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Department of the Treasury

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2008 calendar year, or tax year beginning 4/1/2008 and ending 3/31/2009 R Check if applicable C Name of organization The MacDowell Colony, Inc. D Employer identification number use IRS Address change Doing Business As print or Name change Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number type Initial return 100 High Street 603-924-3886 See Specific Termination City or town, state or country, and ZIP + 4 Instruc-G Gross receipts \$ Peterborough NH 03458 4.462.830 Amended return Application pending Name and address of principal officer Х H(a) is this a group return for affiliates? No Cheryl A. Young 163 East 81st Street, New York, NY. 10028 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X 501(c) (3 ) < (insert no ) 4947(a)(1) or 527 J Website: ▶ www macdowellcolony org H(c) Group exemption number X Corporation Trust L Year of formation M State of legal domicile K Type of organization Association Other > 1907 NY Part I Summarv Briefly describe the organization's mission or most significant activities The MacDowell Colony nutures the arts by offering creative individuals of the highest talent an inspiring environment in which they can produce enduring works of imagination. The Colony provides fellowships to some 240 artists a year who receive room, board & exculsive use of a studio for up to two months Application is open to all, the sole criterion for acceptance is talent. Travel grants & financial aid are available on a need basis Check this box I if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) 59 Number of independent voting members of the governing body (Part VI, line 1b) 4 59 Total number of employees (Part V, line 2a) 5 70 Total number of volunteers (estimate if necessary)

Total gross unrelated business revenue from Pair VIII, line 12, column 6 30 7a Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 0 FEB 1 7 2010 Contributions and grants (Part VIII, line 1h) 8 3.599.317 1.608.260 9 Program service revenue (Part VIII, line 2d) 39,379 43,950 Investment income (Part VIII, column (A), lines 3, 4, and 7d). Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, 200). 10 781,524 35,761 11 19,522 -291,635 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,128,585 1,707,493 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 38,672 89,095 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) 1,336,465 1,576,167 Professional fundraising fees (Part IX, column (A), line 11e) 16a 90,175 761,895 Total fundraising expenses (Part IX, column (D), line 25) s is jaid. 17 2,033,352 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2,438,525 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 18 3,813,662 3,788,789 19 Revenue less expenses Subtract line 18 from line 12 314,923 -2,081,296 Beginning of Year End of Year ō 20 Total assets (Part X, line 16) 35,655,343 27,701,199 21 Total liabilities (Part X, line 26) 255,710 136,238 22 Net assets or fund balances Subtract line 21 from line 20 35,399,633 27,564,961 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 Signature of officer Here CARTHER GERIN TREMUTER Type or print name and title Preparer's Date Preparer's identifying numbe (see instructions) signature Paid employed Preparer's Firm's name (or yours EIN Use Only if self-employed),

address, and ZIP

No

Yes

Phone no

Form	990 (2008) The MacDowell Colony, Inc	13-1592242	Page 2
Pa	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission  The MacDowell Colony nurtures the arts by officing creative individuals of the highest talent an inspring e to produce enduring works of imagination		vhich
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	. Tes	X No
4	If "Yes," describe these changes on Schedule O.  Describe the exempt purpose achievements for each of the organization's three largest program services. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amo allocations to others, the total expenses, and revenue, if any, for each program service reported.		nd
4a	(Code ) (Expenses \$ 2,311,554 including grants of \$ 89,095 ) (Revenue 5 During this fiscal year the MacDowell Colony provided residencies to 268 individuals for a total of 8,504 de receive room, board & exclusive use of a studio for up to two months. Application is open to all the sole or is talent. All artists are eligible for travel grants to come to MacDowell, awards are based on financial need on need is also available. The Colony was awarded the National Medal of Arts in 1997 for "nurturing & inscentury's finest artists."	ays Artists in r riterion for acced I Financial aid spiring many of	ptance based the
		· · · · · · · · · · · · · · · · · · ·	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
	•••••••••••••••••••••••••••••••••••••••		
		• • • • • • • • • • • • • • • • • • • •	
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		<i>-</i>	
	•••••••••••••••••••••••••••••••••••••••		

	<del></del>			<del></del>	
4d	Other program services (Describe	in Sched	iule O)		
	(Expenses \$	including	grants of \$	) (Revenue \$	)
4e	Total program service expenses	▶ \$	2,311,554	(Must equal Part IX, Line 25, column (b	3).)
				<del></del>	Form <b>990</b> (2008)

Pari	t IV Checklist of Required Schedules			age o
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		<u> X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		
6	Did the organization mair tain any donor advised funds or any accounts where donors have the right to	l		
	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		Х
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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	<u> </u>	Х
p	1	١		
4-	business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	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 or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	İ	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13	-	<del>  ^</del>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	x	ŀ
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	x	<del>                                     </del>
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	广	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22		22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	Х	<u></u>
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 questions		İ	
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Į.	1	Į.
	to defease any tax-exempt bonds?	24c	<u> </u>	X
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d	<b> </b>	X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a		1	١
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	_ X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified		<b>.</b>	
	person from a prior year? If "Yes," complete Schedule L, Part I	25b	<del>                                     </del>	<u>X</u>
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, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		X

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# Form 990 (2008) The MacDowell Colony, Inc Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		x
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> "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? <i>If "Yes," complete Schedule M</i>	30_		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
			990	(2008)

Form 9	90 (2008) The MacDowell Colony, Inc	13-1592242	_ F	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns Enter -0- if not applicable  Table 14 Section 14 Sec	131		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
С	gaming (gambling) winnings to prize winners?	1c	x	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<u>  ''</u>	<del>  ^</del>	<del>                                     </del>
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	70		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		₩
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)?	4a		x
b	If "Yes," enter the name of the foreign country	<u>+a</u>	<del> </del>	┝
~	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts	ļ		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			1
	Regarding Prohibited Tax Shelter Transaction?	_ 5c_	ļ	ــــــ
6a	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	X	┼
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	C.L	x	
7	Organizations that may receive deductible contributions under section 170(c).	6b_	<del>  ^</del>	$\vdash$
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than		1	1
-	\$75?	7a	1	x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? .	7c	<del> </del>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year  7d		1	1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f	$\vdash$	X
ď	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\vdash$	+^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	· s	1	1
	required?	7h_		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	<b>509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring		-	
_	organization, have excess business holdings at any time during the year? .	8_	ļ	<u>X</u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		1	
a b	Did the organization make any taxable distributions under section 4966?	9a	┼─	<del>V</del>
10	Did the organization make a distribution to a donor, donor advisor, or related person? .  Section 501(c)(7) organizations. Enter.	9b_	1	X
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<b>_</b>	4
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1

The MacDowell Colony, Inc. 13-1592242 Part VI Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes Νo For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body 59 1a b Enter the number of voting members that are independent 1b 59 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? 2 Х Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 4 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a Х Each committee with authority to act on behalf of the governing body? Х b 8b Does the organization have local chapters, branches, or affiliates? Х 9a 9a 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? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 Is there any officer, director or 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 11 Х Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? Х 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 The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 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 taxable entity during the year? 16a Х 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 exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► NH, NJ, NY Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply X Another's website X Upon request Own website 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 Financial Administrator

100 High Street, Peterborough, NH 03458

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The MacDowell Colony, Inc.

13-1592242

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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 the organization did not compensate any officer, director, trustee, or key employee										
(A)	(B)			(0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	हाँ Individual trustee or director		Officer	m Key employee	Highest compensated memployee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Susan Davenport Austin Director	1	х							_	
Deborah Baker Director	1	х								
William N Banks Director	1	х								
David Baum Director	1	Х								
Robert Beaser Director	1	х								
Varujan Boghosian Director	1	x								
Eleanor Briggs Director	1	х								
Barbara Bristol Director	1	X								
Ken Burns Director	1	х								
Peter Cameron Director	1	x								
Mary Carswell Director	1	x								
Anne Cox Chambers Director	1	X								
Fred Clarke Director	1	x								
Alexander Cortessi Director	1	X								
Nicholas Dawidoff Director	1	x								
Louise Eastman Director	1	x								
Ruth Feder Director	1	X	1				T			

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Pa	t VII Section A. Officers, Directors, Tru		ploy	ees			hest	Cor	-		inued,		
	(A)	(B)	_	_		C) 			(D)	(E)	-	(F)	
	Name and title	Average hours per week	or director		Officer	Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	)   	Estimate amount other ompense from the organizating and relating anizating a	of ation se tion ted
Edm Dire	ee de M. Firth ctor	1	х										
Lydi: Dire	a Appel Forbes ctor	1	X										
Pam Dire	ela Joyner ctor	1	x										
Valle Dire	eto Ganter ctor	1	х										
Dire		1	x		_								
Dire		1	x									_	
Tan: Dire	a Hargest ctor	1	x				_	L			$\perp$	_	
John Dire	Hargraves ctor	1	x										
Larr Dire	y Harris ctor	1	x		<u> </u>								
Mrs Dire	Drue Heinz ctor	1	х							_		_	
Day Dire	d Heleniak ctor	1	х										
Dan Dire	Hurlin ctor	1	x										
Julia Dire	Jacquette ctor	1	x										
1b	Total							•	404,668				
2	Total number of individuals (including those organization ► 3	in 1a) who rece	ived	mor	e tha	ın \$1	100,0	00 ir	reportable con	pensation fro	n the		
3	Did the organization list any <b>former</b> officer, employee on line 1a? If "Yes," complete Sci					yee	, or h	ighe	st compensated	 	3	Yes	No X
4	For any individual listed on line 1a, is the su the organization and related organizations gundividual										4	х	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Y								ganization for		5		Х
Sec	tion B. Independent Contractors	oo, complete c	07700		<u>, , , , , , , , , , , , , , , , , , , </u>	000.	<i>1</i> <u>p</u> 01.	3017	<u> </u>				
1	Complete this table for your five highest concompensation from the organization	npensated inde	pend	ent	contr	acto	rs tha	at re	ceived more tha	n \$100,000 of			
	(A) (B) Name and business address Description of services						rvices	Com	(C) pensatio	n			
								ļ					
2	Total number of independent contractors (in compensation from the organization	cluding those in	1) v	vho	recei	ved	more	tha	n \$100,000 in				

Part VIII Statement of Revenue (A) (B) (C) (D) Total revenue Related or Unrelated Revenue exempt business excluded from function revenue tax under sections 512, 513, or 514 revenue Contributions, gifts, grants and other similar amounts Federated campaigns 1a 1b Membership dues 1c 431,677 Fundraising events 1d d Related organizations 30,000 Government grants (contributions). 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1,146,583 Noncash contributions included in lines 1a-1f \$ 1,608,260 Total. Add lines 1a-1f **Business Code** Program Service Revenue 43,950 43,950 2a Admission fees All other program service revenue Total. Add lines 2a-2f 43,950 3 Investment income (including dividends, interest, and other similar amounts) 792,369 792,369 Income from investment of tax-exempt bond proceeds 5 Royalties 19,100 19,100 (ı) Real (II) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (i) Secunties (ii) Other 1,713,058 assets other than inventory b Less cost or other basis and sales expenses 2,469,666 c Gain or (loss) -756,608 d Net gain or (loss) ▶ -756,608 -756,608 8a Gross income from fundraising Other Revenue events (not including \$ 431,677 of contributions reported on line 1c). See Part IV, line 18 91,642 b Less direct expenses b 285,671 c Net income or (loss) from fundraising events -194,029 -194,029 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities  $\blacktriangleright$ 10a Gross sales of inventory, less returns and allowances а b Less cost of goods sold. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a Property tax refund 167,596 167,596 Miscellaneous income 26,855 d All other revenue 194,451 e Total. Add lines 11a-11d . ▶ Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 1,707,493 55,283 9c, 10c, and 11e 43,950

13-1592242

Page 9

# 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 requ	uired to complete	columns (B), (C), and	l (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				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	83,865	83,865		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U S See Part IV, lines 15 and 16	5,230	5,230		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	044.700	400 400	20.400	20.400
_	trustees, and key employees	214,799	136,403	39,198	<u>39,198</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B)	005.077	204 420	294 092	400.550
7	Other salanes and wages	985,977	301,439	281,982	402,556
8	Pension plan contributions (include section 401(k)	444 400	54 700	33,918	20.000
_	and section 403(b) employer contributions)	114,498	51,700 56,607		28,880
9 10	Other employee benefits Payroll taxes	169,276 91,617	56,697 33,080	51,110 24,471	61,469 34,066
11	Fees for services (non-employees)	91,017	33,000	24,411	34,000
a	Management	1			
b	Legal	11,743		11,743	<del></del>
C	Accounting .	17,228	<u> </u>	17,228	
d	Lobbying	17,220	·	17,220	
e	Professional fundraising services See Part IV, line 17	90,175			90,175
f	Investment management fees	35,349		35,349	
g	Other	62,021	40,307	9,190	12,524
12	Advertising and promotion .	52,02.1	,	- 0,100	,021
13	Office expenses	186,367	53,103	79,161	54,103
14	Information technology	52,851	35,265		7,843
15	Royalties			3,7,13	
16	Occupancy	355,432	335,835	19,597	
17	Travel	82,629	71,021	7,467	4,141
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	76,804	38.899	27,914	9,991
20	Interest				
21	Payments to affiliates		· · · · · · · · · · · · · · · · · · ·		
22	Depreciation, depletion, and amortization	393,840	393,840		
23	Insurance	22,382	11,020		4,286
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а	Food service	312,104	312,104		
b	Housekeeping	108,993	108,993		
С	Maintenance	277,782	241,958	33,737	2,087
d	Taxes	1,503	403	1,100	
е	Miscellaneous	13,824	392		10,576
f		22,500		22,500	
25_	Total functional expenses. Add lines 1 through 24f	3,788,789	2,311,554		761,895
26	Joint Costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization	ļ ļ			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising			]	
	solicitation				
					Form 990 (2008)

Pa	ırt X	Balance Sheet								
					(A) Beginning of year			(B End of		
	1	Cash-non-interest-bearing	224,830	1			62	1,627		
-	2	Savings and temporary cash investments			482,108	2				1,727
]	3	Pledges and grants receivable, net .		2,418,401	3				3,549	
	4	Accounts receivable, net		4						
Ì	5	Receivables from current and former officers	, directo	ors, trustees, key						
		employees, or other related parties. Complete				5				
Ì	6	Receivables from other disqualified persons								
		4958(f)(1)) and persons described in section	•				ļ			
ľ		Part II of Schedule L .		6	1					
ठ	7	Notes and loans receivable, net .				7				
Assets	8	Inventories for sale or use .		Ī		8				
٧	9	Prepaid expenses and deferred charges		Ī	-247	9			12	4,781
ļ	10a	Land, buildings, and equipment cost basis	10a	8,074,301			<del></del>			
		Less accumulated depreciation Complete								
l		Part VI of Schedule D .	10ь	3,711,071	4,729,786	10c	l		4.50	6,025
	11	Investments-publicly traded securities			27,799,179					2,204
	12	Investments-other securities See Part IV, Iir	ne 11	· · · · · · · · · · · · · · · · · · ·		12				_,,
	13	Investments-program-related See Part IV, In		Ì	<del></del>	13				
	14	Intangible assets .		•		14				
	15	Other assets See Part IV, line 11.	•	<b>†</b>	1,286					1,286
	16	Total assets. Add lines 1 through 15 (must e	equal lin	ne 34)	35,655,343					1,199
	17	Accounts payable and accrued expenses	. 1		255,710		<b></b>			6,238
	18	Grants payable		18	<u> </u>			-1		
	19	Deferred revenue	ŀ		19	<u> </u>				
	20	Tax-exempt bond liabilities .	•			20				
Ś	21	Escrow account liability Complete Part IV of	Schedu	ıle D		21				
Liabilities	22	Payables to current and former officers, direct					1			
Pi		employees, highest compensated employees		•			1			
ت		persons Complete Part II of Schedule L	-	22	,					
	23	Secured mortgages and notes payable to un	third parties		23	t		-		
	24	Unsecured notes and loans payable		24						
	25	Other liabilities Complete Part X of Schedule	e D			25				
	26	Total liabilities. Add lines 17 through 25			255,710	_			13	6,238
sə		Organizations that follow SFAS 117, chec complete lines 27 through 29, and lines 3								
alances	27	Unrestricted net assets	o una o		12,642,752	27			0.72	16 250
	27 28	Temporarily restricted net assets					<del>├</del>			26,258 12,994
9	29	Permanently restricted net assets	•		8,074,934 14,681,947		┼			5,709
Š	23	•			14,001,941	23	<del>                                     </del>		12,13	3,709
s or Fund		Organizations that do not follow SFAS 11 and complete lines 30 through 34.		k here ►	1					
Net Assets	30	Capital stock or trust principal, or current fun			· · · · · · · · · · · · · · · · · · ·	30	<u> </u>			
As	31	Paid-in or capital surplus, or land, building, or				31	↓			
et	32	Retained earnings, endowment, accumulate	d incom	e, or other funds		32				
Z	33	Total net assets or fund balances			35,399,633	33	<del> </del>		27,56	34 <u>,961</u>
	34_	Total liabilities and net assets/fund balances		35,655,343	34	┸		27,70	)1,19 <u>9</u>	
Pa	rt XI	Financial Statements and Reportin	<u>g</u>						,	
					_				Yes	No
1		ecounting method used to prepare the Form 99	_	Cash X Accru				'		ĺ
2		ere the organization's financial statements cor		•				2a		<u> </u>
		ere the organization's financial statements aud				2b	Х	<b> </b>		
		"Yes" to lines 2a or 2b, does the organization	•	ight of	f the		· '			
		udit, review, or compilation of its financial state						2c	X	
3		s a result of a federal award, was the organiza		uired to undergo an au	dit or audits as set forth	n		]	]	
		e Single Audit Act and OMB Circular A-133?.						3a	<u> </u>	X_
	b If "Yes," did the organization undergo the required audit or audits?									<u> </u>

### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

nonexempt charitable trusts.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions. Inspet

Employer Identification number

The MacDowell Colony, Inc. 13-1592242 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) 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). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 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 ) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 b Type II c Type III-Functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (ii) EIN (i) Name of supported (described on lines 1-9 in col (i) listed in your the organization in organization in col support organization above or IRC section governing document? (i) organized in the ∞l.(i) of your (see instructions)) support? US? Yes No Yes No Yes No

Total

Schede	chedule A (Form 990 or 990-EZ) 2008								
Par					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.)								
	ion A. Public Support ndar year (or fiscal year beginning in) ▶	(a) 2004	(h) 2005	(a) 2000	(4) 2007	(-) 2009	(6) T-4-1		
		(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not								
	include any "unusual grants")	756,479	4,506,379	1,852,380	3,599,317	1,458,260	<u> 12,172,815</u>		
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	2.00.00							
4	Total Add lines 1-3 .	756,479	4,506,379	1,852,380	3,599,317	1,458,260	12,172,815		
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								
c	amount shown on line 11, column (f)  Public support. Subtract line 5 from line 4	<del></del>					5,406,349		
Sect	ion B. Total Support	<u> </u>					6,766,466		
	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
7	Amounts from line 4	756,479	4,506,379	1,852,380	3,599,317	1,458,260	12,172,815		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_	sources	470,183	606,643	821,187	970,877	792,369	<u>3,661,259</u>		
9	Net income from unrelated business activities, whether or not the business is								
10	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	21,272	16,592	80,758	32,178	211,050	361,850		
11	Total support. Add lines 7 through 10	L1					16,195,924		
12	Gross receipts from related activities, etc (s		•			12			
13	First five years. If the Form 990 is for the organization, check this box and stop here	·	st, second, thir	d, fourth, or fift	n tax year as a	section 501(c)	(3)		
	tion C. Computation of Public Support			<del></del>					
14	Public support percentage for 2008 (line 6, or Public support percentage from 2007 Sched			column (f))		15	41 78% 27 01%		
16a				line 12 and lin	- 14 22 1/20				
104	33 1/3% support test-2008. If the organiza and stop here. The organization qualifies as				e 14 is 33 i/37	% or more, chec	× this dox ► X		
b	33 1/3% support test-2007. If the organiza	ition did not che	ck a box on lir	ie 13 or 16a, ai	nd line 15 is 33	3 1/3% or more,			
47-	box and stop here. The organization qualific								
17a	10%-facts-and-circumstances-test-2008. or more, and if the organization meets the "f								
	the organization meets the "facts-and-circum				•	•	_		
b	10%-facts-and-circumstances test—2007. or more, and if the organization meets the "facts-and-circumstances" the organization meets the "facts-and-circumstances" and the organization meets the "facts-and-circumstances" and the organization meets the "facts-and-circumstances" and the organization meets the "facts-and-circumstances" and the organization meets the "facts-and-circumstances" and the organization meets the organization mee	If the organizat	tion did not che nstances" test,	eck a box on lir check this box	ne 13, 16a, 16b cand <b>stop he</b>	o, or 17a, and lii re. Explain in F	ne 15 is 10% Part IV how		
18	Private foundation. If the organization did not ch		•	•					

	990 or 990-EZ) 2008	The MacDowell Colony, Inc	·	13-1592242 Page <b>4</b>
Part IV	Supplemental	Information. Complete this part	to provide the explanation require le any other additional information	ed by Part II, line 10,
	Part II, IIIIe 17a	of 17b, of Fait III, life 12. Flovid	ie any other additional information	i. (see instructions)
		······································		
• • • • • • • • • • • • • • • • • • • •				
•				
			•••••	
	• • • • • • • • • • • • • • • • • • • •	•••••		
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	••••••	
	••••••			
	••••			

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Employer identification number

	lacDowell Colony, Inc		13-1592242
Part	Organizations Maintaining Dono	or Advised Funds or Other Similar F	unds or Accounts. Complete if
	the organization answered "Yes" t	o 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)		<del></del>
4	Aggregate value at end of year		<del></del>
5	Did the organization inform all donors and d	onor advisors in writing that the assets held	d in donor advised
	funds are the organization's property, subject	<u>-</u>	
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	impermissible private benefit?	and benefit of the dollor of dollor advisor	Yes No
Dow	<del></del>	plete if the organization answered "Yes	
Pari			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 pleasure) Preservation	n of an historically important land area
	Protection of natural habitat	Preservation	n of certified historic structure
	<b>=</b>		
_	Preservation of open space	1d = =al.E. d ====	h
2	Complete lines 2a-2d if the organization he	id a qualified conservation contribution in ti	ne form of a conservation easement
	on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements	•	
þ	Total acreage restricted by conservation ear		2b
С	Number of conservation easements on a ce	• • • • • • • • • • • • • • • • • • • •	
ď	Number of conservation easements include	d in (c) acquired after 8/17/06 .	2d
3	Number of conservation easements modifie	d, transferred, released, extinguished, or te	erminated by the organization
	during the taxable 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, inspecti	on, violations, and
	enforcement of the conservation easements	s it holds?	Yes No
6	Staff or volunteer hours devoted to monitori	ng, inspecting, and enforcing easements d	uring the year
7	Amount of expenses incurred in monitoring,		
8	Does each conservation easement reported		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	The state of the s	Yes No
9	In Part XIV, describe how the organization r		
•	balance sheet, and include, if applicable, the		
	the organization's accounting for conservati		mandar statemente that describes
Par		ons of Art, Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answere		on on the same
1a	If the organization elected, as permitted und	der SFAS 116, not to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar ass	ets held for public exhibition, education, or	research in furtherance of public
	service, provide, in Part XIV, the text of the		
þ	If the organization elected, as permitted und	der SFAS 116, to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets I		earch in furtherance of public
	service, provide the following amounts relat	ing to these items	
	(i) Revenues included in Form 990. Part VI	II, line 1	. ▶ \$
	<ul><li>(i) Revenues included in Form 990, Part VI</li><li>(ii) Assets included in Form 990, Part X</li></ul>		► \$ ► \$
2	If the organization received or held works or		
-	following amounts required to be reported u		ssets for infantisal gain, provide the
_	Revenues included in Form 990, Part VIII, I		•
a			. • • • • • • • • • • • • • • • • • • •
b	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Fo		0 - E - 000 B - 11		Page 3
Part VII	Investments—Other Securities			<del></del>
(	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
	vatives and other financial products	<del> </del>		·
	d equity interests			
		<del></del>		
		<del></del>	<del> </del>	
			<del> </del>	
			<del> </del>	
			<del> </del>	<del></del>
		<u> </u>		
	b) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relate	d. See Form 990, Part X	<del>                                     </del>	
	(a) Description of investment type	(b) Book value	(c) Method of valu	
		<del></del>	Cost of cite of year fit	arket value
			<del> </del>	
			<del> </del>	
		<u> </u>	<u> </u>	
Total (Column )	(b) should equal Form 990, Part X, col (B) line 13)	<del></del>		
Part IX	Other Assets. See Form 990, P	Part X line 15	<del></del>	
1 474 174		a) Description		(b) Book value
		<del></del>		
		<del></del>		<del> </del>
				<del> </del>
			<del></del>	
				<del>                                     </del>
Total. (Col	lumn (b) should equal Form 990, Part X	, col (B) line 15)	, <b>.</b>	
Part X	Other Liabilities. See Form 990	), Part X, line 25.		
	(a) Description of liability	(b) Amount		
Federal inc	come taxes			
		- <del> </del>		
	<del></del>			
	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del>-</del>	
			<del> </del>	
		<del> </del>		
		<del> </del>		
			$\overline{}$	
Total. (Column	(b) should equal Form 990, Part X, col (B) line 25)			
In Part XIV	, provide the text of the footnote to the	organization's financial stat	tements that reports the organiza	tion's liability for
uncertain t	ax positions under FIN 48		· -	•

	ıle D (Form 990) 2008					Page 4
Part		<u>to Fir</u>	ancial Stateme	nts		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1_	<b>↓</b>	1,707,493
2	Total expenses (Form 990, Part IX, column (A) line 25)			_2_	<b>↓</b>	3,788,789
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	↓	-2,081,296
4	Net unrealized gains (losses) on investments .			4	<del> </del>	-5,753,377
5	Donated services and use of facilities			_5	<b>↓</b>	
6	Investment expenses .			6	∔	
7	Prior period adjustments			_7_	<del> </del>	
8	Other (Describe in Part XIV)		1	8	₩-	
9	Total adjustments (net) Add lines 4–8		·	9	<del> </del>	-5,753,377
10 18 aug	Excess or (deficit) for the year per financial statements. Combine lines 3 a		Mith Povenue	10	Betur	-7,834,673
	Reconciliation of Revenue per Audited Financial Statem  Total revenue, gains, and other support per audited financial statements	ients	with Revenue	per	1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•	⊢	<del>'                                    </del>	-3,802,918
	Net unrealized gains on investments	2a	5 752 2			
a b	Donated services and use of facilities	2b	-5,753,3	~	1	
	Recoveries of prior year grants	2C		-		
C		2d	242.0	=	1	
d	Other (Describe in Part XIV)	_ <u>2</u> u	242,9		30	E E10 411
e	Add lines 2a through 2d . Subtract line 2e from line 1		•	-	2e   3	-5,510,411 4,707,403
3	• • • • • • • • • • • • • • • • • • • •	Ι.	1	⊢	<del>-  </del> -	1,707,493
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1	<b>\</b>	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-		
b	Other (Describe in Part XIV)	4b	<u> </u>	-	4.	
C	Add lines 4a and 4b  Total reverse Add lines 2 and 4a (This should arrivel Form 200). Book I live	40		⊢	4c	4 707 402
5 Par	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, lin  XIII Reconciliation of Expenses per Audited Financial State					1,707,493
		mem	S MILLI EXPENSE	<u> 32 h</u>	1	
1	Total expenses and losses per audited financial statements .			⊢		4,031,754
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	ء ا	1	- 1	ĺ	
a		2a		$\dashv$	1	
b	Prior year adjustments	2b	<del> </del>	$\dashv$	j	
C	Losses reported on Form 990, Part IX, line 25	2c	242.0	CE	İ	
d	Other (Describe in Part XIV)	_2d	242,9	03	20	242.065
e	Add lines 2a through 2d		•	⊢	2e	242,965
3	Subtract line 2e from line 1	1	ı.	⊢	3	3,788,789
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	. ا	ì		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del> </del>	-	ĺ	
b	Other (Describe in Part XIV)	4b	<del></del>	-	.	
C	Add lines 4a and 4b		• •	-	4c	0.700.700
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I,	line_1	3)	_1	5	3,788,789
Par	t XIV Supplemental Information					
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and	9. Pa	rt III, lines 1a and	4. P	art IV, Ir	nes 1b
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part			•	·	
Part	XII Line 2d Fundraising expenses subtracted from form 990 income \$(285,0	671)				
Part	XII Line 2d Medal Day income netted to expense on audit \$(42,706)					
Part	XII Line 2d Rounding \$( 1)					
Part	XII Line 2d Total \$242,966					
						• • • • • • • • • • • • • • • • • • • •
⊃art	XIII Line 2d Fundraising expenses subtracted from form 990 income \$285,	671				
-417						
Part	XIII Line 2d Medal Day income netted to expense on audit \$(42,706)					
-21/						
Part	XIII Line 2d Total \$242,965					
	XIII Line 2d Total \$242,965					

Schedule D (Form	990) 2008	Page 5
Part XIV	990) 2008 Supplemental Information (continued)	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	

13-1592242

The MacDowell Colony, Inc

### Schedule F (Form 990)

**Totals** 

### Statement of Activities Outside the United States

20**08** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15. or line 16.

Name of the organization Employer identification number The MacDowell Colony, Inc. 13-1592242 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award Yes No the grants or assistance? 2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the **United States** 3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed ) (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total (d) Activities conducted in offices in the employees or region (by type) (i e , a program service, expenditures in region agents in describe specific type of region fundraising, program services, region grants to recipients located in service(s) in region the region)

Schedule F (Form 990) 2008

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)								
(h) Description of non-cash assistance							1	
(g) Amount of non-cash assistance								
(f) Manner of cash disbursement								
(e) Amount of cash grant								
(d) Purpose of grant								
(c) Region								
(b) IRS code section and EIN (if applicable)								The state of the s
(a) Name of organization and EIN (if applicable) (c) Region								
-								

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

က

Schedule F (Form 990) 2008

13-1592242

The MacDowell Colony, Inc

Schedule F (Form 990) 2008

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1(Form 990) if additional space is needed.

Schedule F (Form 990) 2008 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance 800 Check to artist 2,530 Check to artist 1,900 Check to artist (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients East Asia and the Pacific (b) Region North America Europe (a) Type of grant or assistance Financial aid to artists in residence Financial aid to artists in residence Financial aid to artists in residence Part III

, Th. M.	-December 1	40.4500010	
	cDowell Colony, Inc Form 990) 2008	13-1592242	Page 4
Part IV	Supplemental Information		rage +
	Complete this part to provide the information required in	Part I, line 2, and any other additional information	
		•••••	
			<i>.</i> <b> </b>

#### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open To Public Inspection\_

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization Employer identification number 13-1592242 The MacDowell Colony, Inc. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Solicitation of non-government grants Mail solicitations а **Email solicitations** Solicitation of government grants X Phone solicitations Special fundraising events С d X In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? | X | Yes | b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (v) Amount paid to (i) Name of individual (iii) Did fundraiser have (vi) Amount paid to (ii) Activity (iv) Gross receipts (or retained by) or entity (fundraiser) custody or control of from activity (or retained by) fundraiser listed in contributions? organization col (i) Yes No CAMPAIGN Х DEVELOPMENT GUILD/DDI, INC FOR THE 2ND 373.944 99.175 274,769 Total 373,944 274,769 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pa	rt <u>li</u>		s. Complete if the orga on Form 990-EZ, line 6				r repoi	rted
			(a) Event #1  National Benefit (event type)	(b) Event #2  lew Hampshire Benef (event type)	(c) Other Events  1 (total number)	(d) Tota (Add col	al Events (a) throu	
Revenue	1	Gross receipts	434,363	18,324	70,632	·	52	3 <u>,319</u>
Re	3	Less Chantable contributions Gross revenue (line 1	385,044	13,927	32,706		<u>43</u>	1,677
_	_	minus line 2)	49,319	4,397	37,926		9	1,642
<b>S</b>	4	Cash prizes						
bense	5	Non-cash prizes						
Direct Expenses	6	Rent/facility costs	74,239				7.	4,239
Dir	7	Other direct expenses	102,165		105,846		21	1,432
	8 9	Direct expense summary Net income summary Con	mbine lines 3 and 8 in col	umn (d)	<b>&gt;</b>		-19	5,671) 4,029
Pa	rt III	than \$15,000 on Fo	of the organization answ frm 990-EZ, line 6a	wered "Yes" to Form 99	90, Part IV, line 19, or r	eported m	ore	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ocol (a) thr		
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Non-cash prizes						
Direct	4	Rent/facility costs						
_	5	Other direct expenses						
,	6	Volunteer labor	Yes No	Yes	Yes			
	7	Direct expense summary	Add lines 2 through 5 in	column (d)	•			
	8	Net gaming income summ	nary Combine lines 1 and	d 7 in column (d)	<b>&gt;</b>			
9		inter the state(s) in which the state organization licensed t				9a	Yes	No
t	) If	"No," Explain						
10a	 	Vere any of the organization		••••	•••••	 10a		
t	o If	"Yes," Explain			•••••			
11		oes the organization opera						
12	ls	s the organization a grantor, ormed to administer charitat	, beneficiary or trustee of		partnership or other entity			

ched	ule G (Form 990 or 990-EZ) 2008			Page 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility .		- 1	
b	An outside facility			
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records		1	
	Name ▶		- 1	
	Address ▶			
46.	Done the consequence have a contract with a third and form have the			
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	4.		
<b>L</b>	• • • • • • • • • • • • • • • • • • • •	15a		
D	If "Yes," enter the amount of gaming revenue received by the organization  amount of gaming revenue retained by the third party  \$\\$			
_	If "Yes," enter name and address			
·	ii res, entername and address			
	Name •			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Nama 🏲			
	Name ▶			
	Gaming manager compensation ► \$			
	Carming manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make chantable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶\$			

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

▲

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Inspection Employer Identification number

The MacDowell Colony, Inc.						13-1592242	
Part I General Information on Grants and Assistance	on Grants	and Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to s	ubstantiate the amo	ount of the grants or as	ssistance, the grantees	'eligibility for the grant	s or assistance, and	[
the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitori	award the gran	ts or assistance?	stance?	s in the United States			X Yes No
II II	Assistance to	Governments a	nd Organizations in	n the United States	Complete if the org	anization answered	"Yes" on
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	ine 21, tor any le I-1 (Form 99	recipient that rec 30) if additional sp	eived more than \$5, lace is needed .	000. Check this box	If no one recipient re	sceived more than \$	5,000. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and novernme	501(c)(3) and	overnment organizations	ations			•	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations

Schedule I (Form 990) 2008

Schedule I (Form 990) 2008

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance is co-chaired by a board member and the director. The awards are made exclusively Part I Line 2 Artists who are accepted for a residency are able to apply for a financial aid. Artists 83,865 (c) Amount of cash grant admissions selection panels, meets three times a year to review grant requests and brief explanation of why they need assistance. The awards are based on financial are asked to supply the first two pages of their most recent income tax form and a made up of staff and board members This committee, a separate entity from the from the gifts designated for this purpose. The award recipients must include the need. Grants are limted to not more than \$1,000 per person. The amount of the award is at the discretion of the MacDowell Colony's Grant Committee, which is Use Schedule I-1 (Form 990) if additional space is needed. 96 (b) Number of recipients amount of the award in their taxable income in the year of receipt (a) Type of grant or assistance Financial aid for artists in residence Part IV Part III

### SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**Compensation Information** 

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

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

The I	MacDowell Colony, Inc [13-1592242	_		
Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
•	Indicate which if any of the following the argonization upon to establish the compensation of the	ĺ		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply	1		
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study	1		
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			•
a	Receive a severance payment or change of control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
_	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
	compensation contingent on the net earnings of	1		
a	The organization?	6a	1	X
b	Any related organization?	6b	<u> </u>	<del>  ^</del>
7	If "Yes" to line 6a or 6b, describe in Part III  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	1	1	
′	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		×
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was	<del></del>	<del>                                     </del>	<del>  ^</del>
•	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation				
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)—(D)	(F) Compensation reported in prior Form 990 or
				compensation				Form 990-EZ
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Schedule J (Form 990) 2008

The MacDowell Colony, Inc.

90) 2008	Part III Supplemental Information Supplemental Information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part is part in to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part	nai mormation.
Schedule J (Form 990) 2008	Part III Supplemental Complete this part to provice	tor any additional information.

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Schedule J (Form 990) 2008

### SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Employer Identification number

The MacDowell Colony, Inc.

Name of the Organization

13-1592242

Part I Continuation of Officers, I Employees								<del>-</del>	
(A)	(B)		 (0	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Officer	key employee	ল Highest compensated ল employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Jytte Jensen Director	1	Х							
Verlyn Klinkenborg Director	1	х							
Carol Krinsky Director	1	х							·
Monica Lehner Director	1	x		_					
Tania Leon Director	1	x							
Carman Moore Director	1	X							
Scott Manning Director	1	x							
Paul Moravec Director	1	X							
Evelyn Stefansson Nef Director	1	x	ļ			_			ļ
George Nicholson Director	1	X							
Andrew M. Senchak Director	1	х	_			L			
Robert Olmsted Director	1	X							
Oliva Parker Director	1	x							
Thomas Putnam Director	1	х				_			
Peter Read Director	1	x	_						
Leslie Roberston Director	1	х		<u> </u>		<u> </u>			
Jeff Rosenheim Director	1	x	_		<u> </u>				
Amy Baker Sandback Director	1.	X							
Alvin Singleton Director	1	x							
Susan Sollins-Brown Director	1	x							
Charles F Stone Director	1	×							

### SCHEDULE J-2 (Form 990)

# **Continuation Sheet for Form 990**

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization Employer Identification number
The MacDowell Colony, Inc 13-1592242

Part I Continuation of Officers, I	Directors, Tru	stees	s. K	ev	Em	plove	ees	113-1592242 . and Highest C	ompensated	<del></del>
Employees										·
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	individual trustee or director	Institutional trustee	Officer	al Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Robert Storr Director	1	×				_ <u>ä</u>				
se Traulsen Director	1	х								
lamie Trowbridge Director	1	×								
Illen Taaffe Zwillich Director	1	×								
Robert MacNeil Chairman	5			х						
Carter Wiseman President	5			х			L			
Gerald J Gartner reasurer	5			x						<u> </u>
Helen S. Tucker Secretary	5			x			_			
Cheryl Young Executive Director	40				x			151,058		
David Macy Resident Director	40				x			128,499		
Nendy Belser Director of Development	40				<u> </u>	x		125,111		
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			<u> </u>		L					
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### SCHEDULE L (Form 990 or 990-EZ)

# **Transactions With Interested Persons**

20**08** 

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b

Open To Public
Inspection
Employer identification number

The MacDo	well Colony, Inc							13	-15922	42			
Part I	Excess Benefit Transactio To be completed by organizatio									EZ, Par	t V, line	e 40b	
												(c) Con	ected?
1	(a) Name of disqualified person		•	-	# #	(b) Description	n of trans	action				Yes	No
							· -	_					
		<del></del>					<del></del>		·				
			· <del>-</del>										
unde	er the amount of tax imposed of er section 4958			_			ons duri	ng the	e year	<b>•</b>	<b></b>		
3 Ente	r the amount of tax, if any, on l	ine 2, abo	ove, rein	nbursed by	the org	anızatıon	•	•		•	\$	_	
Part II	Loans to and/or From Ir To be completed by organization				m 990, Pa	art IV, line 26,	or Form	990-E	Z, Part	V, line	38a	-	
(a) Nam	e of interested person and purpose		to or from inization?	(c) On pnncipal	-	(d) Balance	due	(e) In (	default?	by bo	proved eard or nittee?		ntten ment?
		То	From					Yes	No	Yes	No	Yes	No
		1											
		-	· ·										
									<u> </u>				
Total		<u> </u>											
Part III	Grants or Assistance B To be completed by organiz						Line 2	7		<u> </u>		I	<u> </u>
	a) Name of interested person			ip between into	terested pe		$\overline{}$		ount of g	rant or t	ype of a	ssistance	;
-		-											
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Part IV	Business Transactions To be completed by organiz					990, Part IV	, line 2	8a, 28	3b, or 2	.8c			
(	a) Name of interested person		elationship ested perso organizat	on and the		Amount of insaction	(d	) Descr	iption of	transact	tion	organi	anng o zation's nues?
							ļ			-		Yes	No
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### **SCHEDULE O** (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection Employer identification number

The MacDowell Colony, Inc	13-1592242
Form 990 Part VI Section A Line 10 Procedure for reviewing form 990 - from 990 is prepared by	the Colony's
Financial Administrator and reviewed by an independent auditor, the Audit Committee & the Co	lony's
Executive Directror & Treasurer	
Form 990 Part VI Section C Line 19 Governing documents, conflict of interest policy & financial	statements are available
upon written request to theFinancial Administrator, 100 High Street, Peterborough, Nh 03458	
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								ion Basis Method																																
								Depreciation																																
other	expenses	2,469,666			Expense of sale and	cost of	ımprove-	ments																																
Cost, other	basis and expenses				ner basis	field only)	Donated	value																										10,104	871	171,010	5,093	7,490	15,078	2,177
S	S	1,713,058			Cost or other basis	(Enter one field only)		Cost	125,443	95,354	100,814	118,778	2,861	29,198	131,567	468	7,738	699'86	113,329	137,917	8,639	119,375	125,447	119,907	108,772	129,208	148,358	103,541	95,170	78,838	102,431	103,653	52,368							
Gross	sales			•			Gross sales	price	24,535	49,051	16,789	72,053	3,471	35,456	101,570	499	11,493	119,162	86,680	101,940	5,103	72,552	200,000	87.287	90,934	96,771	46,436	90,616	9,458	24,411	28,481	64,838	63,765	10,670	958	168,113	4,745	7,462	15,615	2,144
Totals		Public Securities	Non-Public Securities	Other sales			Date	plos	3/3/2009	3/3/2009	1/28/2009	1/28/2009	12/9/2008	12/16/2008	4/10/2008	5/28/2008	5/28/2008	6/23/2008	8/6/2008	8/20/2008	5/20/2008	8/21/2008	10/7/2005	10/7/2008	10/7/2008	10/10/2008	10/10/2008	10/28/2008	11/24/2008	11/25/2008	11/25/2008	11/25/2008	12/3/2008	12/1/2008	12/11/2008	12/24/2008	12/23/2008	12/29/2008	12/30/2008	12/31/2008
		Publ	Non-Publ				Acquisition	method	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	purchased	parchased	purchased	gift		Ę		,		
							Date	T			11/29/2005	10/14/2008	11/12/2008	11/12/2008		6/1/2007	6/1/2007	6/7/2007			11/2/2007	11/2/2007	9	6/1/2007	6/8/2006	7	2/5/2007				. 1		11/12/2008	_	12/2/2008	12/18/2008 gift	12/17/2008 gift	12/22/2008	12/30/2008 gift	12/23/2008 grift
								Purchaser																																
					Check if	purchaser	IS 8	pusiness																	-															
					Check if gain/loss is	from sale of	non public	secunties																																
					Check if gain/loss is	from sale	of public	securities	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×	×
								CUSIP#						,																										
								Index Description	1 3500 shs General Electric	2 7462 shs of Anglo American	3 2200 shs Bank Amr Corp	4 4775 shs Pfizer	5 122 shs Constellation Energy	Г	Γ	8 57 shs Fampoint Comm	9 275 shs Staloilhydro	10 3200 shs McCormick & Co	11 2500 shs of Pitney Boews	12 1750 shs Fortune Brands	13 440 shs Volvo Aktrebolaget	14 6135 shs Volvo Aktiebolaget		16 2225 shs Eli Lily Co	Г	18 5750 shs Aqua America	19 2500 ss Bardays						П	Т	П	28 2760 shs McDonalds Corp	Г	30 189 shs Zimmer Holdings Inc		32 68 shs America Movil SAB

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	my = me == (eee/ _Bepresidation, Bepresid	,			
		393,840 (A)	393,840 (B)	(C)	(D)
		Total	Program	Management	Fundraising
ļ	Description	i	services	and general	
1	Building & building improvements	312,488			-
2	Equipment	30,465	30,465		
3	Furniture & fixtures	2,892	2,892		
4	Land improvements	24,914	24,914		
5	Vehicles	23,081	23,081		
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Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grant	s receivable	Allowance for dou	ubtful accounts
		Beginning	End	Beginning	End
Total pledges receivable	1 [	2,418,401	1,853,549		
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12 Total pledges and grants receivable	12	2,418,401	1,853,549	<del>                                     </del>	†

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				Leasehold Improve-	****		Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
	Category or Item	Land	Buildings	$\neg$	Equipment	Other	Asset	Disposed	Basis	Depr	Dep	Adjustments	Balance	Balance
-	New York Office Condo		×						289,714				229,032	226,810
7	Equipment				×				588,595	467,471	497,936	6,891	121,124	97,550
۳	Furniture & fixtures					×			146,876	ľ			10,460	7,568
4	Building improvements			×					5,517,613	7	2,585,618		3,242,262	3,043,086
သ	Vehicles					×			226,332		156,779		65,349	42,268
ဖ	Land improvements	×							945,483	243,612	268,526		701,871	695,012
^	Construction in progress			×					359,688			34,041	359,688	393,729
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Part X.	Lines 11	1 and 12	(990)	- Investments	- Securities

Check one b	ox below	to ind	ıcate	how	secunties	are repor	rted
Cost							
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X End of year market value (FMV)

							27,799,179	20,552,204
							Beginning	Ending
		Publicly		Closely-Held	Number	Value	Balance	Balance
		Traded	Financial	Equity	of Shares/	at Time of	Book Value	Book Value
l	Securities at end of year	Securities?	Denvatives	Interests	Face Value	Donation	FMV	- FMV
1	Vanguard Prime Portfolio Fund	X			3,753,033 00		6,511,552	6,490,241
2	Vanguard Bond Market Fund	X			209,178 00		2,146,165	2,112,697
3	Vanguard Short Term Corporate Fund	X			362,304 00		5,269,135	4,823,856
4	Vanguard International Portfolio	X			183,219 00		4,804,208	535,088
5	Vanguard Small Cap Value Index Fund	X			17,381 00		1,172,837	697,786
6	Vanguard Admiral Shares 500 Portfolio	X			16,968 00		1,625,298	1,007,217
7	Vanguard Admiral Shares Extended Market	X			23,648 00		1,122,230	683,334
8	Boston Private Bank shares held	X					5,147,754	3,202,397
9	Vanguard High Yield Corporate Fund	X						999,588
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11			X					
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Part X, Line 15 (990) - Other Assets

Part X, Line 15 (990) - Other Assets	1,286	1,286
Description	Beginning	End
Auction house settlement certificate	1,286	1,286
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3		
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Part II (Sch G (990/990EZ)) - Events	523,319	431,677	91,642			74,239	211,432
	Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7
		Less	Gross Revenue				
		(Charitable	(line 1 minus		Non-cash	Rent/Facility	Other direct
Event Type	Gross Receipts	contributions)	line 2)	Cash Prizes	Prizes	costs	expenses
1 National Benefit	434,363	385,044	49,319			74,239	102,165
2 New Hampshire Benefit	18,324	1	4,397				3,421
3 Other fundraising events	70,632		37,926				105,846
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