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)

Open to Public

_		the 2010 calendar year, or tax year beginning , 2010,	and ending		, 20
_	. 07	C Name of organization , 2010,	and ending	D Employer identi	
В	Check	if applicable: CLARE BOOTHE LUCE POLICY INSTITUTE		54-16721	
Г		ddress Doing Business As		—	- -
\vdash		Tange - T	Room/suite	E Telephone numb	per
\vdash	\dashv	tilel return 112 ELDEN STREET, STE P		(703) 318-	0730
H		City or town, state or country, and ZIP + 4	· · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
H	-	mended HERNDON, VA 20170		G Gross receipts \$	1,693,656
\vdash	A,	F Name and address of principal officer: MTCHELLE EASTON		H(a) is this a group re	
_	P4	112 ELDEN STREET STE P HERNDON, VA 20170		affiliates? H(b) Are all affiliates in	
ı	Tax-	exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	 '''	ist. (see instructions)
J	Web	osite: WWW.CBLPI.ORG		H(c) Group exemption	number >
K	Forr	m of organization: X Corporation Trust Association Other	L Year of fo	ormation: 1993 M Stat	e of legal domicile: VA
Pá	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities:			
Ф		THE MISSION OF THE CLARE BOOTHE LUCE POLICY INST	TITUTE I	S TO PREPARE	
Activities & Governance		WOMEN FOR EFFECTIVE LEADERSHIP AND TO PROMOTE LE	EADING C	ONSERVATIVE	
Ë		WOMEN.			
Š	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed	of more than	25% of its net assets.	
ಹ	3	Number of voting members of the governing body (Part VI, line 1a)			8
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)			7
$\tilde{\mathbf{z}}$	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	15
AC		Total number of volunteers (estimate if necessary)		6	
	7 a	Total gross unrelated business revenue from Part VIII, column (C), line 12			0
	Ь	Net unrelated business taxable income from Form 990-T, line 34			0.
			<u> </u>	Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		2,157,302.	1,586,331.
ē	9	Program service revenue (Part VIII, line 2g)	_	15,050.	49,495.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,326.	5,271.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	T T	20,280.	52,559.
4	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,195,958.	1,693,656.
1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	⊨	5,000.	0.
- 1	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
8	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	├_	583,346.	589,194.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		224,866.	74,260.
낆	b	Total fundraising expenses (Part IX, column (D), line 25)		公司的 的	ح مطعون مسيد مورد د د سطع ۱۳۸۵ و د دوه
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	⊢	1,272,773.	1,006,565. 1,670,019.
- 1	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	• • • • •	2,085,985. 109,973.	23,637.
	19	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
d Balances	20	Tabel access (Part V. Han 40)	156	1,357,965.	1,401,554.
8	20	Total assets (Part X, line 16)	· · · · -	272,364.	239,692.
Ē١	21	Total liabilities (Part X, line 26)	· · · · -	1,085,601.	1,161,862.
	22 311	Net assets or fund balances. Subtract line 21 from line 20		1,003,001.	1,101,002.
ar		Signature Block latties of perjury, I declare that I have examined this return, including accompanying schedules and	statements, an	d to the best of my knowle	dge and belief, it is true.
orre	ct, ar	nd complete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any kno	wledge.	
Sig	n	Muhelle Sontra		150	Albe 221
He		Signature of officer	-	Date	20
		Michelle Eastm, President			
		Type or print name and title			
_			Date)	Check if	PTIN
d		Norman A. Snydecill Town Orlace	10/2/1	self- employed	7 P00177274
-	rer	ADONGON LIC	101010		1611326
е С	nly	Time hamo			-231-6200
v ti	he IE	Firm's address 805 KING FARM BLVD., 3RD FLOOR ROCKVILLE, MD 20850 RS discuss this return with the preparer shown above? (see instructions)		1	141
, 11	IC IL	to discuss this return with the biebater shown above; (see histrocholis)		. <i></i>	X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Form 990 (20	_ `.	. 54	
Part III	Statement of Program Service Accomp	sheer and -	-1672138
1 Briefly	Check if Schedule O contains a response lescribe the organization's mission:	to any question in this Part III	• • • • • • • • • • • • • • • • • • • •
THE M	ISSION OF THE CLARE BOOTHE	UCE DOLLCY THOMESON -	
WOMEN	FOR EFFECTIVE LEADERSHIP AN	TO PROMOTE INSTITUTE IS	S TO PREPARE
WOMEN		D TO PROMOTE LEADING CO	ONSERVATIVE
2 Did the	organization undertake any significant p	ogram services during the year w	think
			mich were not listed on
3 Did the	organization cease conducting, or make s	gnificant changes in how it condu	icts any necessary
			rois, any program
If "Yes,"			
	the exempt purpose achievements for eartificity (3) and 501(c)(4) organizations and is to others, the total expenses, and reven		
a (Code:) (Expenses \$ 748,476. i	cluding grants of \$	10
PREPAR	ATION AND DISTRIBUTION OF EL	CATTONAL INFORMATION I	(Revenue \$
PUBLIC	POLICY ISSUES TO THE GENERA	L PUBLIC	REGARDING
		TODBIC.	
(Code: LECTURE UNDERST)(Expenses \$ 261,296. in S OPEN TO THE GENERAL PUBLIC ANDING ABOUT PUBLIC POLICY	luding grants of \$ DESIGNED TO PROMOTE AND TODAY'S WORLD.)(Revenue \$)
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Code: EGIONAL PEN TO	OPEN TO THE GENERAL PUBLIC ANDING ABOUT PUBLIC POLICY (Expenses \$ 205,304 included the conferences and seminars for college and high school age.)	DESIGNED TO PROMOTE AND TODAY'S WORLD. Ing grants of \$ CUSED ON PUBLIC POLICY	N

54-1672138 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes." X 1 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х 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, 5 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," X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 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," X Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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 X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Х 12b X 13 14a Did the organization maintain an office, employees, or agents outside of the United States?....... X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV . . X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

JSA

Form 990 (2010)

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F	orm 990 (2010) 54-1672138			Pos
F	Part IV Checklist of Required Schedules (continued)		_	Page
			Yes	N
2	The state of the s			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21)
2	2 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		۱ ا
2	B. Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1		
	employees? If "Yes," complete Schedule J	23	X	
24	a. 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		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25	a 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
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1 1		
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		- 1	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		- 1	
20	If "Yes," complete Schedule L, Part III	27	SEARCH IN	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a	+	X
	Cohodulo I Dod IV			v
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28Ь	+	<u> </u>
•	tions and afficient allocations described to the state of	20.	İ	v
29	Did the constitution results were the control of th	28c	_	$\frac{x}{x}$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	-+	Λ.
	announced an anatolicular and the Marie and	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	+	<u>~</u>
	Port I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	_	
	an malata Cabadula N. Dark II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-	\pm	
		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		\top	
	IV, and V, line 1	34		X
35	The new production of the control of	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,		İ	
	Part V, line 2	- 1		
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	2	K
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	7	_	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	7	>	(
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			_
	400 No.4- All Farm 000 Flore and and 10 14 O 1 1 1 O	8	x	
				_

54-1672138 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V......... Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 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 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? X 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6 b 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 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 8 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 b Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. b Gross income from other sources (Do not net amounts due or paid to other sources 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 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?..... 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? X

PAGE 5

1a Enter the number of voting members of the governing body at the end of the tax year		Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
1a Enter the number of voting members of the governing body at the end of the tax year	Se	ection A. Governing Body and Management	• • •	• •	•
1a Enfer the number of voting members of the governing body at the end of the tax year 1 a 5 b Enter the number of voting members included in lane 1a, above, who are independent 1. 1b 7 b 1 b 1 any officer, director, trustee, or key employee have a family relationship or a businesse relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization bacome aware during the year of a significant diversion of the organization bacome aware during the year of a significant diversion of the organization have members or stockholders? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization thave members or stockholders? 8 Did the organization did the stockholders? 9 Did the organization than thority to act on behalf of the governing body? 10 Did the organization than thority to act on behalf of the governing body? 11 Equivalent the governing body? 12 Eaction B. Policles (This Section Proquests information about policies not required by the Intermal Revenue Code.) 13 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 14 If Yes, does the organization have written policies and procedures governing body before filing the form? 15 Decis the organization have a written policies and procedures governing body before filing the form? 16 Decis the organization have a written policies and procedure governing bo				Ye	
b Enter the number of voting members included in line 1a, above, who are independent. 1 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees a family relationship or a business relationship with any other officer, director, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior form 900 was fator? 4 Did the organization make any significant changes to its governing documents since the prior form 900 was fator? 5 Did the organization have members or stockholders, or other persons who may elect one or more members or the governing body? 5 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body? 6 Section B. Polletes (This Section B requests information about policies not required by the Internal Revenue Code.) 9 Section B. Polletes (This Section B requests information about policies not required by the Internal Revenue Code.) 10 Does the organization have local chapters, branches, or affiliates? 11 In the organization make a written posicies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 In the organization have a written within policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 In the organization have a written within the policy? 12 Does the organization ha	1	a Enter the number of voting members of the governing body at the end of the tax year	8	237	
2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employee? 4 Did the organization make any significant changes to its governing documents since the prior form 950 was fited? 5 Did the organization become aware during the year of a significant diversion of the organization sassets? 5 Does the organization have members of stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 6 Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 B X 8 Each committee with suthority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? if "Yes," provide the memses and addresses in Schedule O 9 Section B. Policles (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 11a Has the organization have a written conflict of interest policy? 11b Describe in Schedule O the process, if any, used by the organization to review this form 990. 12c Does the organization have a written withict of interest policy? 12d Does the organization have a written withict of interest policy? 12d Does the organization have a written withict of interest policy? 12d Does the organization have a written withict of interes		b Enter the number of voting members included in line 1a, above, who are independent	7		
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703-318-0730) ;	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	(organization: MICHELLE EASTON 112 ELDEN STREET, SUITE P HERNDON, VA 20170	_	_	

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

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

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

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

(A)	(B)			(C)			(D)	(E) (F)		
Name and Title	Average hours per	Pos		(che	ck all	that ap		Reportable compensation	Reportable compensation	Estimated amount of	
	week (describe hours for related organizations in Schedule O)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1)MICHELLE EASTON PRESIDENT & DIRECTOR	40.00	x		Х				105 021			
(2) FRANK J. DONATELLI SECRETARY/TREASURER & DIRECTO				X				195,021.	0	0.	
(3) URSULA MEESE DIRECTOR	1.00							0.	0	0.	
(4) DARLA PARTRIDGE DIRECTOR	1.00	х						0.	0	0.	
	1.00	· x						, 0.	0.	0.	
(6)BARBARA WELLS KENNEY DIRECTOR	1.00	х						0.	0.	0.	
(7) KELLYANNE CONWAY DIRECTOR	1.00	х						. 0.	0.	0.	
(8) KATE OBENSHAIN DIRECTOR	2.00	х						5,000.	0	0.	
(9)											
_(10)											
_(11)											
_(12)			1								
_(13)											
_(14)							1				
(15)										·	
(16)				7		+	1			-	

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Part VII Section A. Officers, Directors, T	rustees. K	ev Er	npl	OVE	es.	and	Hia	hest Compense	tod Employees	Pag
(A)	(B)			-) -	(C)	dila	9	(D)	(E)	
Name and title	Average	Pos	ition	(che	ck alf	that ap	ply)	Reportable	Reportable	(F) Estimated
	hours per	Individual trustee or director	trus	1 9	<u>§</u>	B H	5	compensation	compensation	amount of
	week (describe	a	ite i	ğ	Key employee	ploy	Former	from	from related	other
·	hours for	용트	Jon.		탕	9 8		the	organizations	compensation
•	related	25	"		yee	l å		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	8		[Highest compensated employee		(11-2/1000-10113C)		and related
	in Schedule O)	ľ		1		ited			1	organizations
(17)										
(18)										
(19)		·								
(20)										 _
	1									
(21)										
(22)			7	7	\dashv					
(23)			+	\dashv	\dashv		\dashv			
(24)		\dashv	4	4	4	\dashv	\dashv			
			\perp	\perp						
(25)				1						
(26)			7	\top	7					
(27)		-	+	+	+	\dashv	+			
(20)			\downarrow	1	4		4			
(28)								1		
1b Sub-total C Total from continuation sheets to Part VII So							•	200,021.	0.	0.
The state of the s	CHOILY .						►[
d Total (add lines 1b and 1c)						1		200,021.	0.	0.
2 Total number of individuals (including but not li	mited to tho	se lis	ted	abo	ve)	who	rece	eived more than \$1	00,000 in	
reportable compensation from the organization		1								
										Yes No
3 Did the organization list any former office	r, director	or t	rust	ee,	ke	y em	ploy	yee, or highest	compensated	
employee on line 1a? If "Yes," complete Schedule										3 X
4 For any individual listed on line 1a, is the	sum of re	portal	ole	con	npe	nsatio	on a	and other compe	nsation from	
the organization and related organizations g	reater than	· \$15	0.0	007	' If	"Yes	." C	omnlete Schedule	I for such	新疆
individual			• •		• •	• • •	• •	• • • • • • • • • • • • • • • • • • • •		4 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes	ccrue comp	ensa	tion	fro	m a	any u	nrela	ated organization	or individual	
Section B. Independent Contractors	, complete	<u> Scriet</u>	iuie	J 10	II SL	ich pe	750	<u>n</u>		5 X
Complete this table for your five highest co compensation from the organization.	mpensated	inde	pen	den	t c	ontra	ctor	s that received n	nore than \$100,0	000 of
(A)					_	\neg	_			-
Name and business addres	s							(B) Description of service	S Com	(C)
SCHEDULEO						-+	-		Com	pensation
						+				
						1				
										
										·
? Total number of independent contractors (inclumore than \$100,000 in compensation from the or the contractors).	uding but n	ot lin	nited	d to		ose I	iste	d above) who rec	eived	
a	yamzation				1					

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.

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
•	1 Grants and other assistance to governments and			\$ ₩ ·	
	organizations in the U.S. See Part IV, line 21 .	`).		
2	2 Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22			and the	
3	3 Grants and other assistance to governments,			4	
	organizations, and individuals outside the				3.
	U.S. See Part IV, lines 15 and 16			a m	
4			•	w 3 t 1	
5	Compensation of current officers, directors, trustees, and key employees		. 114,212	50,705	. 35,
6					., 30,
_	persons (as defined under section 4958(f)(1)) and				1
	persons described in section 4958(c)(3)(B)	0	.]		
7	Other salaries and wages			. 42,414.	30,
8		- 3327.33	2137031	42,414.	30,
0	and section 403(b) employer contributions)	0		1	
9					
10			-1	6,194.	-
		30/433	25,009	0,194.	4,
11		0			
	a Management	10,190	·	10 100	
	b Legal	25,450	<u> </u>	10,190.	
	c Accounting	25,450		25,450.	
	d Lobbying	74,260.	The state of the s	Principle of the Party Control	
	Professional fundraising services. See Part IV, line 17	74,260.		the state of	74,2
1	f Investment management fees	13,697.	F 015		
9			5,015.	1,104.	7,5
12	Advertising and promotion	22,963.	19,904.		3,0
13	Office expenses	25,243.	6,640.	14,814.	3,7
14	Information technology	18,489.	12,912.	3,326.	2,2
15	Royalties	0.			
16	Occupancy	23,542.	16,560.	4,061.	2,9
17	Travel	42,249.	31,941.	5,642.	4,6
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	79,052.	74,149.	1,292.	3,6
0	Interest	12,236.	8,688.	2,080.	1,4
21	Payments to affiliates	0.			
2	Depreciation, depletion, and amortization	40,080.	28,457.	6,813.	4,8
3	Insurance	13,428.	9,534.	2,283.	1,6
	Other expenses. Itemize expenses not covered	一种的	AND THE PARTY OF	STATE OF THE STATE	AND STATES
	above (List miscellaneous expenses in line 24f. If		A A SA B		
	line 24f amount exceeds 10% of line 25, column		**************************************		
	(A) amount, list line 24f expenses on Schedule O.)	上海福港区域。	Se Service Ser		
a I	DIRECT MAIL	418,032.	355,829.		62,20
	FILMS, BOOKS, LITERATURE	2,355.	2,326.		
c F	HONORARIUMS	73,500.	73,500.		
d F	HOUSE FILE MAILINGS	111,172.	79,165.		32,00
	NEWSLETTER	18,505.	17,765.		74
	All other expenses	56,382.	52,913.	1,787.	1,68
	Total functional expenses. Add lines 1 through 24f	1,670,019.	1,215,076.	178,155.	276,78
5 5	Joint Costs. Check here ► X 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				210,10
C	campaign and fundraising solicitation	621,969.	452,759.		169,21
A 1. 0 0	00				Form 990 (20
	~88388W 3947 10/4/2011 4:13:5	59 PM V 10-8	190	- 6	PAGE

F	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	211,312		256, 789
	2	Savings and temporary cash investments	238,709	. 2	188,052
	3	Pledges and grants receivable, net	95,324	. 3	135,760
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	**************************************	. 41.21	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	66.
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons	ALL THE SER		
		described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of	Silver Co.	15	
		section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	ALL STREET, ST	6	- PARTICULAR ST. ST. ST. ST. ST. ST. ST. ST. ST. ST.
at a	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges		9	
	I -	Land, buildings, and equipment: cost or	THE PARTIES	No. of	20 3 20 miles 10 miles 10 miles
	100	other basis. Complete Part VI of Schedule D 10a 1,059,519.		TARGET STATE	
	h	Less: accumulated depreciation	659,048.		
	111	Investments - publicly traded securities			101,588.
	1			_	101,366.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	05 705
	15	Other assets. See Part IV, line 11			95,725.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,357,965.		1,401,554.
	17	Accounts payable and accrued expenses	16,874.		10,598.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities ,		20	
68	21	Escrow or custodial account liability. Complete Part IV of Schedule D	Property of the second second second	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key	。 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		
9		employees, highest compensated employees, and disqualified persons.			
-		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	197,680.	23	187,730.
	24	Unsecured notes and loans payable to unrelated third parties		24	
ı	25	Other liabilities. Complete Part X of Schedule D	57,810.		41,364.
	26	Total liabilities. Add lines 17 through 25	272,364.	26	239,692.
Ses		Organizations that follow SFAS 117, check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.		27	
<u>اڇ</u>	27	Unrestricted net assets		27	726,589.
20	28	Temporarily restricted net assets	82,257.	28	235,947.
21	29	Permanently restricted net assets	195,324.	29	199,326.
or ruing balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		4	
2	30	Capital stock or trust principal, or current funds		30	DICK THE STATE OF THE STATE OF
2		Paid-in or capital surplus, or land, building, or equipment fund		31	
3		Retained earnings, endowment, accumulated income, or other funds		32	
- 1		Total net assets or fund balances		33	1,161,862.
		Total liabilities and net assets/fund balances		34	1,401,554.
			_, _, , , , , , , ,	777	2,301,004.

Form 990 (2010)

	MIN 500 (E6.10)			Pi	age 1.
F	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,6	93,	656
2		2			019
3	Revenue less expenses. Subtract line 2 from line 1	3		23,	637
4		4	1,0	85,	601.
5		5		52,	624.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (D))	6	1,1	61,8	B62.
P	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	No
b		• • • •	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	of .	.		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		PROPERTY.	West.	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		4		
	issued on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
Ba	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule Q and describe any steps taken to undergo such audits.		3h	T	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

	f the organization	•						Em	ployer id	entifica	ation num	ber
	E BOOTHE LUCE										572138	
Part I			us (All organizations m						struction	ns.		
The org			ecause it is: (For lines 1									
1			or association of churches			sectio	n 170(Ł)(1)(A)	(i).			
2 .			o)(1)(A)(ii). (Attach Sched				•					
3			service organization desc									
4	A medical resea	rch organization o	perated in conjunction v	vith a	hospi	tal desc	cribed i	in sect	ion 170	(b)(1)	(A)(iii).	Enter th
_	hospital's name,											
5	_ section 170(b)(1))(A)(iv). (Complete								nental	unit des	cribed i
6			nt or governmental unit de									
7 X			ves a substantial part of (). (Complete Part II.)	its sup	port fi	rom a g	overnn	nental	unit or 1	from t	he gene	ral publi
8	7		tion 170(b)(1)(A)(vi). (Co	molete	Part II	١.						
9			ves: (1) more than 331/3				n contr	ibution	e mem	horchi	n foos s	nd area
	receipts from act	tivities related to it	s exempt functions - sul	niect t	o cert:	ain eyce	entione	and (3) no m	oro H	h ices, a	or of it
			come and unrelated bus									
			ine 30, 1975. See section						011 511	lax)	ווסווו טנ	isiriesse:
10			ated exclusively to test for						(4)			
11			erated exclusively for the							£ 0.	to	nud Ab
	purposes of one	or more publicly s	upported organizations d	escrib	ed in (section	509(2)	(1) or 6	cuons o	500/a	to carry	out the
			bes the type of supporting									section
	a Type I	b Type					egrated		d F	-	oe III - Ot	hor
•			t the organization is no									
-			agers and other than one									
	509(a)(1) or section		-gold and other than one	01 1111	oic pu	Diloty 3	appoi (e	u oiga	IIIZatiois	s ues	CHDEU III	section
f	, , , ,	. , , ,	en determination from th	e IRS	that i	t ie a T	vne i	Time II	or Tur	م الله م	unnarii	
•	organization, chec		or octenniation nom t	16 1110	tilat i	(13 a 1	ype i,	i ype ii	, or typ	e III s	supportii	¹⁹ —
g			nization accepted any gif	torco	 Intribut	ion from	n anv o	f the	• • • •	• • •		. Ш
9	following persons?		meetion decopied any gi	. 0, 00			u.,y U	i uic				
			ectly controls, either alor	ne or	toaeth	er with	persor	ns desc	ribed in	ı (ii)	[·	Yes No
			dy of the supported organ				P-1001	10 000	oribed ii	. ("/	11g(i)	100
			scribed in (i) above?				• • • •			• • •	11g(ii)	\dashv
			son described in (i) or (ii) a	hove?		• • • •			• • • •	• • •	11g(iii)	
h	• •	•	out the supported organization				• • • •	• • • •		• • •		
	ame of supported	(ii) EIN	(iii) Type of organization	T :	la the	(v) Did	you notify	(vi)	is the	1	di) Amour	of of
	organization	(11)	(described on lines 1-9	organi	zation in		anization	, , ,	is uie ization in	,,,	ii) Amour Support	
			above or IRC section (see instructions))	your g	listed in overning		l. (i) of upport?		organized U.S.?			
			(555 111511 25110110))	Yes	Mo	Yes	No	Yes	No			
				1.00	110	1.00		103	110			
4)												
3)												
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otal										-		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Se	ction A. Public Support		VERNESS E				
membership fees received. (Do not include ary 'unusual grants.')	Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total: Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount ahown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Callendar year (or fiscal year beginning in)	1	membership fees received. (Do not		1,832,689.	1,382,510.	2,157,302.	1,586,331.	8,453,375.
furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3	2	benefit and either paid to or expended on						
Total Support of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support. Subrard line 5 from line 4. 9 Public support. Subrard line 5 from line 4. 9 Calendar year (or fiscal year beginning in) 1,494,543 1,922,689 1,382,580 1,382,580 2,157,302 1,586,321 8,657 3,326 57,783 8,5322 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Pert IV) . 10 Gross receipts from related devilities, etc. (see instructions) . 11 First five years. If the Form 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c(3)) argumentation, check this box and stop here. The organization did not check a box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Pert IV) . 10 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . 11 First five years. If the Form 980 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c(3)) . 12	3	furnished by a governmental unit to the					200	
The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	4	Total. Add lines 1 through 3		1,832,689.	1,382,510.	2,157,302.	1,586,331.	8,453,375.
person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support Subtract line 5 from line 4. 8 Caction B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Cross income from linerest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). 10 Gross receipts from related activities, etc. (see instructions) 11 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(e)(3) organization, check this box and stop here 14 B9.31 y/s 8 Section C. Computation of Public Support Percentage 14 Public support percentage from 2009 Schedule A, Part II, line 14. 15 Sal 331/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, thick this box and stop here. The organization qualifies as a publicly supported organization 15 Sal 331/3 % support test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% facts-and-circumstances test - 2010. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organization qualifies as a publicly supported organizatio	5	The portion of total contributions by each	Let Y	(. () . () . () . ()				
publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). 8 Public support. Subtract line 6 from line 4. 8 Certion B. Total Support Celendar year (or fiscal year beginning in) 1		•						
on line 1 that exceeds 2% of the amount shown on line 11, column (f),								
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								
Section B. Total Support Calendar year (or fiscal year beginning in) Amounts from line 4 1,494,543. 1,892,689. 1,382,510. 2,157,302. 1,586,331. 8,453,375. 8 Gross income from interest. dividends, payments received on securities loans, remis, royalties and income from similar sources 9 Net income from unrelated business activities. whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets [caplain in Part IV). 11 Total support. Add lines 7 through 10. 2 Gross receipts from related activities, etc. (see instructions). 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization, check this box and stop here. 14 Public support percentage from 2009 Schedule A, Part II, line 14. 15 80.12 % 16 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 17 Amounts from unrelated activities. 16 331/3% support test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization unalifies as a publicly supported organization qualifies as a publicly supported organization qual		shown on line 11, column (f)						558,091.
Calendar year (or fiscal year beginning in) (a) 2005 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total Amounts from line 4 1,494,543. 1,832,699. 1,382,510. 2,157,302. 1,586,331. 8,453,375. Grass income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). Gross receipts from related activities, etc. (see instructions) Total support. Add lines 7 through 10. Total support percentage from 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 4 Public support percentage from 2009 Schedule A, Part II, line 14. 15 88.12 9. 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization dualifies as a publicly supported organization. 10 Characts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. The organization of the facts-and-circumstances as a publicly supported organization. 10 Characts-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 organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicl	6_	Public support. Subtract line 5 from line 4.	5.55 Sep. 400 S. 200			and the second	en e l'algrende de la	7,895,284.
Amounts from line 4	Sec	tion B. Total Support						
Amounts from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 15 Bestion C. Computation of Public Support Percentage 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)). 15 Bestion C. Support percentage from 2009 Schedule A, Part II, line 14. 16 33/13% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33/13% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33/13% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 18 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 meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and s	Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
payments recelved on securities loans, rents, royalities and income from similar sources. Net income from unrelated business sctivities, whether or not the business is regularly carried on	7	Amounts from line 4	1,494,543.	1,832,689.	1,382,510.	2,157,302.	1,586,331.	8,453,375.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	8	payments received on securities loans, rents, royalties and income from similar	734.	14,822.	8,657.	3,326.	57,783.	85,322.
toss from the sale of capital assets (Explain In Part IV.). Total support. Add lines 7 through 10	9	Net income from unrelated business activities, whether or not the business		·				
Total support. Add lines 7 through 10	10	loss from the sale of capital assets	107,359.	46,964.	62,042.	35,330.	49,542.	301,237.
Gross receipts from related activities, etc. (see instructions). First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						8,839,934.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))							12	0.
Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	lon's first, secon	d, third, fourth,	or fifth tax year		
Public support percentage from 2009 Schedule A, Part II, line 14 Public support percentage from 2009 Schedule A, Part II, line 14 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	Sec							00 21
16a 331/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	14	Public support percentage for 2010 (li	ne 6, column (f)	divided by line	11, column (f))			
this box and stop here. The organization qualifies as a publicly supported organization b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		Public support percentage from 2009	Schedule A, Pa	rt II, line 14				
b 331/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	16a							
check this box and stop here. The organization qualifies as a publicly supported organization. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		this box and stop here. The organization	on qualifies as a	publicly suppor	ted organization	"		
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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	Ь	331/3% support test - 2009. If the o	rganization did	not check a bo	ox on line 13 o	r 16a, and line	15 is 331/3% (or more,
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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		check this box and stop here. The orga	anization qualifie	es as a publicly s	supported organ	nization		▶ 🗀
Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	17a	10%-facts-and-circumstances test - 2	010. If the orga	nization did not	check a box on	line 13, 16a or	16b, and line 14	is 10%
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		or more, and if the organization me	ets the "facts-	and-circumstance	es" test, checl	k this box and	stop here. Ex	plain in
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions IN 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization IN 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
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 organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		organization						▶ 🗀
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b	10%-facts-and-circumstances test - 2	009. If the org	anization did no	ot check a box	on line 13, 16a	, 16b, or 17a,	and line
Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		15 is 10% or more, and if the orga	inization meets	the "facts-and	-circumstances"	test, check th	is box and sto	p here.
supported organization		Explain in Part IV how the organization	on meets the "f	acts-and-circum	stances" test. T	he organization	qualifies as a	publicly
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		supported organization						▶ 🔲
instructions	18	Private foundation. If the organization	n did not check	k a box on line	13, 16a, 16b,	17a, or 17b, o	heck this box	and see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ection 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	5					
	received. (Do not include any "unusual grants.")	1	1				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the			•			J
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an						
_	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
•	benefit and either paid to or expended on		ļ				[
	its behalf			1			
5	The value of services or facilities						
Ū	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			1			
	received from other than disqualified persons that exceed the greater of			1			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
_	for the year						
8	Add lines 7a and 7b	AD 22			The second	in the state of	
٠	line 6.)	of a			ds In		
Sec	tion B. Total Support		the law of the same of person of the same	المرابي والمرابية		2) 3 LS	
	alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6					(0,20.0	(1) 10101
	Gross income from interest, dividends,						
	payments received on securities loans,					ľ	
	rents, royalties and income from similar sources						
b	Unrelated business taxable income (less						
_	section 511 taxes) from businesses	22					
	acquired after June 30, 1975				ľ		
c	Add lines 10a and 10b						
11	Net Income from unrelated business						
•	activities not included in line 10b,				1	ľ	
	whether or not the business is regularly				1	İ	
	Carried on						
2	Other income. Do not include gain or loss from the sale of capital assets			1	i	i	
	(Explain in Part IV.)					1	•
3	Total support. (Add lines 9, 10c, 11,			· · · · · · · · · · · · · · · · · · ·			
•	and 12.)			- 1			
4	First five years. If the Form 990 is for	the prognization	s first second	third, fourth or f	lifth tay year on	a section 501/5	1/31
•	organization, check this box and stop here.						
ect	ion C. Computation of Public Sup						
	Public support percentage for 2010 (line 8,			n (f))		15	%
	Public support percentage from 2009 Scheo					16	%
	ion D. Computation of Investment						
_	Investment income percentage for 2010 (lin			3, column (fi)	14	7	%
	Investment income percentage from 2009 S					8	. %
	331/3% support tests - 2010. If the orga						
	17 is not more than 331/3%, check this						
	331/3% support tests - 2009. If the organ						
	line 18 is not more than 331/3%, check t						
	Private foundation. If the organization di						
				,,,		and see msnuc	

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

SCHEDULE A, PART II -	OTHER INCO	ME				
DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
LIST RENTAL INCOME	16,752.	34,546.	25,989.	17,488.		94,775.
HONORARIUM CONTRIBUTIONS	89,000.	12,465.	23,210.	15,050.	49,495.	189,220.
MISCELLANEOUS INCOME	1,607.	-47.	12,843.	2,792.	47.	17,242.
TOTALS	107,359.	46,964.	62,042.	35,330.	49,542.	301,237,

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

CLARE BOOTHE LUCE POLICY INSTITUTE 54-1672138 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 pólitical organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules [X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (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.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

o, 2010 Open to Public	Employer identifica	Inspection
o, 20 10		Open to Public
	0,	2010

C:	LARE BOOTHE LUCE POLICY INSTITUTE		54-1672138
Р	organizations Maintaining Donor Advorganization answered "Yes" to Form S	rised Funds or Other Similar Funds or 1990, Part IV, line 6.	Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate contributions to (during year)		
4			
5	Aggregate value at end of year	duinous in societies that the appare hald in the	
5	Did the organization inform all donors and donor a		
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	used only for charitable purposes and not for the b		
	purpose conferring impermissible private benefit?	About a second and the second and th	Yes No
P	Conservation Easements. Complete if		orm 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (e.g., recre		f an historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		20070
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	·	2b
C	Number of conservation easements on a certified h	nistoric structure included in (a) L	2c
d	Number of conservation easements included in (c)	acquired after 8/17/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or termina	ted by the organization during the
	tax year ▶		
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy regardi	ng the periodic monitoring, inspection, han	dling of
	violations, and enforcement of the conservation eas	sements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, in:	specting, and enforcing conservation ease	ments during the year
			
7	Amount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year
	> \$	•	
В	Does each conservation easement reported on line	2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)
	(i) and 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports of	conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of	the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easemen	ts.	
Pai	t III Organizations Maintaining Collections		Similar Assets.
	Complete if the organization answered "	Yes" to Form 990, Part IV, line 8.	
la	If the organization elected, as permitted under SFA	AS 116 (ASC 958), not to report in its re	venue statement and balance sheet
	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar public service, provide, in Part XIV, the text of the form	assets held for public-exhibition, educa	ition, or research in furtherance of
	·		
b	If the organization elected, as permitted under SI works of art, historical treasures, or other similar		
	public service, provide the following amounts relatin		mon, or research in furtherance of
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
,	If the organization received or held works of art,		
•	following amounts required to be reported under SF		solo ioi imanolai galli, provide tile
2	Revenues included in Form 990, Part VIII, line 1		b c
a b	Assets included in Form 990, Part X		
	aperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2010
J. 1	apertueri, italiani i i i i i i i i i i i i i i i i i i		

P	art III Organizations Maintai	ning Collections	of Art, Histo	orical	Treasure	s, or O	ther Similar	Assets	(continued)
3	Using the organization's acquisit collection items (check all that ap	tion, accession, ar	nd other reco	ords, c	heck any o	of the fo	ollowing that	are a si	gnificant use of its
:	Public exhibition		a [7	Loan or ex	change	programs		
_	Scholarly research	*	e –	_	Other				
	Preservation for future g	enerations							
4	Provide a description of the orga		ions and evol	lain ho	w they fu	ther th	e Organization	de evem	nt numaca in Dad
7	XIV.	unization o concoti	one and exp	iaiii iic	, w they ru	ther th	o Organization	15 exem	br baihose in Part
5	During the year, did the organizat	ion solicit or receiv	e donations	of art	historical tr	escures	Or other simi	ilos	
3	assets to be sold to raise funds ra								
D.									
	line 9, or reported an a					allowe	ed res to		190, Partiv,
1 a	Is the organization an agent, trust	ee, custodian or ot	ther intermed	iary fo	r contributi	ons or o	other assets no	ot	
	included on Form 990, Part X?								Yes No
b	If "Yes," explain the arrangement i	n Part XIV and cor	nplete the fol	llowing	table:				
							A	mount	····
c	Beginning balance					1c			
d	A 1 Date of the Alexander								
е	m 1 + 21 + 12 + 1 + 1 + 1 + 1 + 1 + 1 + 1					$\overline{}$			
f	Ending balance				,	-			
	Did the organization include an an								Yes No
	If "Yes," explain the arrangement in						=-	[
	rt V Endowment Funds. Cor		zation answe	ered "	Yes" to Fo	rm 990). Part IV. line	10	
		(a) Current year	(b) Prior ye		(c) Two year		(d) Three year		(e) Four years back
1a	Beginning of year balance	195,324.		579.	16	33,579.		B. H. S. S. S. S.	AND RESERVED AND ADDRESS.
b	Contributions	436.		745.		,			
C	Net investment earnings, gains,		,						
	and losses		1	ļ					
d	Grants or scholarships		1						
e	Other expenditures for facilities .								TO THE RESERVE OF THE PARTY OF
·	and programs		Į.						
f	Administrative expenses							Service Service	
	End of year balance	195,760.	105	324.	10	3,579.			
2	Provide the estimated percentage				10	3,313.	ROSS PROPERTY.	经财间等损害	HE HAND TO BE AND THE
_	Board designated or quasi-endown		%						
	Permanent endowment ► 100.0		"						
	Term endowment ▶	%							
	Are there endowment funds not in		the organiza	tion th	at are held	and ac	iministered for t	the	
-	organization by:	and possession of	o organiza				······································	,,,,,	Yes No
	(i) unrelated organizations								3a(i) X
	(ii) related organizations								3a(ii) X
h	If "Yes" to 3a(ii), are the related org								3b -
4	Describe in Part XIV the intended u								00
Par									
Ιαι	. Description of investment	(a) Cost	or other basis estment)		st or other bas (other)		Accumulated depreciation	(d) Book value
1a	Land	`	-		87,08				87,085.
ra b	Buildings				709,28		195,846.		513,440.
	Leasehold improvements				,		230,030		313,410.
	Equipment				117,95	6	99,211.		18,745.
	Other				145,19		140,822.		4,370.
	. Add lines 1a through 1e. (Column		m 000 Port \	/ cali:					
otal	. Add lifes to through te. (Column	(u) musi eyuai F0i	ını 330, Fail /	, colu	ini (b), iiile	10(0).).			623,640.

Part VII	Investments - Other Securities. See F	<u>orm 990, Part X, li</u>	ine 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		
(2) Closely	-held equity interests		
(3) Other			
(B)			
(C)			
/E\			
(F)		<u>-</u>	
(G)			
(H)			
(I)			
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)		The All Address of the Address of the All Address of the All Address of the All Address of the All Address of the All Address of the All Address of the Address of the All Address of the All Address of the All Address of the All Address of the All Address of the All Address of the Address of the All Address of the All Address of the Address of the All Address of the Addr
Part VIII	Investments - Program Related. See Fo	orm 990. Part X. lir	ne 13.
-	(a) Description of investment type	(b) Book value	(c) Method of valuation:
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(D) DOOK Talde	Cost or end-of-year market value
(1)		·	
(2)			
(3)	-		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
	(b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line	n 15	
Tartix			
(1) OTHER	ASSETS	escription	(b) Book value
	ICIAL INT REMAINDER TRUST	-	742
(3)	ZOZIIZ INI NBIRINDEN INODI		94,983
(4)			
(5)			
	· · · · · · · · · · · · · · · · · · ·		
(6)			
(7)			
(8)		`	
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
	n) must equal Form 990, Part X, col. (B) line 15.)		95,725.
Part X C	Other Liabilities. See Form 990, Part X, I	ne 25.	
	(a) Description of liability	(b) Amount	
(1) Federal	income taxes		一类是一种的一种,但是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一
(2) GIFT A	NNUITY LIABILITY	41,3	64.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
9)			
10)			
11)			
	a) must equal Form 990, Part X, col. (B) line 25.)	41,30	64
			The state of the s
FIN 48 (ASC	C 740) Footnote. In Part XIV, provide the text	of the footnote to the	ne organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). $\frac{JSA}{0E1270\ 1.000} 88388W\ 3947\ 10/4/2011\ 4:13:59\ PM\ V\ 10-8$

SEE P	ACE 5				
SEE FA	NGE J	 	 	 	
	:	 	 		
			•		

Schedule D (Form 990) 2010

PURPOSE OF ENDOWMENT

PART V LINE 4

THE ENDOWMENT IS TO PROVIDE FUNDING FOR AN ANNUAL INTERNSHIP.

TEXT OF FIN 48 FOOTNOTE FROM FINANCIAL STATEMENTS

PART X LINE 2

THE INSTITUTE EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2010 AND 2009, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE INSTITUTE RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2007 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

OTHER

PART XI LINE 8

CHANGE IN VALUE OF ANNUITIES \$35,128

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047 Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer Identification number

Fundraising Activities		nizotion	00000000	1 IIV - II 4 - F -	54-167213	38
Part I Fundraising Activities. Form 990-EZ filers are	not required to com	olete this	answered Spart	"Yes" to Form	990, Part IV, line	17.
1 Indicate whether the organization	n raised funds through	any of the	e following	activities Check	all that and	
a A Mail solicitations	e	So	licitation of	non-government	an mai appiy. Grante	
b X Internet and email solicitation	ons f	So	licitation of	government grant	grants	
c Phone solicitations	· g			aising events		•
d In-person solicitations						
2a Did the organization have a writt or key employees listed in Form	en or oral agreement (990, Part VII) or entity	with any i	ndividual (ir	ncluding officers, o professional fundra	firectors, trustees	X Yes N
b If "Yes," list the ten highest paid compensated at least \$5,000 by	individuals or entities (
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody	indraiser have or control of ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
HSP DIRECT		Yes	No		col. (i)	
HERNDON, VA 20170	DIRECT MAIL	1	x	303 600		
2	DIABOT IMI	-	1^	393,622.	74,260.	319,002
3						
4						
4		}				
5						
6						
7						
8						
9						
9						
10						
Total	 	<u> </u>		393,622.	74.000	
3 List all states in which the organiz	ration is registered or	licensed	to solicit o	contributions of he	74,260	319,002.
registration or licensing. AR, FL, MN, PA, SC, VA, WA	,	noonoca	to solicit c	ontributions of ha	s been notified it	is exempt from
						•

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

Schedule G (Form 990 or 990-EZ) 2010

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through
9		(event type)	(event type)	(total number)	col. (c))
Poved	1 Gross receipts				
ď	2 Less: Charitable contributions				
	3 Gross income (line 1 minus				
_	line 2)				
	4 Cash prizes				
	5 Noncash prizes				
S	1				
Sens(6 Rent/facility costs			-	
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4	through 9 in column (d)	>	(
Pa	11 Net income summary. Combine line 3 rt III Gaming. Complete if the org	anization answered	"Yes" to Form 990. Pa	art IV. line 19 or ren	orted more
	than \$15,000 on Form 990-E	Z, line 6a.			orted more
	r				
eune		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 Gross revenue		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 Gross revenue		(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
			(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	2 Cash prizes		(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Expenses	2 Cash prizes		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
ct Expenses	2 Cash prizes		bingo/progressive bingo		col. (a) through col. (c)
ct Expenses	2 Cash prizes		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (c)
ct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes O	bingo/progressive bingo Ves% No	Yes%	col. (a) through col. (c)
ct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to	Yes9 No hrough 5 in column (d	bingo/progressive bingo Yes% No	Yes% No	col. (a) through col. (c)
ct Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Combine	Yes9 No hrough 5 in column (de line 1, column d, and	bingo/progressive bingo Yes% No line 7	Yes% No	col. (a) through col. (c)
Ollect Expenses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 t 8 Net gaming income summary. Combine Enter the state(s) in which the organizatio	Yes 9 No hrough 5 in column (de line 1, column d, and	bingo/progressive bingo Yes% No line 7	Yes% No	col. (a) through col. (c)
a a	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Combine Enter the state(s) in which the organization is the organization licensed to operate gain	Yes	bingo/progressive bingo Yes% No line 7	Yes% No	col. (a) through col. (c)
d a b	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Combine Enter the state(s) in which the organization is the organization licensed to operate gall if "No," explain:	Yes9 No hrough 5 in column (de line 1, column d, and and appearates garning activities in each	bingo/progressive bingo Yes% No line 7	Yes% No	col. (a) through col. (c)
a b	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 to 8 Net gaming income summary. Combine Enter the state(s) in which the organization is the organization licensed to operate gains in the organization income summary. Combine is the organization licensed to operate gains. Were any of the organization's gaming licenses.	Yes	bingo/progressive bingo Yes% No line 7	Yes % No	Yes No

Sche	dule G (Form 990 or 990-EZ) 2010 Page
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	
b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address >
15a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the third party.
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$
Part	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer identification number 54-1672138

P	art I Questions Regarding Compensation			
	1a Check the appropriate box(es) if the organization provided any of the following to a few		Ye	8 N
	the organization provided ally of the inflowing to or for a hereon listed in Form	636	i Sia	相談
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		E	
	First-class or charter travel Housing allowance or residence for personal use		ly.	多級
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	SASE.		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		3.	
2	oxposition of the contract of	1b		100000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which if any of the following the annualization		. 5	#150
•	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.	8		
	V o	1	. 3	y 3480
	vvritten employment contract	10	378 CAG	291
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations	EL .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
	Approval by the board or compensation committee	-		72.0
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:	Ä.	1	1
	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
Ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4 b		Х
C	Farticipate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	if res to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	A.	i isr	T :
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			# - ZE
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		Line.	- D
	compensation contingent on the revenues of:	- The state of the	See	The second second
а	The organization?	5a	: Wight	X
b	Any related organization?	5b	\neg	X
	in res to line 5a of 5b, describe in Part III.		1127	T.
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	整	14	200
	compensation contingent on the net earnings of:	2	3	Table 1
а	The organization?	6a	10 To 17 To 10	Х
b	Any related organization?	6b	\rightarrow	<u>x</u>
	i res to me da di db, describe il rait in.	1. (1.)	33.5	" je
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	ELIZACIO E		
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject.	-	-	
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes" describe			
	in Partiil	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_	-	-
	Regulations section 53.4958-6(c)?	9	- 1	

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

1-1

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B)	Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	Compensation	1000			
(A) Name	(I) Base compensation	sse Isation	(ii) Bonus & incentive compensation	(III) Other reportable	(C) Kettrement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or
				compensation				Form 990-EZ
	1	<u>.</u> i	0.		0	C	195 021	
1 MICHELLE EASTON (II)		0		0	0	0		
								0
2 (11)			ĺ					
8								
3 (11)								
4	1				+			
5	 							
(II)	2							
<u> </u>	1							
7					+			
8								
8								
	1				1			
-							1	
10 (11)				1				
11 (11)		_			+	+		
<u> </u>								
12 (II)) 			+	+		
13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
		- 						
15				~				
16								
-								

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Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

Part III Supplemental Information

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PAGE 29

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CLARE BOOTHE LUCE POLICY INSTITUTE

Employer Identification number 54-1672138

PROCESS OF REVIEW FOR 990

PART VI #11B

ALL MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS AS WELL AS THE LEGAL COUNSEL REVIEW THE FORM 990 PRIOR TO ITS FILING WITH THE IRS.

DETERMINING COMPENSATION

PART VI, #15B

THE COMPENSATION COMMITTEE OF THE BOARD WHICH INCLUDES BOARD MEMBERS WHO DO NOT HAVE A FINANCIAL OR CONFLICT OF INTEREST MET TO DISCUSS THE PRESIDENT'S SALARY. THE COMMITTEE REVIEWS COMPARABLE PAY SCALES FOR CEOS OF NUMEROUS OTHER MAJOR CONSERVATIVE NON-PROFIT ORGANIZATIONS. COMMITTEE REFERENCES TO FORM 990S OBTAINED FROM GUIDESTAR AND SALARIES REPORTED ON CHARITY NAVIGATOR'S INTERNET SITE. THE COMMITTEE CONSIDERS THE PRESIDENT'S EXCLUSIVE AND FULLTIME COMMITMENT TO THE ORGANIZATION, SEVENTEEN YEARS EXPERIENCE AS A FOUNDATION EXECUTIVE, TRAINING AS AN ATTORNEY, PRESIDENTIAL APPOINTMENTS CONFIRMED BY THE US SENATE, EXTENSIVE CONTACTS IN THE CONSERVATIVE COMMUNITY, AND THE HOURS WORKED AS FACTORS IN SETTING THE SALARY AND BENEFITS. THE LAST YEAR THIS PROCESS WAS UNDERTAKEN WAS 2010. THERE WAS CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

DISCLOSURE OF DOCUMENTS

PART VI, LINE 19

OUR FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC VIA OUR WEBSITE.

Employer identification number 54-1672138

OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT CURRENTLY

AVAILABLE TO THE PUBLIC.

OTHER CHANGES IN NET ASSETS

990 PART XI LINE 5

CHANGE IN VALUE OF ANNUITIES

\$35,128

UNREALIZED GAIN ON INVESTMENTS

\$17,496

TOTAL OTHER CHANGES IN NET ASSETS \$52,624

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

SISK MAILING SERVICES 203 LOG CANOE CIRCLE STEVENSVILLE, MD 21666 DIRECT MAILING

115,969.

TOTAL COMPENSATION

115,969.

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 a	re filing for an Automatic 3-Month Extension	, complete	only Part I and check this box		X
Do not con	nplete Part II unless you have already been gr	ranted an a	ension, complete only Part II (on pag automatic 3-month extension on a pr	ge 2 of this form). eviously filed Form 88	68.
8868 to re Return for instructions	filing (e-file). You can electronically file Form on required to file Form 990-T), or an additional and the electronic file and the Transfers Associated With Certain Person (c). For more details on the electronic filing of	e forms lis al Benefit this form, v	ted in Part I or Part II with the exce Contracts, which must be sent the contracts, which must be sent the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts on the contracts of the contracts on the contracts of the contract of the contracts of the contracts of the contract of	e. You can electronical eption of Form 8870,	ally file Form Information
Parci A	utomatic 3-Month Extension of Time. C	niv subm	it original (no copies needed)		ipronis.
A corporati Part I only	on required to file Form 990-T and requestin	g an auton	natic 6-month extension - check this		▶□
	rporations (including 1120-C filers), partners ne tax returns.	inips, кымі	Cs, and trusts must use Form 7004 to	request an extension	of time
*	Name of exempt organization				
Type or				Employer identification	n number
print	CLARE BOOTHE LUCE POLICY IN Number, street, and room or suite no. If a P.O. b	STITUTE	and the second s	54-1672138	3
File by the due date for		ox, see instru	ictions.		
filing your	112 ELDEN STREET, STE P				
return. See	City, town or post office, state, and ZIP code. Fo	r a foreign a	ddress, see instructions.		
instructions.	HERNDON, VA 20170				
	eturn code for the return that this application	is for (file	a separate application for each return))	. 01
Application		Return	Application		Return
is For		Code	Is For		Code
Form 990		01	Form 990-T (corporation)		07
Form 990-BI		02	Form 1041-A		
Form 990-E2		03	Form 4720		08
Form 990-PF		04	Form 5227		09
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		10
	(trust other than above)	06	Form 8870		11
	are in the care of MICHELLE EASTO				12
relephone	No. ► 703 318-0730	_ f	AX No. ▶		
If the orga	nization does not have an office or place of t	ousiness in	the United States, check this box		. ▶ 🗐
11 (1112 12 10	i a Group Return, enter the organization's fol	ır diait Gro	up Exemption Number (GEN)	IS Alb.:	
a list with the	names and EINs of all members the extension	it is for pa on is for.	rt of the group, check this box	> and atta	ch
1 I reques	t an automatic 3-month (6 months for a corp	poration re	quired to file Form 990-T) extension o	of time	_
until	$\frac{00/15}{100}$, $\frac{20}{11}$, to file the ϵ	exempt org	anization return for the organization r	named above. The ex	ension is
for the c	rganization's return for:				
	alendar year 20 <u>10</u> or ax year beginning				
▶ t	ax year beginning	, 20	, and ending	, 20 .	
2 If the tax	year entered in line 1 is for less than 12 mo			nal return	
3a If this a	oplication is for Form 990-BL, 990-PF, 990	T 4720	or 6060 costs the test till		
nonrefun	dable credits. See instructions.	J-1, 4720,	or 6069, enter the tentative tax, le	ess any	
		4720	0000	3a \$	
ostimate	application is for Form 990-PF, 990-T,	4/2U, or	ouog, enter any refundable cred	its and	
e Palan-	tax payments made. Include any prior year	overpayme	ent allowed as a credit.	3b \$	
c balance	Due. Subtract line 3b from line 3a. Include y	our payme	nt with this form, if required, by using	EFTPS	_
(Electron	ic Federal Tax Payment System). See instruct	ions		3c \$	
payment instru		tndrawal v	vith this Form 8868, see Form 845	3-EO and Form 8879	9-EO for
	Reduction Act Notice, see Instructions.			Form 8868 (Re	ev. 1-2011)
JSA					

Form 8868 (Re					Page
If you are	e filing for an Additional (Not Automatic) 3-N	lonth Exte	nsion, complete only Part II and che	ck this box	X
Note. Only	complete Part II if you have already been gra	anted an au	itomatic 3-month extension on a pre	viously filed Form 886	8.
Part II	e filing for an Automatic 3-Month Extension,	vtonsion	only Part I (on page 1).		
Type or	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).				
print	CLARE BOOTHE LUCE POLICY INSTITUTE			Employer identification number 54-1672138	
File by the		Number, street, and room or suite no. If a P.O. box, see instructions.			
extended due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions					
return. See instructions.	HERNDON, VA 20170	a roreign ac	dieds, see instructions.		
matracaons.	202.0				
Enter the Re	eturn code for the return that this application	is for (file a	a separate application for each return)	· · · · · · · · · · · · · · · · · · ·	01
Application		Return	Application		Det
Is For			Is For		Return
Form 990		01	THE PARTY OF THE P		Code
Form 990-BL		02	Form 1041-A	TWEET TO THE TENED OF THE THE TENED OF THE T	08
Form 990-EZ		03	Form 4720		
Form 990-PF		04	Form 5227		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069		
Form 990-T (trust other than above)		06	Form 8870		11
STOP! Do no	ot complete Part II if you were not already	granted an	automatic 3-month extension on a	previously filed Form	1 886R
The books	are in the care of MICHELLE EASTO	N		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Telephone		F	AX No. ▶		
If the organ	nization does not have an office or place of t	ousiness in	the United States, check this box		
It this is to	r a Group Return, enter the organization's fou	ır digit Gro	up Exemption Number (GEN)	If this	s is
or the whole	group, check this box	it is for pa	rt of the group, check this box	▶ and atta	
ist with the na	ames and EINs of all members the extension	is for.			
	quest an additional 3-month extension of time until 11/15 , 20 11				
5 For calendar year 2010, or other tax year beginning, 20 , and ending 20					
	x year entered in line 5 is for less than 12 mo	onths, check	reason: Initial return	Final return	
	ange in accounting period				
	State in detail why you need the extension THE TAXPAYER IS AWAITING THIRD PARTY				
INFORM	MATION NECESSARY TO FILE A CON	MPLETE A	AND ACCURATE RETURN.		
0 (6 (1):	li di di di di di di di di di di di di di				
	pplication is for Form 990-BL, 990-PF, 990)-T, 4720,	or 6069, enter the tentative tax, I	ess any	
	ndable credits. See instructions. application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
b if this a	application is for Form 990-PF, 990-T,	4720, or	6069, enter any refundable cred	lits and	
estimate	d tax payments made. Include any prio	r year ov	erpayment allowed as a credit a	ind any 🌉	
	paid previously with Form 8868.			8b \$	_
c Balance	Due. Subtract line 8b from line 8a. Include y	our payme	nt with this form, if required, by using	EFTPS	
(Electron	ic Federal Tax Payment System). See instruc	**		8c \$	
	Signa	iture and	Verification		
ider penaities of s true, correct, ar	f perjury, I declare that I have examined this form, in nd complete and that I am authorized to prepare this form	cluding accor	npanying schedules and statements, and to t	he best of my knowledge	and belief,
) I suit suit suit suit suit suit suit suit	Ī			1
	1/11/11/11)	000	0.1-	1,,
gnature -	1 June ()	/	Title > CF	Date ► X/S /	(
		-		Form 8868 (R	ev. 1-2011)
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