANAGEMENT FEES B All other expenses 25 Total functional expenses. Add lines 1 through 24f 20 6, 925. 170, 587. 36, 338. 0 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	18	Payments of travel or entertainment expenses				•
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a MANAGEMENT FEES 5 Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 0 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 campagin and fundraising		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a MANAGEMENT FEES 5 Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 0 25 Joint costs. Check here ▶	19	Conferences, conventions, and meetings				
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 0.) MANAGEMENT FEES All other expenses Total functional expenses. Add lines 1 through 24f 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	20	Interest				
23 Insurance 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 0.) a MANAGEMENT FEES 36,338. 36,338. 36,338. 36,338. 50 All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) point costs from a combined educational campaign and fundraising	21	Payments to affiliates				
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 0.) MANAGEMENT FEES 36,338. 36,338. 36,338. 36,338. Other expenses Total functional expenses. Add lines 1 through 24f 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	22	Depreciation, depletion, and amortization				
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 0.) MANAGEMENT FEES All other expenses Total functional expenses. Add lines 1 through 24f 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	23	Insurance				
24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.) a MANAGEMENT FEES 56 All other expenses Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here ff 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	24		211 211 211 211	Monor 2	3**	\$ 4 mar
amount, list line 24f expenses on Schedule 0.) MANAGEMENT FEES 36,338. 36,338. 36,338. 36,338. 4 All other expenses Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 0 26 Joint costs. Check here 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					§	, .
b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 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		amount, list line 24f expenses on Schedule 0.)		·		
c d e f All other expenses Total functional expenses. Add lines 1 through 24f 25 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	а	MANAGEMENT FEES	36,338.		36,338.	
d e f All other expenses Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 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	b					
e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 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	C					
All other expenses Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 0 Joint costs. Check here Life 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	d					
Total functional expenses. Add lines 1 through 24f 206,925. 170,587. 36,338. 0 26 Joint costs. Check here	е					··· ··
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				180 505	22 222	
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	25		206,925.	170,587.	36,338.	0.
organization reported in column (B) joint costs from a combined educational campaign and fundraising	26	•				
		organization reported in column (B) joint costs from a				

032010 12-21-10

Form 990 (2010)								
Part X	Balance	Sheet						

	IL X	Balance Sheet				
			·	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		813.	2	64,724.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key	*		
		employees, and highest compensated employee	es. Complete Part II	,	، څه حمد	
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section	*3		'
		4958(f)(1)), persons described in section 4958(c))(3)(B), and contributing		1	
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary	e e er		
s		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other		```	\$.	· 🔆 🚜
		basis. Complete Part VI of Schedule D	10a			*
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		3,524,364.	11	3,418,377.
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments · program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	3,525,177.	16	3,483,101.
	17	Accounts payable and accrued expenses		17	•	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Sa	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
Ě	22	Payables to current and former officers, director	s, trustees, key employees,		, endage"	
Liabilities		highest compensated employees, and disqualified	ed persons. Complete Part II		÷ .	•
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties .		24	
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	re 🕨 📖 and complete	,	ζ,	
es		lines 27 through 29, and lines 33 and 34.				_
Ĕ	27	Unrestricted net assets	-		27	
39	28	Temporanly restricted net assets			28	
ᅙ	29	Permanently restricted net assets			29	
큔		Organizations that do not follow SFAS 117, ch	ieck here 🕨 💹 and			
b		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		3,525,177.	30	3,483,101.
1SS	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	come, or other funds	0.	32	0.
ラ	33	Total net assets or fund balances		3,525,177.	33	3,483,101.
-	3	, oral fiel accord of rails balances		3,525,177.	_~ ,	3,483,101.

Form **990** (2010)

Separate basis X Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Form **990** (2010)

За

Х

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

			BE ENDOWMENT						33	3-6125358	
Part I	Reason	for Public Char	ity Status (All organi	zations mu	ıst comple	te this par	t.) See ins	tructions.			
The organ	ization is not	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)		<u>-</u>		
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i).			
2 🗀	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach So	hedule E.)	+						
з 🔲	A hospital or	a cooperative hospr	tal service organization	described	ın section	170(b)(1)	(A)(iii).				
4 🗀	A medical re	search organization o	operated in conjunction	with a hos	sprtal desc	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter ti	he hospital's name,	
	city, and stat	te:									
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	rt describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)								
6 🗀	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170	(b)(1)(A)(vi). (Comple	te Part II.)			-					
в 🗀	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀	An organizat	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	ıp fees, an	d gross receipts from	
	activities rela	ited to its exempt fur	nctions - subject to certa	aın excepti	ons, and (2) no more	than 33	1/3% of its	s support 1	from gross investment	
	income and	unrelated business ta	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization a	fter June 30, 1975.	
		509(a)(2). (Complete									
10	An organizat	on organized and or	erated exclusively to te	st for publ	lic safety.	See sect io	on 509(a)(4	4).			
11 X	An organizat	on organized and op	erated exclusively for the	he benefit	of, to perfe	orm the fu	nctions of	, or to can	y out the	purposes of one or	
	more publici	y supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509 (a)(3). Che	ck the box that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.					
	а 🗓 Туре	ı b	Type II 🕠	с 🗀 тур	e III - Fund	tionally in	tegrated		d 🗔	Type III - Other	
e X	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons other than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or s	ection 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	is box							. \square	
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?	•	
	(i) A perso	n who directly or ind	rectly controls, either a	lone or tog	ether with	persons o	described	ın (ıi) and ((III) below,	Yes No	
	the gov	eming body of the su	ipported organization?							11g(i) X	
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii) X	
	(iii) A 35%	controlled entity of a	person described in (i)	or (II) abov	e?					11g(iii) X	
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).						
								•			
(i) Name	of supported	(ii) EIN	(iii) Type of		organization		u notify the	(vi) ls		(vii) Amount of	
orga	anization		organization (described on lines 1-9		sted in your		ion in col.	organizatii (i) organiz	red in the	support	
			above or IRC section		document?	(1) 01 you	r support?	U.S	5.?		
			(see instructions))	Yes	No	Yes	No	Yes	No		
OLD G											
THEAT	RE	95-1543396	7	X		Х	<u> </u>	X		170,587.	
					ļ						
				ļ.				<u> </u>			
							L		oxdot		
									 		
								1		484 -4-	
Total				L		/ (<u> </u>	170,587.	

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010						
Part II Support Schedule for	Organization	s Described in	Sections 170)(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	Page 2
(Complete only if you checke	d the box on line	5, 7, or 8 of Part I o	or if the organization			
fails to qualify under the test	s listed below, ple	ase complete Part	III.)		<u> </u>	
Section A. Public Support						
Calendar 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 "ūnusual grants.")						
2 Tax revenues levied for the organ-			,			
ization's benefit and either paid to						
or expended on its behalf					<u> </u>	
3 The value of services or facilities furnished by a governmental unit to			ļ		1	
the organization without charge						
4 Total. Add lines 1 through 3					 	
5 The portion of total contributions		'A .	* %,*	***	,	
by each person (other than a	,			*	* * *	
governmental unit or publicly			*	Ì		
supported organization) included		*·	996.		*	
on line 1 that exceeds 2% of the	!	* •			* *	
amount shown on line 11,	. * 2 .	* ' &	1	2	'/'	
column (f)			***		*	
6 Public support. Subtract line 5 from line 4	8	***	* *\$	() Y	*	
Section B. Total Support				· ·		···
Calendar year (or fiscal year beginning 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				l		
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				İ		
assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10	W. Salari		*	Š _k it	7 0	
12 Gross receipts from related activities,	etc. (see instructi	ons)			12	
13 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
organization, check this box and stop Section C. Computation of Publ		rcentage		 .		
14 Public support percentage for 2010 (-	column (f))		14	%
15 Public support percentage from 2009	•		37/		15	
16a 33 1/3% support test - 2010.If the o			line 13, and line 1	14 is 33 1/3% or m		
stop here. The organization qualifies				_	,	ightharpoons
b 33 1/3% support test - 2009 If the o		-		line 15 is 33 1/3%	or more, check this	hov

Schedule A (Form 990 or 990-EZ) 2010

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

and $\ensuremath{\mathbf{stop}}$ here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 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 th	e organization failed to qualify under Part II. If the organization fails to
qualify under the tests listed below, please complete Part II)	

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	-include-any-"unusual-grants.")-						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				•		
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that			l i			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)	6,01	.%	(), (),	ν.		
Sec	ction B. Total Support	89 37	****				<u> </u>
_	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	(4) 2000	(5) 2007	(0) 2000	(4) 2000	1 (6/25.5	(i) rotal
-	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
۲	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			1			
	Add lines 10a and 10b	<u> </u>	 			<u> </u>	
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
12	regularly carned on Other income. Do not include gain	-				+	
	or loss from the sale of capital						
40	assets (Explain in Part IV.)					· ·	
	Total support (Add lines 9, 10c, 11, and 12)			el forrette ou fifth to		on 501(a)(3) argan	
14	First five years. If the Form 990 is fo	r the organization	s iirst, second, triii	a, iourtri, or intri ta	ix year as a secu	on 50 r(c)(3) organi	ization,
80	check this box and stop here	lic Support De	arcentage				
	·			nalumn (f)		145	0/
	Public support percentage for 2010 (• • • • • • • • • • • • • • • • • • • •	•	Column (I))		15	<u>%</u> %
	Public support percentage from 2009					110 1	70
	ction D. Computation of Inve					147	0/
	Investment income percentage for 20	•		ie io, column (t))		17	%
	Investment income percentage from			on line 4.4 emails	45 m	18	17 to not
198	a 33 1/3% support tests - 2010. If the	-					I / IS NOT
	more than 33 1/3%, check this box a	•	-	-	•		,▶∟
t	33 1/3% support tests - 2009. If the	-					
	line 18 is not more than 33 1/3%, che		•	•		_	
20	Private foundation. If the organization	on did not check a	1 box on line 14, 19	a, or 19b, check th			<u> </u>
0220	99 10-91-10				S.	nedule A (Form 99	90 or 990-EZ) 2010

SCHEDULE D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Employer identification number

I D-	OLD GLOBE ENDOWMENT TRUS		33-6125358
Pa		or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to 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	<u> </u>	
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive le	· ·	└─ Yes └─ No
6	Did the organization inform all grantees, donors, and donor advisors in w	vriting that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor adv	visor, or for any other purpose confe	mng
_	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the organization a	nswered "Yes" to Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ıll that apply)	
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historical	lly important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	ation contribution in the form of a co	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inclu	ided in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/0	6, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extil	nguished, or terminated by the orgar	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
_	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	-	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(E	
_	and section 170(h)(4)(B)(ii)?		└ Yes
9	In Part XIV, describe how the organization reports conservation easemer		
	include, if applicable, the text of the footnote to the organization's finance	ial statements that describes the org	ganization's accounting for
Par	conservation easements. † III Organizations Maintaining Collections of Art, His	torical Treasures or Other	Similar Assata
	Complete if the organization answered "Yes" to Form 990, Part IV		Silliai Assets.
12			ad balance about weder of an
14	If the organization elected, as permitted under SFAS 116 (ASC 958), not historical treasures, or other similar assets held for public exhibition, edu		The state of the s
	the text of the footnote to its financial statements that describes these it		public service, provide, in Part XIV,
ь	If the organization elected, as permitted under SFAS 116 (ASC 958), to r		
	treasures, or other similar assets held for public exhibition, education, or		
		research in furtherance of public ser	rvice, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		• •
			► \$ ► \$
2	(ii) Assets included in Form 990, Part X	ther similar assets for fine and and	Drawdo
2	If the organization received or held works of art, historical treasures, or o the following amounts required to be reported under SFAS 116 (ASC 95)		provide
_		o) relating to triese items:	~ ¢
a	Revenues included in Form 990, Part VIII, line 1		-
D	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2010

		BE ENDOWME					25358	
Pa	rt III Organizations Maintaining (Collections of A	rt, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply):							
а	Public exhibition	C	Loan or exc	hange programs				
b	Scholarly research	•	e LUI Other					
С	Preservation for future generations							
4	Provide a description of the organization's c	ollections and expla	in how they further t	he organization's ex	empt purp	ose in Pai	t XIV.	
-5	During the year, did the organization solicit of	or receive donations	of art, historical trea	isures, or other simila	ar assets			
	to be sold to raise funds rather than to be m						Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" to	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other assets no	t included	ı <u> </u>	_	
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:					
							Amount	
С	Beginning balance		<u>-</u>		1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part XIV							
Pai	rt V Endowment Funds. Complete	f the organization ar	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	
1a	Beginning of year balance	3,525,177.	3,464,966.	3,202,554.		^	. N.	
b	Contributions	9,000.	2,000.	105,635.		"		•
С	Net investment earnings, gains, and losses	155,849.	371,917.	354,195.		22		,
d	Grants or scholarships	170,587.	286,162.	180,629.		'AZ		*
е	Other expenditures for facilities					Å,		(3)
	and programs					`	· >	<u> </u>
f	Administrative expenses	36,338.	27,544.	16,789.	,		· ^	, %
g	End of year balance	3,483,101.	3,525,177.	3,464,966.				* *
2	Provide the estimated percentage of the year	r end balance held a	is:					
а	Board designated or quasi-endowment		_%					
b	Permanent endowment ► 100.00	%						
C	Term endowment	%						
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	nd administered for t	the organi	zation		
	by:						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	_ X
b	If "Yes" to 3a(ii), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the	organization's endo	owment funds.					
Par	t VI Land, Buildings, and Equipm	ent. See Form 990), Part X, line 10.					
	Description of investment	(a) Cost or o		1 7 7	ccumulate	ed	(d) Book v	alue
		basis (investr	nent) basis	(other) de	preciation		·	
1a	Land							
b	Buildings							
C	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
Total	Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. column (B), line 1	O(c))	•			0 -

(a) Description of security or category	See Form 990, Part X, line	12.	(a) Mathad of valuation	on:
(including name of security)	(b) Book value	Cos	(c) Method of valuate st or end-of-year marke	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
Total. (Col (b) must 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	Cos	(c) Method of valuation (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) Method of valuation (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	<u> </u>	-		
(7)				
(8)				
(9)				
(10)				· · · · · · · · · · · · · · · · · · ·
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, in				
	a) Description			(b) Book value
(1)	,	·		(2) 20011 12100
(1)				
(3)		· · · · · · · · · · · · · · · · · · ·		
(4)				
(5)				
(6)				
(7)				· · · · · ·
(8)		 		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li	ine 15.)		•	
Part X Other Liabilities. See Form 990, Part 1		•	•	
1. (a) Description of liability		(b) Amount	ું કુરે _ટ	·
(1) Federal income taxes				
(1) Federal income taxes (2)				
(2)				
(2)				· · · · · · · · · · · · · · · · · · ·
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)			`	. , , ,

032053 12-20-10

Schedule D (Form 990) 2010 OLD GLOBE ENDOWMENT TRUST 3 Part XI Reconciliation of Change in Net Assets from Form 990 to		cial Sta		358 Page 4
	Audited I IIIaii	T T	terrierits	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1 1		
2 Total expenses (Form 990, Part IX, column (A), line 25)		2		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3	 	
4 Net unrealized gains (losses) on investments		4		
5 Donated services and use of facilities		5		
6 Investment expenses		6		
7 Prior period adjustments	•	7		
8 Other (Describe in Part XIV)		8		
9 Total adjustments (net). Add lines 4 through 8	٠.	9		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Part XII Reconciliation of Revenue per Audited Financial Statements.		10 nue per	Return	
Total revenue, gains, and other support per audited financial statements			11	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains on investments	2a		, As.	
b Donated services and use of facilities	2b		7	
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIV.)	2d		7 %]	
e Add lines 2a through 2d				
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			* 12	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIV.)	4b		┥ ,	
c Add lines 4a and 4b	40		4c	•
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Part XIII Reconciliation of Expenses per Audited Financial Statement	ents With Expe	nses pe		
Total expenses and losses per audited financial statements		-	TiT	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a			
b Prior year adjustments	2b		7	
c Other losses	2c		⊣	
d Other (Describe in Part XIV.)	2d		7.	
e Add lines 2a through 2d	20 [
3 Subtract line 2e from line 1			3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			 	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		 	
b Other (Describe in Part XIV.)	4b		7	
c Add lines 4a and 4b			4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
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; Pa	rt IV, lines	1b and 2b; Part	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 compl	lete this part to pro	vide any a	dditional informa	tion
PART V, LINE 4:				
THE ENDOWMENT FUNDS ARE USED TO SUPPORT THE C	DED GLOBE	THEAT	RE.	
				
PART X:		_		
THE OLD GLOBE IS EXEMPT FROM INCOME TAXES UND	DER SECTIO	N 501	(C)(3) OI	? THE
INTERNAL REVENUE CODE AND SECTION 23701(D) OF	THE CALI	FORNI	A REVENUI	E AND
TAXATION CODE. THE OLD GLOBE MAY BE SUBJECT T	O FEDERAL	OR S	TATE INC	OME
TAXES ON UNRELATED BUSINESS INCOME. FOR EACH	OF THE YE	ARS E	NDED DECI	EMBER
032054 12-20-10			Schedule D (F	orm 990) 2010

SCHEDULE I (Form 990)		Grants and Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Sta	s, tes		2010
Department of the Treasury Internal Revenue Service	Сотр	Complete if the organizatio	n answered "Yes" to Fo ► Attach to Form 990.	' to Form 990, Par m 990.	ganization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.		Open to Public Inspection
Ĭ .	ENDOWMEN	TRUST	386838007		:	Er	Employer identification number 33-6125358
Part I General Information on Grants and Assistance	ind Assistance						
1 Does the organization maintain records to substantiate the amount of	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	;
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	staticer ocedures for moni	toring the use of grant	funds in the Unite	d States.			No Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part IV,	line 21, for any
recipient that received more than \$	\$5,000 Check this	box if no one recipier	nt received more th	ian \$5,000 Part II	can be duplicated if a	dditional space is neede	□
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of or government or government (b) EIN (c) IRC section (d) Amount of or government (e) Amount of or government (f) Method of (g) Description of valuation (book, non-cash assistance assistance other)	(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
OLD GLOBE THEATRE		·					
PO BOX 122171							
SAN DIEGO, CA 92112	95-1543396	501(C)(3)	170,587.	0.		GE	GENERAL OPERATING
						,	
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	ind government or	ganizations					
٦.	, see the Instruct	ions for Form 990.		:			Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance 33-6125358 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ORGANIZATION AND ARE PAID ONLY TO THE OLD GLOBE THEATRE, WHICH IS THE SCHEDULE I, PART I, LINE 2: GRANTS ARE APPROVED BY THE TRUSTEES OF SUPPORTED ORGANIZATION OF THE OLD GLOBE ENDOWMENT TRUST. FUNDS ARE (d) Amount of non-cash assistance OLD GLOBE ENDOWMENT TRUST 386838007 CONTRIBUTED TO SUPPORT GENERAL OPERATING EXPENDITURES. 22 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2010)

Part III | Grants and Other 032102 01-13-11

Page 2

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public 3 Inspection

Department of the Treasury Internal Revenue Service

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Name of the organization **Employer identification number** 33-6125358 OLD GLOBE ENDOWMENT TRUST 386838007 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PAY INCOME THEREFROM FOR THE BENEFIT OF THE THEATRE. FORM 990, PART VI, SECTION B, LINE 11: DIRECTOR OF FINANCE OF THE OLD GLOBE THEATRE (CORPORATE OFFICER) AND TAX PREPARER COMPLETE 990, WHICH IS REVIEWED BY THE TRUSTEES PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE INVESTMENT COMMITTEE SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, AND HAS AGREED TO COMPLY WITH THE POLICY. IF A CONFLICT OF INTEREST ARISES, SUCH TRUSTEE SHALL NOT VOTE ON THE TRANSACTION. THERE HAVE BEEN NO INCIDENCES OF CONFLICT DURING THE FISCAL YEAR ENDING OCTOBER 31, 2011. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: -79,753. NET UNREALIZED LOSSES ON INVESTMENTS:

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part I

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

► See separate instructions. ► Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 33-6125358 Direct controlling entity End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) GLOBE ENDOWMENT TRUST 386838007 Primary activity Name, address, and EIN of disregarded entity OLD

Identification of Related Tax-Exempt Organizations (Complete if 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.) Part II

	(g) 5 (2(b)(13)	controlled entity?	2	-		×					_
	Section	8 *	Yes						,		
										i	
		Ulrect controlling entity				N/A					
	(e)	status (if section	501(c)(3))			4					
	(p)	exempt code section				501(C)(3)					
	(c)	regal dolincie (state of foreign country)				CALIFORNIA					
	(b) Drimany activity	רוווומוץ מכוועונץ				THEATRE					
כופשוויבמוסוס משווופ נווכ נמא זכמוי)	(a) Name address and FIN	of related organization		OLD GLODE THEATRE - 95-1543396	P.O. BOX 122171	SAN DIEGO, CA 92112					

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

33-6125358

Page 2

Schedule R (Form 990) 2010 OLD GLOBE ENDOWMENT TRUST 386838007

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

organizations treated as a partite sing the tax year,	unersing during une ra	A year.)	4,			5	1	3			_	
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(a) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income related, tax under 2-514)	Share of total income	(9) Share of end-of-year assets	(n) Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	U) BI General or managing partner? 365) Yes No	Perc	(K) entage ership
								•				
Part IV 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.)	ganizations Taxable a	is a Corp	oration or Trust (Co year.)	mplete if the c	organizatio	n answered "Yes"	to Form 990, Par	rt IV, line 34	because it ha	ad one or	more rela	ated
(a) Name, address, and EIN of related organization	Z. c		(b) Primary activity		(c) Legal domicile (state or foreign country)	(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
032162 12-21-10				25					Sche	Schedule R (Form 990) 2010	orm 990) 2010

33-6125358 Page 3

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	Š
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?	ns with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)			,	4	×	
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan guarantees to or for other organization(s)				14		×
Loans or loan guarantees by other organization(s)				16		×
f Sale of assets to other organization(s)				#		×
g Purchase of assets from other organization(s)			_	19		×
h Exchange of assets			_	4		×
i Lease of facilities, equipment, or other assets to other organization(s)			-	¥		×
						-
j Lease of facilities, equipment, or other assets from other organization(s)				į.		×I
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			¥	1	×
I Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ŧ		×
n Sharing of paid employees				두		×I
						:
 Reimbursement paid to other organization for expenses 				<u></u>		×∣
p Reimbursement paid by other organization for expenses				1p		×I
q Other transfer of cash or property to other organization(s)				19		×
r Other transfer of cash or property from other organization(s)				11		×
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) OLD GLOBE THEATRE	В	170,587.	сазн			
(2)						
(6)		5				
(4)						
(5)	:					
(9)						
032163 12-21-10	26		Schedul	Schedule R (Form 990) 2010	990) 2	5

33-6125358

Page 4

Schedule R (Form 990) 2010 OLD GLOBE ENDOWMENT TRUST 386838007

Part VI. 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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	usion for certain investment partner	sdius					
(a)	(q)	(၁	(g	(e)	E	(6)	Œ
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign	organizations?	year assets		of Schedule K-1	part
		country)	Yes No		Yes No	(Form 1065)	Yes
						_	
						-	
		•					_
							-
							-
							-
						-	
						-	

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	OLD	GLOBE	ENDOWMENT	TRUST	386838007	33-6125358 Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation					
	Complete this part to pro	vide addi	tional inform	nation for responses	to questions	s on Schedule R (see instru	ctions).
					-		<u> </u>
<u></u>							
	-						
t	<u>.</u>						
	- "						
							•
							·····
							
	· <u> </u>			·		 · · · · · · · · · · · · · · · · · · 	
			-		-		
						·	
			-				
				•			
		-					
					_		_
				·			
		·					

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 													
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II (on page 2 of this	form)									
Do not	complete Part II unless you have already been granted a	an automa	atic 3-month extension on a previously f	iled Fo	orm 8868.								
Electro	nic filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of time t	to file	(6 months for a corp	oration							
	to file Form 990-T), or an additional (not automatic) 3-mo												
	to file any of the forms listed in Part I or Part II with the ex												
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,													
	w.irs.gov/efile and click on e-file for Charities & Nonprofits					,							
Part			ibmit original (no copies needed).		·								
A corpo	oration required to file Form 990-T and requesting an autor			nolete	···								
Part I o	-				•	. 🖂							
All othe	r corporations (including 1120-C filers), partnerships, REM	ICs. and t	rusts must use Form 7004 to request ar	n exte	nsion of time								
to file in	come tax returns.	,											
Type or	Name of exempt organization	Emr	loyer identification	number									
print	1 3												
	OLD GLOBE ENDOWMENT TRUST] 3	33-6125358										
File by the	N. 1	1	0 022000										
filing your	P.O. BOX 122171												
return Sei instruction	um see												
	SAN DIEGO, CA 92112	Jieigii auc	ness, see manuchons.										
	1				 _								
Enter th	e Return code for the return that this application is for (file	a canara	te application for each return)			01							
	o recum obde for the folding that this application is for the	за эсрага	te application for each return,										
Applica	tion	Return	Application			Return							
ls For	 -	Code	Is For										
Form 99	10	01	Form 990-T (corporation)		Code 07								
Form 99		02	Form 1041-A										
Form 99		01	Form 4720		08								
Form 99		04	Form 5227	09									
	00-T (sec 401(a) or 408(a) trust)	05	Form 6069	10									
•	00-T (trust other than above)	06	Form 8870		11								
OIIII 38	MARK SOMERS	00	7			12							
■ The I	books are in the care of > 1363 OLD GLOBE	WAV .	- SAN DIEGO CA 9210	1_1	696								
Tolor	phone No. ► (619) 231-1941	*****	FAX No. ▶		.000								
	organization does not have an office or place of business	an tha lie		-		Γ							
	s is for a Group Return, enter the organization's four digit (
oox 🕨													
	equest an automatic 3-month (6 months for a corporation		ch a list with the names and EINs of all		ers the extension is	tor							
1 11					TI								
_		i organiza	tion return for the organization named a	bove.	The extension								
13		for the organization's return for											
	calendar year or tax year beginning NOV 1, 2010 , and ending OCT 31, 2011 .												
	tax year beginning 1101 1, 2010	, an	d ending OCI SI, ZOII		_ ·								
o 14	If the tay year entered in line 1 is for less than 12 months, shock recent.												
2 If	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return												
L	Change in accounting period												
<u> </u>													
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o			0									
	onrefundable credits. See instructions	3a	\$	0.									
	this application is for Form 990-PF, 990-T, 4720, or 6069,			^									
_	timated tax payments made. Include any prior year overp	3b	\$	0.									
	alance due. Subtract line 3b from line 3a. Include your pa		•			^							
	using EFTPS (Electronic Federal Tax Payment System).	3c		0.									
	i. If you are going to make an electronic fund withdrawal w		orm 8868, see Form 8453-EO and Form	8879-									
HA For Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2011)													

023841 01-16-12