Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2010
Open to Public

OCT 1, 2010 and ending SEP 30, 2011 A For the 2010 calendar year, or tax year beginning C Name of organization D Employer identification number Address change THE BOOK ARTS PRESS, INC. Name change **_***** RARE BOOK SCHOOL Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 114 ALDERMAN LIBRARY 924-8851 (434)Amended 706,142. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-CHARLOTTESVILLE, VA 22904 H(a) Is this a group return pending F Name and address of principal officer: MICHAEL F. SUAREZ Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ▶ WWW.RAREBOOKSCHOOL.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Other > L Year of formation: 1983 M State of legal domicile: VA Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part V), line 15) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 23 5 6 Total number of volunteers (estimate if necessary) 16 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 346,300. 419,900. Contributions and grants (Part VIII, line 1h) Revenue 272,617. 240,865. Program service revenue (Part VIII, line 2g) 145,547. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,479. 7,611. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 741,191. 700,128. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 182,148. 255,256. Expenses 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 326,939. 357,395. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 509,087. 612,651. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 232,104. 87,477. Revenue less expenses. Subtract line 18 from line 12 Assets or la Balances **Beginning of Current Year** End of Year 1,649,325. 1,865,023. 20 Total assets (Part X, line 16) 21,792. 17,366. 21 Total liabilities (Part X, line 26) 627,533. 847,657. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Michael Vi frances Signature of officer Sign MICHAEL F. SUAREZ, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Date Check Print/Type preparer's name Preparer's signature 2/1/12 allet 0 MATTHEW J. DEAN self-employed Paid Firm's name HANTZMON WIEBEL LLP, CPA'S Preparer Firm's EIN Firm's address 818 E. JEFFERSON ST., P.O. BOX 1408 Use Only CHARLOTTESVILLE, VA 22902 (434)296 - 2156Phone no. X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

459,353.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f			v	
10	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	Х	
	Schedule D, Parts XI, XII, and XIII	12a	Λ	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	1		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		- 1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	17		
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

(A.T.	Checking of Required Continues	T	V	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
2.1	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			Х
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Λ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
200	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? 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		4	
	Schedule L, Part III	27	********	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 1		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		41	
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

	7, 4				1	
	5 to the control of Decoration Control of the contr	1	31		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					
C				1c		
0-	(gambling) winnings to prize winners?			10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	20	23			
	filed for the calendar year ending with or within the year covered by this return			2b	Х	10000000
b				20	21	
^	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction			20		X
3a				3a	-	Λ
			itu over e	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			10		X
1	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nu) :	4a		Λ
b	If "Yes," enter the name of the foreign country:	A = = = 1	-10			
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					Х
5a				5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction that it was only a party to a prohibited tax shelter transaction that it was only a party to a party			5b		Λ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			60		Х
	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions.			6a		21
D			rgiits	6h		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	nvione n	rouided to the payor?	7a		Х
a				7b		21
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			70		
C	to file Form 8282?			7c		Х
4	If "Yes," indicate the number of Forms 8282 filed during the year	1 1		,,,		
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		+7	7e	PO000000000	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		The second secon	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	,				
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	33335333	55555555555
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	066	
				Form	990 (2010)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year 15 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this is done X 13 13 Does the organization have a written whistleblower policy? X Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Own website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION - (434) 924-8851 114 ALDERMAN LIBRARY, CHARLOTTESVILLE, VA 22904

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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) Name and Title	(B) Average hours per	(c	heck	Pos			oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	1 =	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
MR. WILLIAM T. BUICE, III CHAIR	2.50	X		X				0.	0.	0.
MR. ROBERT A. GROSS VICE-CHAIR	2.50	Х		Х				0.	0.	0.
MS. ALICE D. SCHREYER SECRETARY	2.50	X		Х				0.	0.	0.
MS. JOAN M. FRIEDMAN TREASURER	2.50	Х		Х				0.	0.	0.
MR. TERRY BELANGER DIRECTOR	2.50	Х						0.	0.	0.
MR. JOHN ROBINSON BLOCK DIRECTOR	2.50	Х						0.	0.	0.
MR. JOHN T. CASTEEN DIRECTOR	2.50	Х						0.	0.	0.
MR. GIOVANNI FAVRETTI DIRECTOR	2.50	X						0.	0.	0.
MR. DON FRY DIRECTOR	2.50	X				ä		0.	0.	0.
MR. PETER HERDRICH DIRECTOR	2.50	Х		Ė				0.	0.	0.
MS. MARY C. SCHLOSSER DIRECTOR	2.50	Х						0.	0.	0.
MR. ARTHUR L. SCHWARZ DIRECTOR	2.50	Х						0.	0.	0.
MS. CAROLYN L. SMITH DIRECTOR	2.50	Х						0.	0.	0.
MR. HANS E. TAUSIG DIRECTOR	2.50	Х						0.	0.	0.
MS. KARIN WHITTENBORG DIRECTOR	2.50	Х						0.	0.	0.
MR. MICHAEL F. SUAREZ PRESIDENT	40.00			Х				0.	0.	0.

032007 12-21-10

Part VII Section A. Officers, Directors	, Trustees, Key E	mple	oyee	s, a	nd	High	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per	(c		Pos all t		n t app	oly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	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
	Thurst.									
1b Sub-total						A	. ,	0.	0 .	0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)						D		0.	0.	
Total number of individuals (including becompensation from the organization)	ut not limited to th					e) wh	io re	eceived more than \$100	,000 in reportable	0
3 Did the organization list any former offi										Yes No
 line 1a? If "Yes," complete Schedule J is For any individual listed on line 1a, is the and related organizations greater than is 	e sum of reportabl	e co	mpe	ensa	tion	anc	oth		he organization	4 X
5 Did any person listed on line 1a receive rendered to the organization? If "Yes,"	or accrue comper	sati	on fi	rom	any	unr	elate	ed organization or indivi	dual for services	5 X
Section B. Independent Contractors 1 Complete this table for your five highes										sation from
the organization. NONE (A) Name and busin	ana addraga						Ī	(B) Description of se	anvices	(C) Compensation
Name and busin	ess address							Description of st	ervices	
	T. dollar									
O. Takal supply of finding data and advantage	ro (including but	o+ II	mi* c -	1 + 0 -	tho	oo lic	tod	above) who received	ore than	
Total number of independent contractor \$100,000 in compensation from the org		or iin	miec	101	(rea	above, with received ill	ore triair	Form 990 (2010)

For	m 990	(2010) THE I	BOOK ART	S PRESS,	INC.		**_***	*** Page 9
· governmenton	art VII							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
its ts	1 a	Federated campaigns	1a	no no				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, g	C	Fundraising events	1c					
gift	d	Related organizations	1d					
ıs,	е	Government grants (contribu-	tions) 1e					
tior	f	All other contributions, gifts, gran	nts, and					
ibu		similar amounts not included abo	ove 1f	419,900.				
do	g	Noncash contributions included in line	s 1a-1f: \$	35,320				
Og	h	Total. Add lines 1a-1f		>	419,900.			
				Business Code	Э			
0	2 a	TUITION REVENUE	Ξ	611600	272,617.	272,617.		
Program Service Revenue	b							
Se	c							
eve	d							
P G G	е							
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f			272,617.			
	3	Investment income (including	dividends, inte	rest, and		- 15 -		
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross Rents						
	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss) .		▶				
		Gross amount from sales of	(i) Securities					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses		The part of the				
	С	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
eni	8 a	Gross income from fundraisin						
Other Revenue		including \$contributions reported on line						
Re		Part IV, line 18						
her	h	Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming ac						
	U U	Part IV, line 19		a				
	b	Less: direct expenses			1			
		Net income or (loss) from gan						
		Gross sales of inventory, less						
		and allowances		11,054.				
	b	Less: cost of goods sold		6,014.				
		Net income or (loss) from sale			5,040.	5,040.		
		Miscellaneous Revenu		Business Code				
	11 a	MISCELLANEOUS F		900099	2,571.			2,571.
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d			2,571.			0 571
007.7	12	Total revenue. See instructions.			700,128.	277,657.	0.	2,571.
03200	-10							Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp	8) and 501(c)(4) organiza plete column (A) but are			(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	of her !			·
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	The property of			
	See Part IV, lines 15 and 16	diplo Vone, disco-			
4	Benefits paid to or for members	5 1.5 5 11 41 5			
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	220,738.	146,412.	8,520.	65,806.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	24 510	00.000	1.065	
9	Other employee benefits	34,518.	28,322.	1,065.	5,131.
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	11,943.		11 042	
	Accounting	11,943.		11,943.	
d	Lobbying Professional Suppliers See Part IV, line 17				
e	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other	20,342.	12,089.	6,072.	2,181.
9 12	Advertising and promotion	20/312.	12/003.	0/072.	2,101.
13	Office expenses	48,643.	31,857.	4,752.	12,034.
14	Information technology	20,0200	02/00/0	17,752.0	12,001.
15	Royalties				
16	Occupancy	936.	901.	14.	21.
17	Travel	58,249.	54,511.	748.	2,990.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	15,320.	11,287.	2,811.	1,222.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,696.		2,696.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)	72.050	72.050		
a	FACULTY HONORARIA COLLECTION/REF MATERIAL	73,950.	73,950.		
b	FEES AND CHARGES	72,533. 19,378.	72,533. 573.	10 605	200.
C	CLASSROOM SUPPLIES	17,399.	17,399.	18,605.	200.
a	CHADDROOM BUFFILED	11,399.	11,399.		
e	All other expenses	16,006.	9,519.		6,487.
25	Total functional expenses. Add lines 1 through 24f	612,651.	459,353.	57,226.	96,072.
26	Jaint costs. Check here if following SOP	022/0016	200,000.	0,72200	20/0/20
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation				
000040	12-21-10				Form 990 (2010)

2 Savings and temporary cash investments	Pa	art X	Balance Sheet					
2 Savings and temporary cash investments								
2 Savings and temporary cash Investments		1	Cash - non-interest-bearing			338,650.	1	317,645.
4 Accounts receivable, net Facebrables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part III of Schedule L Facebrables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees the employer organizations of section 501(c)(9) voluntary employers and sponsoring organizations for the functions of the function of the f		2	Savings and temporary cash investments					
4 Accounts receivable, net 16,228. 4 19,802		3	Pledges and grants receivable, net			8,200.	3	23,200.
5 Receivables from current and former officers, directors, trustess, key employees, and highest compensated employees. Complete Part II of Schedule L 5		4			16,228.	4	19,802.	
Force For		5			(2)			
Receivables from other disqualified persons (as defined under section 4958(f)(1), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501c(x)(9) voluntary employers beneficiary organizations (see instructions)			employees, and highest compensated employe					
### 4988(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions) 7 Notes and loans receivable, net 7 Notes and loans receivable, net 10			of Schedule L				5	
### ### ### ### #### #### ############		6	Receivables from other disqualified persons (as	define	d under section			
### ### ### ### #### #### ############			4958(f)(1)), persons described in section 4958(c	c)(3)(B),	and contributing			
## Properties of the enticiary organizations (see instructions) ## Properties of the enticiary organizations (see instructions) ## Properties of the enticiary organizations (see instructions) ## Prepaid expenses and deferred charges ## Prepaid expenses ##					6			
7 Notes and loans receivable, net 7 8 Inventories for sale or use 6,042 8 9,536 9 Prepaled expenses and deferred charges 1,839 9 1,851							6	
9 Prepaid expenses and deferred charges	ets	7			A Market Months of the State of		7	
9 Prepaid expenses and deferred charges	SS	8				6,042.	8	9,536.
10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 25,855 0 • 10c 0 0	1							1,851.
basis. Complete Part VI of Schedule D 10a 25,855. 0 10c 0 0		10a						
b Less: accumulated depreciation 10b 25,855 0 • 10c 0 11				10a	25,855.			
11 Investments - publicly traded securities 1 1 1 1 1 1 1 1 1		b				0.	10c	0.
12 Investments - other securities. See Part IV, line 11							-	
13 Investments · program-related. See Part IV, line 11						1,278,366.		1,492,989.
14								
15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,649,325. 16 1,865,023. 17 9,596. 18 12,123. 17 9,596. 18 12,123. 17 9,596. 18 19 19 19 19 19 19 19				FIRST CONTROL OF THE		-		
16								
17						1,649,325.	-	1,865,023.
18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 20 21 22 22 22				The state of the s			_	9,596.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 22 22 22 23 24 25 25 25 25 25 25 25								
20 Tax-exempt bond liabilities 20								
21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 1,027, 365. 29 1,052,375. Organizations that do not follow SFAS 117, check here 1,027, 365. 29 1,052,375. Organizations that do not follow SFAS 117, check here 1,027, 365. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 21 Payables to current and former officers, trustees, key employees, highest competes, highest competes, and disqualified persons. Complete Part II of Schedule D 22 23 22 23 24 Unsecured mortgages and notes payable to unrelated third parties 23 21,792. 26 17,770. 21,770. 20,770. 21,770. 20,770. 21,770. 20,770. 21,770. 20,770. 21,770. 20,770. 21,770. 20,770. 21,770. 20,7								
Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 34	(C)		•		-			
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24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 24 9 9,669 • 25 7 7,770 • 21,792 • 26 17,366 • 21,792 • 26 17,365 • 29 17,052 • 37 17,05		23						
25 Other liabilities. Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations								
Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here						9,669.		7.770.
Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 504,923 27 630,361 28 Temporarily restricted net assets 95,245 28 164,921 29 Permanently restricted net assets 1,027,365 29 1,052,375 20 1,052,375 20 1,052,375 20 1,052,375 20 1,052,375 20 1,052,375 20 20 20 20 20 20 20 20 20 20 20 20 20								17,366.
lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here Organizations that do not follow SFAS 117, check here I not 1,027,365. 29 1,052,375. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 1,627,533. 33 1,847,657.								
Total net assets or fund balances 27 Unrestricted net assets 504,923 ⋅ 27 630,361 ⋅ 28 164,921 ⋅ 28 164,921 ⋅ 29 Permanently restricted net assets 1,027,365 ⋅ 29 1,052,375 ⋅ 29 1,052,3	S							
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	JCe	27			000	504,923.	27	630,361.
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	alai							
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	00							
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	n					, , , ,		, , , , , , , , , , , , , , , , , , , ,
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	Jr F			rook m	sio P and			
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	ts	30			**		30	
33 Total net assets or fund balances 1,027,037 s. 33 1,047,037 s.	SSe							
33 Total net assets or fund palances 1,027,037 s. 33 1,047,037 s.	et A				The second secon			
1 640 205 1 065 002	Ne					1,627,533.		1,847,657.
34 Total liabilities and net assets/fund balances 1,649,325 34 1,865,023 1,865,025 1,8		34				1,649,325.	34	1,865,023.

Pa	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)	11	70	0,1	28.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,6	_
3	Revenue less expenses. Subtract line 2 from line 1	3		7,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,62	-	
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2,6	-
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,84		
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?			X	
С					
	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 Sche				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection

Employer identification number

			THE BC	OK ARTS PRES	S_{\bullet} INC	2 •				**	_***	* * *	
Pa	ırt I	Reason	for Public Ch	arity Status (All organ	izations m	ust comple	ete this pa	art.) See ins	structions.				
The	orgar	nization is not	a private foundation	on because it is: (For lines	1 through	11, check	only one	box.)					
1		A church, c	onvention of church	nes, or association of chu	rches desc	cribed in s	ection 17	0(b)(1)(A)(i).				
2		A school de	scribed in section	170(b)(1)(A)(ii). (Attach S	chedule E.)							
3				spital service organization									
4		A medical re	esearch organizatio	n operated in conjunction	n with a ho	spital desc	ribed in s	ection 17	0(b)(1)(A)(iii). Enter th	e hospita	's nan	ne,
		city, and sta	ate:										
5		An organiza	tion operated for th	ne benefit of a college or u	university o	wned or o	perated b	y a govern	nmental ur	it described	d in		
		section 17	0(b)(1)(A)(iv). (Com	plete Part II.)									
6				ment or governmental ur									
7	Ш			eceives a substantial par	t of its supp	port from a	governm	ental unit	or from the	e general pu	ublic desc	ribed	in
			(b)(1)(A)(vi). (Comp										
8	77			section 170(b)(1)(A)(vi).									
9	X			eceives: (1) more than 33									
				functions - subject to cert									
				s taxable income (less sec	ction 511 ta	ax) from bu	ısınesses	acquired t	by the orga	anization at	ter June 3	10, 197	/5.
10			509(a)(2). (Comple			lia aafab. I	0	500/-1/	40				
10 11	H			operated exclusively to to operated exclusively for t						n, out the n	Urnagas a	fono	٥.
11				zations described in sect									or
				g organization and comp				(2). Occ 30	Ction 505	(a)(o). Onec	K the box	tilat	
		a Type	_		c Typ			tegrated		d -	Type III - C	Other	
е				hat the organization is no					r more dis				n
				r than one or more public									
f				ritten determination from									
		supporting of	organization, check	this box									
g		Since Augus	st 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the foll	lowing per	sons?			
		(i) A perso	on who directly or in	ndirectly controls, either a	lone or tog	ether with	persons	described	in (ii) and	(iii) below,		Yes	No
		the gov	erning body of the	supported organization?							11g(i)		
				on described in (i) above							11g(ii)		
				a person described in (i)							11g(iii)		
h		Provide the t	following informatio	n about the supported or	ganization	(s).							
				/iii) Type of	Line				(D)	41.		-	
(i)		of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the tion in col.	lorganizati	on in col.	(vii) Am		f
	orga	nization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	supp	oort	
			of the same of	(see instructions)	Yes	No	Yes	No	Yes	No			
				(oco monachono))	103	140	103	110	103	110			
													-
			and the state of the state of						The same	-			
		h-h											
									4.47				
	дĖ									1117		الشايا	
otal													

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

P	art II Support Schedule for						
	(Complete only if you checked fails to qualify under the test				on failed to qualify	under Part III. If th	e organization
		s listed below, pied	ase complete Par	t III.)			
-	ction A. Public Support	(-) 0000	41,0007	1 () 0000	1 4 0 0000	110010	
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						
0							
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			7.1			
_	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		,				
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support			T	T		
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	*					
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		4 144 14 15				
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the			Jan Park			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for				•		
600	organization, check this box and stop						
	tion C. Computation of Publi						
	Public support percentage for 2010 (I					14	%
15	Public support percentage from 2009					15	%
	33 1/3% support test - 2010. If the or						
	stop here. The organization qualifies						
	33 1/3% support test - 2009. If the or						and the same of th
	and stop here. The organization quali						
	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization of	qualifies as a public	cly supported organ	nization	

032022

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

· Schedule A (Form 990 or 990-EZ) 2010

06495 1

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	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and		5 m. 1				
	membership fees received. (Do not						
	include any "unusual grants.")	884,821.	481,027.	775,107.	346,300.	419,900.	2907155.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,772.			248,088.	283,671.	930,176.
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	180,026.	259,184.	269,278.	249,951.	333,654.	1292093.
6	Total. Add lines 1 through 5	1066619.	935,701.	1245540.	844,339.	1037225.	5129424.
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	98,573.	54,500.	124,036.	57,750.	95,570.	430,429.
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b	98,573.	54,500.	124,036.	57,750.	95,570.	430,429.
		30/3/3.	31/300.	1217030.	377730.	3373706	4698995.
	Public support (Subtract line 7c from line 6.)						40000000
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	1066619.	935,701.	1245540.	844,339.	1037225.	5129424.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	52,151.	30377011	12100101	145,547.	103/223	197,698.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	52,151.		4 7 7	145,547.		197,698.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	56.	228.	4,125.	3,751.	2,571.	10,731.
13	assets (Explain in Part IV.)	1118826.		1249665.	993,637.	1039796.	5337853.
	First five years. If the Form 990 is for					501(c)(3) organiz	
	check this box and stop here						▶
Sec	tion C. Computation of Publi						
	Public support percentage for 2010 (li			olumn (fl)		15	88.03 %
	Public support percentage from 2009					16	82.46 %
	tion D. Computation of Inves					10	02010 70
				a 13 column (fl)		17	3.70 %
	Investment income percentage for 20					18	4.59 %
	Investment income percentage from 2						
b	33 1/3% support tests - 2010. If the more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the	nd stop here. The organization did no	organization qualif ot check a box on	ies as a publicly s line 14 or line 19a,	upported organiza , and line 16 is mor	tion e than 33 1/3%, a	
	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization	r did flot check a t	DOX OIT IIII 14, 19a	, or 190, check thi			
03202	3 12-21-10				Sche	dule A (Form 990	or 990-EZ) 2010

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

** ******

THE BOOK ARTS PRESS, INC. Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political 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 X 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 For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% 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 during the year. 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).

LHA 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)

Name of organization

Employer identification number

THE B	OOK	ARTS	PRESS,	INC
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Part I	Contributors (see instructions)		
(a)		(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1		\$ 20,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$ 20,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
6		\$	Person X Payroll Noncash (Complete Part II if there
		Cabadula D / Farm (is a noncash contribution.) 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

THE	BOOK	ARTS	PRESS,	INC
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Part I	Contributors (see instructions)		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
7		\$6,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
8		\$35,320.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

08070130 700786 06495

Name of organization

Employer identification number

THE BOOK ARTS PRESS, INC.

_**

(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
8			12/31/10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Employer identification number Name of organization **_**** THE BOOK ARTS PRESS, INC. Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once: See instructions.), > \$ (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE BOOK ARTS PRESS, INC.

Employer identification number **_****

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts. Cor	mplete if the
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other	her accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in			
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	e conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land	area
	Protection of natural habitat	Preservation of a ce	ertified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation ease	ment on the last
	day of the tax year.			
			Held at the	e End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
C	Number of conservation easements on a certified historic str			
	Number of conservation easements included in (c) acquired			
	listed in the National Register			
3	Number of conservation easements modified, transferred, rel			e tax
Ü	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		f	
0	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) abov			
0	and section 170(h)(4)(B)(ii)?		The second secon	Yes No
9	In Part XIV, describe how the organization reports conservati			
3	include, if applicable, the text of the footnote to the organization			
	conservation easements.	non a financial statements that described	o the organization o acco	arting for
Da.	III Organizations Maintaining Collections of	Art Historical Treasures, or C	Other Similar Asset	S.
	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public exh	nibition, education, or research in further	ance of public service, pr	rovide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.		
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statemer	nt and balance sheet wor	ks of art, historical
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of pu	ublic service, provide the	following amounts
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$	35,320.
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea		Control of the Contro	
	the following amounts required to be reported under SFAS 1			
	Revenues included in Form 990, Part VIII, line 1		b 4	
a	nevenues included in Form 990, Fait viii, line i		\$	

Schedule D (Form 990) 2010

032051 12-20-10

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

Schedule D (Form 990) 2010

0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12	2.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) UVA FUND INVESTMENTS	1,398,329.	END-OF-YEAR MARI	KET VALUE
(B) UVIMCO INVESTMENTS	94,660.	END-OF-YEAR MARI	KET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,492,989.		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 1	3.	
(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)			
(2)		es de la companya de	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line 1			415
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	15)		
Total. (Column (b) must equal Form 990, Part X, col (B) line : Part X Other Liabilities. See Form 990, Part X, lir			
(-) D	le 25.	(b) Amount	
		(s) / time in	
(1) Federal income taxes (2) ACCRUED PAYROLL		4,485.	
		3,285.	
		3,203.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, col (B) line 2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the FIN 48 (ASC 740).	25.)	7 770	
DIAL CLOUTED TO TOUST EQUAL FORM 990 PART X COLLB) line 2		1 P 1 1 U a 1000000000000000000000000000000	

Schedule D (Form 990) 2010

80,000 ITEMS RELATED TO THE HISTORY OF BOOKS AND PRINTING; INCLUDING

MANUSCRIPT, PRINT, AND BORN-DIGITAL MATERIALS. EVERYTHING THAT THE SCHOOL

ACQUIRES AND HOLDS IN THEIR COLLECTIONS IS INSTRUCTIONAL MATERIAL OBTAINED

FOR TEACHING PURPOSES AND IS INTERPRETED SPECIFICALLY FOR CLASSROOM USE.

THESE COLLECTIONS DIRECTLY SUPPORT THE EDUCATIONAL MISSION OF THE SCHOOL.

PART V, LINE 4: RARE BOOK SCHOOL'S ENDOWMENT FUNDS ARE USED

Schedule D (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE BOOK ARTS PRESS, INC.

	THE BOOK ARTS PRESS, INC.				**_	**_*****			
Pa	art I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			ts	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	X		35,320.	APPRAISAL				
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other	H. L.							
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other					14.5			
18	Collectibles							- 7	
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part IV, D	onee Acknowledg	ement29			0		
							Yes	No	
30a	During the year, did the organization receive by								
	at least three years from the date of the initial of			The second secon					
	the entire holding period?					30a		X	
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	f any non-standard contribu	itions?	31		X_	
32a	Does the organization hire or use third parties of	or related org	ganizations to solic	it, process, or sell noncash					
	contributions?					32a		X	
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	ecked,				
	describe in Part II.								

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

Schedule M (Form 990) (2010)

LHA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

Name of the organization

THE BOOK ARTS PRESS, INC.

Employer identification number

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADVOCACY, EDUCATION, AND OUTREACH FOR THE STUDY OF THE HISTORY OF
BOOKS, PRINTING, AND THEIR ALLIED FIELDS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FROM ALL DISCIPLINES AND SKILL LEVELS TO STUDY WITH LEADING SCHOLARS

AND PROFESSIONALS IN THE FIELDS OF BIBLIOGRAPHY, LIBRARIANSHIP, BOOK

HISTORY, AND THE DIGITAL HUMANITIES.

FORM 990, PART VI, SECTION B, LINE 11: THE SCHOOL'S FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: DURING THE YEAR, THE EXECUTIVE

DIRECTOR MONITORS FOR POTENTIAL CONFLICTS OF INTEREST. ANNUALLY, THE BOARD

REVIEWS THE CONFLICT OF INTEREST POLICY AND DISCLOSES ANY POTENTIAL

CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION FOR THE SCHOOL'S EXECUTIVE DIRECTOR IS DETERMINED BY THE UNIVERSITY OF VIRGINIA.

FORM 990, PART VI, SECTION C, LINE 18: THE SCHOOL'S FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL'S GOVERNING DOCUMENTS

AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization THE BOOK ARTS PRESS, INC.	Employer identification number
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	132,647.
PART XII, LINE 2C	
SELECTION OF INDEPENDENT AUDITORS	
THE SCHOOL'S BOARD OF DIRECTORS HAS AN AUDIT COMMITTEE TH	AT IS
RESPONSIBLE FOR THE SELECTION AND RETENTION OF INDEPENDEN	T AUDITORS.
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
AFFILIATED FOUNDATION STATUS	
RARE BOOK SCHOOL IS A 501(C)(3), EDUCATIONAL, NOT-FOR-PRO	FIT
ORGANIZATION SEPARATE FROM BUT AFFILIATED WITH THE UNIVER	SITY OF
VIRGINIA (UVA). RBS'S AFFILIATION WITH UVA DOES NOT IN AN	Y WAY ALTER
ITS STATUS AS AN INDEPENDENT 501(C)(3); AS UVA'S POLICY O	N
UNIVERSITY-RELATED FOUNDATIONS CLEARLY STATES: "THE UNIVE	RSITY AND THE
FOUNDATION ACKNOWLEDGE THAT EACH IS AN INDEPENDENT ENTITY	AND AGREE
NEITHER WILL BE LIABLE, NOR WILL BE HELD OUT BY THE OTHER	AS LIABLE,
FOR ANY OF THE OTHER'S CONTRACTS, TORTS, OR OTHER ACTS OR	OMISSIONS, OR
THOSE OF THE OTHER'S TRUSTEES, DIRECTORS, OFFICERS, MEMBE	RS, STAFF OR
ACTIVITY PARTICIPANTS."	