

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.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AGASSIZ VILLAGE FOUNDED BY MR. & MRS. HARRY E. BURROUGHS Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 238 BEDFORD STREET 8 City or town, state or country, and ZIP + 4 LEXINGTON, MA 02420 F Name and address of principal officer: ALLISON D. BURROUGHS 131 DAVIS AVENUE, BROOKLINE, MA 02445	D Employer identification number 04-2160531 E Telephone number 781-860-0200 G Gross receipts \$ 641,299. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AGASSIZVILLAGE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1935 M State of legal domicile: ME

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: AGASSIZ VILLAGE IS OPERATED AS A NON-PROFIT ORGANIZATION TO PROVIDE SUMMER CAMPERSHIPS FOR		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	8
9 Program service revenue (Part VIII, line 2g)		9	101,095.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		10	1,635.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11	22,995.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12	576,230.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		14	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15	299,445.
16a Professional fundraising fees (Part IX, column (A), line 11e)		16a	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,132.		16b	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		17	248,829.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		18	548,274.
19 Revenue less expenses. Subtract line 18 from line 12	19	27,956.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20	774,814.
	21 Total liabilities (Part X, line 26)	21	79,445.
	22 Net assets or fund balances. Subtract line 21 from line 20	22	695,369.

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 CLIFF SIMMONDS, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name PAUL C. RYAN	Preparer's signature Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ O'BRIEN, RILEY & RYAN PC Firm's address ▶ 30 BRAINTREE HILL OFFICE PARK BRAINTREE, MA 02184	Firm's EIN ▶ Phone no. 781-410-2300	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO PREPARE YOUTH FOR LIFE'S JOURNEY.

OUR PROGRAMS ARE AN INVESTMENT IN THE FUTURE, TO INSPIRE AND ENABLE ALL CHILDREN, ESPECIALLY THOSE WHO NEED OUR SUPPORT THE MOST, TO REACH

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 334,144. including grants of \$) (Revenue \$ 590,279.) PROVISION OF SUMMER CAMPERSHIPS FOR DISADVANTAGED AND PHYSICALLY HANDICAPPED CHILDREN

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 334,144.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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			

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 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 employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 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 governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority 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 names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 15 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA
18 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.
[] Own website [] Another's website [X] Upon request
19 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
CLIFF SIMMONDS - 781-860-0200
238 BEDFORD STREET, LEXINGTON, MA 02420

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WARREN H. BURROUGHS, JR TRUSTEE	1.00	X					0.	0.	0.	
ROBERT DAVIS TRUSTEE	1.00	X					0.	0.	0.	
DEBRA A. DE BASTOS TRUSTEE	1.00	X					0.	0.	0.	
CALVIN L. HUNTER TRUSTEE	1.00	X					0.	0.	0.	
REP. RICHARD BROWN BOARD OF OVERSEERS		X					0.	0.	0.	
LAWRENCE HURLEY BOARD OF OVERSEERS		X					0.	0.	0.	
ROGER P. ROACH BOARD OF OVERSEERS		X					0.	0.	0.	
CHRIS HART BOARD OF OVERSEERS		X					0.	0.	0.	
JOHN B. AYER BOARD OF OVERSEERS		X					0.	0.	0.	
CAROL BATCHELDER BOARD OF OVERSEERS		X					0.	0.	0.	
JON A LEVY BOARD OF OVERSEERS		X					0.	0.	0.	
DAVID ROSENBERG BOARD OF OVERSEERS		X					0.	0.	0.	
EDMUND L. POIRIER TRUSTEE	1.00	X					0.	0.	0.	
ELLEN TAYLOR TRUSTEE	1.00	X					0.	0.	0.	
CLIFF SIMMONDS EXEC DIRECTOR	40.00	X		X			69,231.	0.	0.	
RICHARD GLYNN BOARD OF OVERSEERS		X					0.	0.	0.	
SARAH WALTERS TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE KENNY SECRETARY	1.00	X		X				0.	0.	0.
MICHAEL FANTASIA BOARD OF OVERSEERS		X						0.	0.	0.
KIM GOLDMAN BOARD OF OVERSEERS		X						0.	0.	0.
STEPHANIE KATZ BOARD OF OVERSEERS		X						0.	0.	0.
EVAN PEVERLEY BOARD OF OVERSEERS		X						0.	0.	0.
BRENDA RENY BOARD OF OVERSEERS		X						0.	0.	0.
JENNIFER ZINNER TRUSTEE	1.00	X						0.	0.	0.
STEPHEN MACQUARRIE BOARD OF OVERSEERS		X						0.	0.	0.
WARREN H. BURROUGHS HONORARY CHAIRMAN	1.00			X				0.	0.	0.
1b Sub-total								69,231.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								69,231.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	150,740.				
	d	Related organizations					
	e	Government grants (contributions)	7,007.				
	f	All other contributions, gifts, grants, and similar amounts not included above	355,804.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		513,551.			
	Program Service Revenue	2 a	TUITION	Business Code 900099	64,990.	64,990.	
b							
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		64,990.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,159.	1,159.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 150,740. of contributions reported on line 1c). See Part IV, line 18	a	51,020.			
		Less: direct expenses	b	51,020.			
		Net income or (loss) from fundraising events			0.		
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	TIMBER REVENUE	900099	6,037.	6,037.			
b	RENTALS	532000	4,542.	4,542.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		10,579.				
12	Total revenue. See instructions.		590,279.	76,728.	0.	0.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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				
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. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	69,230.	41,538.	13,846.	13,846.
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	130,682.	89,774.	971.	39,937.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,109.	18,646.	1,589.	4,874.
10 Payroll taxes	14,571.	9,632.	1,139.	3,800.
11 Fees for services (non-employees):				
a Management				
b Legal	554.		554.	
c Accounting	11,705.		11,705.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	4,932.	581.	4,351.	
12 Advertising and promotion	3,232.	1,108.	750.	1,374.
13 Office expenses	14,163.	12,518.	843.	802.
14 Information technology				
15 Royalties				
16 Occupancy	27,304.	24,627.	1,350.	1,327.
17 Travel	11,653.	9,326.	2,182.	145.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	997.		997.	
22 Depreciation, depletion, and amortization	37,027.	36,971.	56.	
23 Insurance	40,937.	37,398.	3,525.	14.
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 O.)				
a FOOD	30,319.	30,319.		
b REPAIRS AND MAINTENANCE	16,724.	16,724.		
c DUES AND SUBSCRIPTIONS	3,300.	3,300.		
d PROGRAM ACTIVITIES	1,573.	1,573.		
e TRAINING AND RECRUITING	109.	109.		
f All other expenses	13.			13.
25 Total functional expenses. Add lines 1 through 24f	444,134.	334,144.	43,858.	66,132.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

AGASSIZ VILLAGE

FOUNDED BY MR. & MRS. HARRY E. BURROUGHS

Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	40,706.	1	151,368.	
	2 Savings and temporary cash investments	30,638.	2	11,493.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	7,817.	9	17,761.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,359,394.			
	b Less: accumulated depreciation	10b 1,751,741.	613,278.	10c 607,653.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	82,375.	15	82,375.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	774,814.	16	870,650.		
Liabilities	17 Accounts payable and accrued expenses	29,445.	17	29,136.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	50,000.	23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	79,445.	26	29,136.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	585,776.	27	746,185.	
	28 Temporarily restricted net assets	27,218.	28	12,954.	
	29 Permanently restricted net assets	82,375.	29	82,375.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	695,369.	33	841,514.	
34 Total liabilities and net assets/fund balances	774,814.	34	870,650.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	590,279.
2	Total expenses (must equal Part IX, column (A), line 25)	2	444,134.
3	Revenue less expenses. Subtract line 2 from line 1	3	146,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	695,369.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	841,514.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 Single Audit Act and OMB Circular A-133?		X
3b	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 O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **AGASSIZ VILLAGE** Employer identification number **04-2160531**
FOUNDED BY MR. & MRS. HARRY E. BURROUGHS

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

AGASSIZ VILLAGE

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	562,674.	517,773.	471,625.	450,505.	512,933.	2515510.
2 Tax revenues levied for the organization's 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	562,674.	517,773.	471,625.	450,505.	512,933.	2515510.
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)						634,162.
6 Public support. Subtract line 5 from line 4.						1881348.

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	562,674.	517,773.	471,625.	450,505.	512,933.	2515510.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,531.	4,021.	3,422.	1,635.	1,159.	15,768.
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						2531278.
12 Gross receipts from related activities, etc. (see instructions)					12	612,919.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	74.32	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.84	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

Name of the organization **AGASSIZ VILLAGE**
FOUNDED BY MR. & MRS. HARRY E. BURROUGHS

Employer identification number
04-2160531

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	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, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	82,375.	82,375.	65,000.		
b Contributions			17,375.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	82,375.	82,375.	82,375.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		64,720.		64,720.
b Buildings		1,989,372.	1,460,293.	529,079.
c Leasehold improvements				
d Equipment		305,302.	291,448.	13,854.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				607,653.

Part VII Investments - Other Securities. See Form 990, Part X, line 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(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 15.

(a) Description	(b) Book value
(1) INTEREST BEARING CASH ENDOWMENT FUNDS	82,375.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	82,375.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

AGASSIZ VILLAGE

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	590,279.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	444,134.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	146,145.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	146,145.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	590,279.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	590,279.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	590,279.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	444,134.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	444,134.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	444,134.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE INCOME EARNED ON \$52,375 IS TO BE USED FOR

OPERATING EXPENSES. THE INCOME EARNED ON \$30,000 IS TO BE USED FOR TWO CAMP SCHOLARSHIPS AND TWO EDUCATION SCHOLARSHIPS.

AGASSIZ VILLAGE

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		NIGHT AT THE POPS	GOLF	1	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	115,560.	86,200.	201,760.
	2	Less: Charitable contributions	86,137.	64,603.	150,740.
	3	Gross income (line 1 minus line 2)	29,423.	21,597.	51,020.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	17,979.	12,500.	30,479.
	7	Food and beverages	8,601.	9,054.	17,655.
	8	Entertainment			
	9	Other direct expenses	2,843.	43.	2,886.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(51,020)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				(_____)
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

AGASSIZ VILLAGE
FOUNDED BY MR. & MRS. HARRY E. BURROUGHS

Employer identification number

04-2160531

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

DISADVANTAGED AND PHYSICALLY DISABLED CHILDREN AT ITS CAMP

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

THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE LEADERS.

WE OFFER CHILDREN THE OPPORTUNITY, IN A VILLAGE ENVIRONMENT, TO DEVELOP
AND PRACTICE LEADERSHIP AND LIFE SKILLS THAT WILL ENHANCE THEIR ABILITY
TO BE SUCCESSFUL AND HAPPY IN ALL AREAS OF THEIR LIVES. WE STRIVE TO
HELP CHILDREN DEVELOP TO THEIR FULLEST POTENTIAL AND IDENTIFY THEIR OWN
GIFTS, INTERESTS, AND STRENGTHS, BY EXPOSING THEM TO NEW SKILLS,
EXPERIENCES, AND POSSIBILITIES IN A POSITIVE AND FUN SETTING.

OUR FOCUS IS CHILDREN, AGES 8-17, FROM RACIALLY, ECONOMICALLY, AND
SOCIALLY DIVERSE BACKGROUNDS. WE SEEK CHILDREN WITH THE MENTAL ENERGY,
CREATIVITY, AND ENTHUSIASM TO BENEFIT FROM NEW CHALLENGES AND
ADVENTURES, AND TO USE THESE EXPERIENCES TO DEVELOP SKILLS AND VALUES
THAT WILL HELP THEM REACH THEIR FULLEST POTENTIAL.

FORM 990, PART VI, SECTION A, LINE 2: THE PRESIDENT OF AGASSIZ, ALLISON D
BURROUGHS, IS RELATED TO WARREN H BURROUGHS, JR. A TRUSTEE

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PROVIDED TO ALL BOARD
MEMBERS FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS, STAFF, AND

Name of the organization AGASSIZ VILLAGE FOUNDED BY MR. & MRS. HARRY E. BURROUGHS	Employer identification number 04-2160531
--	---

VOLUNTEERS SHALL COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT UPON TERM START, AND REPORT AT LEAST ANNUALLY ANY CHANGES TO THIS STATEMENT, AS WELL AS UPDATE ON AN ONGOING BASIS ANY POTENTIAL CHANGES.

FORM 990, PART VI, SECTION C, LINE 19: THESE FORMS ARE AVAILABLE UPON REQUEST.

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
72	TREES	09/30/02	SL	15.00		HY16	1,080.				1,080.	618.		72.	690.
90	LAND IMPROVEMENTS	06/01/05	SL	15.00		HY16	5,000.				5,000.	1,526.		333.	1,859.
103	LAND IMPROVEMENTS - PIONEER	06/30/06	SL	15.00		MQ16	4,090.				4,090.	1,186.		273.	1,459.
120	LAND IMPROVEMENTS - WATERFRONT PROJECT	08/05/08	SL	15.00		HY16	14,718.				14,718.	1,390.		981.	2,371.
123	WATERFRONT PROJECT	07/22/09	SL	15.00		HY16	27,283.				27,283.	758.		1,819.	2,577.
126	LAND IMPROVEMENTS-WATERFRONT	04/15/10	SL	15.00		HY16	29,704.				29,704.			1,485.	1,485.
	* 990 PAGE 10 TOTAL BUILDINGS						81,875.				81,875.	5,478.		4,963.	10,441.
	LAND														
50	LAND	06/01/63	L			HY	64,720.				64,720.			0.	0.
	* 990 PAGE 10 TOTAL LAND						64,720.				64,720.	0.		0.	0.
	* 990 PAGE 10 TOTAL -						146,595.				146,595.	5,478.		4,963.	10,441.
	BUILDINGS														
1	BUILDING & IMPROVEMENTS	01/01/76	SL	20.00		HY16	1,134,859.				1,134,859.	1,134,859.		0.	1,134,859.
3	BOAT HOUSE	06/15/80	SL	31.50		HY16	6,035.				6,035.	5,388.		192.	5,580.
4	N MILLER LODGE	06/15/87	SL	31.50		HY16	100,000.				100,000.	71,156.		3,175.	74,331.
5	TOWER	06/15/89	SL	31.50		HY16	10,000.				10,000.	6,476.		317.	6,793.
6	DINING HALL RESTROOMS	06/15/90	SL	31.50		HY16	2,594.				2,594.	1,594.		82.	1,676.

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05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
7	WATER TANK & PUMP	06/15/91	SL	31.50		HY16	1,246.				1,246.	735.		40.	775.
8	BASKETBALL COURT	06/15/92	SL	31.50		HY16	4,995.				4,995.	2,773.		159.	2,932.
9	ARCHERY PAVILLON	06/15/92	SL	31.50		HY16	3,803.				3,803.	2,111.		121.	2,232.
10	PLAY STRUCTURE	06/15/92	SL	31.50		HY16	10,000.				10,000.	5,537.		317.	5,854.
11	SWING SET	04/15/93	SL	31.50		HY16	2,000.				2,000.	1,039.		63.	1,102.
12	4 BRICK FIRE PLACES	04/15/93	SL	31.50		HY16	6,000.				6,000.	3,130.		190.	3,320.
13	DINING HALL IMPROVEMENTS	06/15/97	SL	39.00		MM16	27,594.				27,594.	8,849.		708.	9,557.
14	DINING HALL IMPROVEMENTS	06/01/98	SL	39.00		MM16	66,870.				66,870.	19,865.		1,715.	21,580.
15	DOCK SYSTEM	04/16/99	SL	15.00		HY16	57,614.				57,614.	40,330.		3,841.	44,171.
16	GABLE	05/26/99	SL	39.00		MM16	25,300.				25,300.	6,653.		649.	7,302.
17	ROOF	06/15/99	SL	39.00		MM16	7,005.				7,005.	1,814.		180.	1,994.
51	DOOR	02/02/00	SL	5.00		HY16	259.				259.	259.		0.	259.
52	DINING HALL IMPROVEMENTS	06/15/00	SL	5.00		HY16	13,500.				13,500.	13,500.		0.	13,500.
62	DINING HALL IMPROVEMENTS	06/15/01	SL	5.00		HY16	39,401.				39,401.	38,743.		0.	38,743.
63	CARPET	06/20/01	SL	5.00		HY16	3,903.				3,903.	3,903.		0.	3,903.
73	HEATH CENTER	07/18/02	SL	39.00		MM16	148,286.				148,286.	28,359.		3,802.	32,161.
74	WELCH HALL ROOF	11/14/02	SL	39.00		MM16	19,650.				19,650.	3,591.		504.	4,095.
76	BATHROOM IMPROVEMENTS IN DINING HALL	07/18/02	SL	39.00		MM16	1,554.				1,554.	298.		40.	338.

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05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
85	BUILDING & IMPROVEMENTS-CABINS	11/30/04	SL	39.00	MM	16	62,115.				62,115.	8,164.		1,593.	9,757.
86	BUILDING & IMPROVEMENTS-MILLER HALL	07/15/04	SL	39.00	MM	16	81,855.				81,855.	11,458.		2,099.	13,557.
87	BUILDING & IMPROVEMENTS-BOAT HOUSE	07/01/04	SL	39.00	MM	16	10,064.				10,064.	1,408.		258.	1,666.
88	BUILDING & IMPROVEMENTS-WATER SYSTEM	06/01/04	SL	39.00	MM	16	10,934.				10,934.	1,552.		280.	1,832.
89	BUILDING & IMPROVEMENTS-CHIMNEY	11/02/05	SL	39.00	MM	16	1,016.				1,016.	108.		26.	134.
91	BUILDING & IMPROVEMENTS-ROOF/BATHROOM	06/11/05	SL	39.00	MM	16	1,431.				1,431.	169.		37.	206.
92	BUILDING & IMPROVEMENTS-ROOF	10/28/05	SL	39.00	MM	16	9,417.				9,417.	1,004.		241.	1,245.
93	BUILDING & IMPROVEMENTS-DOCK REPAIR	08/15/05	SL	15.00	HY	16	3,360.				3,360.	989.		224.	1,213.
99	IMPROVEMENTS - CHIMNEY DINING HALL	10/25/06	SL	39.00	MM	16	5,000.				5,000.	411.		128.	539.
100	IMPROVEMENTS - R2 AND R3	09/15/06	SL	39.00	MM	16	12,505.				12,505.	1,057.		321.	1,378.
101	IMPROVEMENTS - ROOF BURROUGHS CABIN	05/20/06	SL	39.00	MM	16	2,800.				2,800.	261.		72.	333.
102	IMPROVEMENTS - ROOF AGASSIZ CABIN	09/16/06	SL	39.00	MM	16	4,400.				4,400.	372.		113.	485.
114	IMPROVEMENTS - ROOF HAYDEN CABIN	10/07/07	SL	39.00	MM	16	2,800.				2,800.	159.		72.	231.
122	ROOF WORK - HAMILTON BLDG	10/31/09	SL	39.00	MM	16	7,332.				7,332.	31.		188.	219.
	* 990 PAGE 10 TOTAL BUILDINGS						1,907,497.				1,907,497.	1,428,105.		21,747.	1,449,852.
	* 990 PAGE 10 TOTAL -						1,907,497.				1,907,497.	1,428,105.		21,747.	1,449,852.
	MACHINERY & EQUIPMENT														
18	EQUIPMENT	06/15/82	SL	15.00	HY	16	36,678.				36,678.	36,678.		0.	36,678.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	VARIOUS EQUIPMENT	06/15/90	SL	7.00		HY16	7,282.				7,282.	7,282.		0.	7,282.
20	TABLES	06/15/91	200DB	7.00		HY17	330.				330.	330.		0.	330.
22	VARIOUS EQUIPMENT	06/15/93	SL	7.00		HY16	1,800.				1,800.	1,800.		0.	1,800.
23	VARIOUS FURNITURE & EQUIPMENT	06/30/94	SL	7.00		HY16	16,999.				16,999.	16,999.		0.	16,999.
24	VARIOUS EQUIPMENT	06/30/95	SL	7.00		HY16	18,681.				18,681.	18,681.		0.	18,681.
26	KITCHEN EQUIPMENT	05/30/97	SL	7.00		HY16	1,887.				1,887.	1,887.		0.	1,887.
30	MISC EQUIPMENT	06/15/98	SL	7.00		HY16	1,681.				1,681.	1,681.		0.	1,681.
32	KITCHEN EQUIPMENT	05/10/99	SL	7.00		HY16	11,117.				11,117.	11,117.		0.	11,117.
33	GRILLS	05/19/99	SL	7.00		HY16	1,857.				1,857.	1,857.		0.	1,857.
35	REFRIGERATOR	06/01/99	SL	7.00		HY16	250.				250.	250.		0.	250.
36	COMPUTER/PRINTER	06/01/99	SL	5.00		HY16	1,800.				1,800.	1,800.		0.	1,800.
53	TIPIS	02/25/00	SL	7.00		HY16	7,501.				7,501.	7,501.		0.	7,501.
54	BUNK RAILS	05/11/00	SL	7.00		HY16	2,670.				2,670.	2,670.		0.	2,670.
55	LAWN MOWER	06/30/00	SL	7.00		HY16	7,200.				7,200.	7,200.		0.	7,200.
56	HEATER	11/05/00	SL	7.00		HY16	1,517.				1,517.	1,517.		0.	1,517.
57	ICE MAKING MACHINE	06/29/00	SL	7.00		HY16	2,200.				2,200.	2,200.		0.	2,200.
58	VARIOUS EQUIPMENT	06/29/00	SL	7.00		HY16	1,490.				1,490.	1,490.		0.	1,490.
68	CANOEES	04/02/01	SL	7.00		HY16	6,699.				6,699.	6,640.		0.	6,640.

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
69	GOLF CARTS	05/21/01	SL	7.00		HY16	1,700.				1,700.	1,700.		0.	1,700.
71	CANOES	06/06/01	SL	7.00		HY16	7,079.				7,079.	7,079.		0.	7,079.
75	STOVE HOOD	08/01/02	SL	7.00		HY16	8,471.				8,471.	8,471.		0.	8,471.
78	ROPES COURSE	03/15/02	SL	7.00		HY16	11,696.				11,696.	11,696.		0.	11,696.
79	BUNK BEDS	05/28/02	SL	7.00		HY16	8,814.				8,814.	8,814.		0.	8,814.
80	VARIOUS EQUIPMENT	06/30/02	SL	7.00		HY16	2,165.				2,165.	2,165.		0.	2,165.
83	PROJECTOR	10/02/02	SL	7.00		HY16	1,850.				1,850.	1,850.		0.	1,850.
95	BRUSH MOWER	08/16/05	SL	7.00		HY16	1,734.				1,734.	1,472.		248.	1,720.
96	UTILITY LAWN MOWER	04/29/06	SL	7.00		MQ16	1,200.				1,200.	838.		171.	1,009.
98	TRACTOR/FRONT LOADER	12/05/06	SL	5.00		MQ16	12,844.				12,844.	10,661.		2,183.	12,844.
118	STORAGE CONTAINER	11/27/07	SL	7.00		HY16	5,840.				5,840.	2,503.		834.	3,337.
119	EXCAVATOR AND ATTACHMENTS	05/06/08	SL	5.00		HY16	7,795.				7,795.	2,598.		1,559.	4,157.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						200,827.				200,827.	189,427.		4,995.	194,422.
	* 990 PAGE 10 TOTAL - MACHINERY & EQUIPMENT						200,827.				200,827.	189,427.		4,995.	194,422.
27	DINING HALL TABLES - USED	05/15/97	SL	7.00		HY16	1,510.				1,510.	1,510.		0.	1,510.
34	TOASTER UNIT	06/01/99	SL	7.00		HY16	1,800.				1,800.	1,800.		0.	1,800.
37	COPIER	03/22/99	SL	7.00		HY16	6,131.				6,131.	6,131.		0.	6,131.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
49	SOFTWARE	06/09/99	SL	3.00		HY16	4,315.				4,315.	4,315.		0.	4,315.
59	SOFTWARE	01/01/00	SL	3.00		HY16	2,164.				2,164.	2,164.		0.	2,164.
60	COMPUTER EQUIPMENT	02/10/00	SL	5.00		HY16	3,762.				3,762.	3,762.		0.	3,762.
65	COPIER	04/27/01	SL	7.00		HY16	1,675.				1,675.	1,675.		0.	1,675.
66	COMPUTER EQUIPMENT	01/24/01	SL	5.00		HY16	1,949.				1,949.	1,949.		0.	1,949.
67	FILE CABINET	01/24/01	SL	7.00		HY16	130.				130.	130.		0.	130.
81	LAPTOPS, MONITORS, PRINTERS	05/02/02	SL	5.00		HY16	5,287.				5,287.	5,287.		0.	5,287.
82	FILE CABINETS	10/30/02	SL	7.00		HY16	306.				306.	306.		0.	306.
124	DELL LAPTOP	11/01/10	SL	5.00		HY16	849.				849.			28.	28.
125	DELL LAPTOP	11/01/10	SL	5.00		HY16	849.				849.			28.	28.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						30,727.				30,727.	29,029.		56.	29,085.
	* 990 PAGE 10 TOTAL -						30,727.				30,727.	29,029.		56.	29,085.
	TRANSPORTATION EQUIPMENT														
45	FIRE TRUCK	05/30/96	SL	5.00		HY16	10,000.				10,000.	10,000.		0.	10,000.
64	1990 MERCURY SABLE	10/11/01	SL	5.00		HY16	1,000.				1,000.	1,000.		0.	1,000.
84	TRAILOR	07/23/03	SL	5.00		HY16	2,535.				2,535.	2,535.		0.	2,535.
117	1996 GMC BUS	06/20/07	SL	5.00		HY16	6,000.				6,000.	3,600.		1,200.	4,800.
121	PLOW TRUCK	01/15/09	SL	5.00		HY16	4,500.				4,500.	900.		900.	1,800.

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(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2010 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						24,035.				24,035.	18,035.		2,100.	20,135.
	* 990 PAGE 10 TOTAL - TRANSPORTATION EQUIPMENT						24,035.				24,035.	18,035.		2,100.	20,135.
29	MOTOR BOAT & TRAILER	10/20/98	SL	7.00		HY16	11,000.				11,000.	9,821.		0.	9,821.
39	PONTON BOAT	06/06/99	SL	7.00		HY16	14,326.				14,326.	14,326.		0.	14,326.
77	BOAT	06/30/02	SL	7.00		HY16	4,000.				4,000.	4,000.		0.	4,000.
94	VARIOUS SAILBOATS	05/31/05	SL	7.00		HY16	14,372.				14,372.	12,194.		2,053.	14,247.
97	MOTOR BOAT & TRAILER	11/16/06	SL	5.00		MQ16	3,000.				3,000.	2,490.		510.	3,000.
115	MOTOR BOAT & TRAILER	09/01/07	SL	5.00		HY16	1,370.				1,370.	822.		274.	1,096.
116	SAILBOAT	05/01/07	SL	5.00		HY16	1,645.				1,645.	987.		329.	1,316.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						49,713.				49,713.	44,640.		3,166.	47,806.
	* 990 PAGE 10 TOTAL -						49,713.				49,713.	44,640.		3,166.	47,806.
	* GRAND TOTAL 990 PAGE 10 DEPR						2,359,394.				2,359,394.	1,714,714.		37,027.	1,751,741.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization AGASSIZ VILLAGE FOUNDED BY MR. & MRS. HARRY E. BURROUGHS	Employer identification number 04-2160531
	Number, street, and room or suite no. If a P.O. box, see instructions. 238 BEDFORD STREET, NO. 8	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, MA 02420	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

CLIFF SIMMONDS

• The books are in the care of **238 BEDFORD STREET - LEXINGTON, MA 02420**

Telephone No. **781-860-0200** FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension _____

ADDITIONAL TIME IS REQUIRED IN ORDER TO COMPILE THE DATA NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CPA** Date