

Return of Organization Exempt From Income Tax

2009

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 Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 2010

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Osher Lifelong Learning Institute at the University of Virginia
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) 1160 Pepsi Place Room/suite Suite 114B
 City or town, state or country, and ZIP + 4 Charlottesville, VA 22901

D Employer identification number 54-2018263

E Telephone number (434) 923-3600

G Gross receipts \$ 281,250

F Name and address of principal officer:
James McGrath (same as above)

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number N/A

I Tax-exempt status: 501(c) (3) (insert no.) 4947(a)(1) or 527

J Website: www.olliva.org

K Form of organization: Corporation Trust Association Other

L Year of formation: 2000 **M** State of legal domicile: VA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Provide educational opportunities for senior citizens</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of employees (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b	Net unrelated business taxable income from Form 990-T, line 34		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 1,100,595 / Current Year: 40,000
	9	Program service revenue (Part VIII, line 2g)	118,294 / 129,485
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(42,560) / 111,765
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,176,329 / 281,250
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
	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)	49,929 / 52,714
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	108,711 / 106,744	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	159,640 / 159,458	
19	Revenue less expenses. Subtract line 18 from line 12	1,017,689 / 121,792	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 1,196,593 / End of Year: 1,318,385
	21	Total liabilities (Part X, line 26)	
	22	Net assets or fund balances. Subtract line 21 from line 20	1,196,593 / 1,318,385

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.

Sign Here
 Signature of officer: Thomas W. Baylor Date: 2/15/11
 Type or print name and title: Thomas W. Baylor, Treasurer

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____
 Check if self-employed Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
 Phone no.: () _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No