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Form **990**

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 2008

Department of the Treasury

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_		ue Service	► The organization may have to use a copy of this	s return to satisfy state repor	ung requirements	Open to Public Inspection
	For the	2008 calendar yea	ar, or tax year beginning 10/01	, 2008, and endir	ng 9/30	, 2009
В	Check if a	applicable			D Employ	yer identification Number
	Addr	ress change Please IRS lab	HOYT FOUNDATION, INC.		22-2	2940515
	H	or printer or type	ת ויסם אווג מעוט גאווי וויסו וייסו		E Telepho	
	 -	See	" HOLLAND MA 01521			245 9466
	\dashv	al return specif	ic		413	243 9466
	Tern	nination tions	·			
	X Ame	ended return			G Gross re	eceipts \$ 94,684.
	Appl	lication pending F Nar	ne and address of principal officer RICHARD HO	TYC	H(a) Is this a group return	rn for affiliates? Yes X No
		Same	e As C Above		H(b) Are all affiliates incl	
$\overline{\Box}$	Tax-e	exempt status X	501(c) (3) ◄ (insert no) 494	7(a)(1) or 527	If 'No,' attach a list	(see instructions)
J			AMHOYT.COM	·	H(c) Group exemption nu	umber ►
ĸ			poration Trust Association Other►	L Year of Forma		State of legal domicile
	ert I		poration Trust Association Other	■ rear or Forma	uon į m s	state of legal dofficile
Pa		Summary		- L. L EDUCATIO	N OF MUE DUD	TTO ADOUG MUD
	1		organization's mission or most significant a			
ė	لـ ا	INCLUSION OF	PEOPLE WITH DISABILITES IN	FAMILY AND COL	AMONTIA VCITA	/ITIES
ğ	_ ا					
E	_					
õ	1	Check this box 🟲			ore than 25% of its	assets
æ			embers of the governing body (Part VI, line			3 3
8	1	•	dent voting members of the governing body	(Part VI, line 1b)		4 0
ŧ			ployees (Part V, line 2a)			5 0
Activities & Governance			unteers (estimate if necessary)			6 4
⋖		-	d business revenue from Part VIII, line 12, o			7a 0.
	b N	let unrelated busin	ess taxable income from Form 990-T, line 3-	4		7b 0.
					Prior Year	Current Year
	8 C	Contributions and g	rants (Part VIII, line 1h)		101,8	85,352.
Revenue			venue (Part VIII, line 2g)			366. 5,438.
ĕ			(Part VIII, column (A), lines 3, 4, and 7d)		3,894.	
æ			VIII, column (A), lines 5, 6d, 8c, 9c, 10c, a	nd 11e)		
		· ·	d lines 8 through 11 (must equal Part VIII, c		108,1	94,684.
_			amounts paid (Raut IX, column (A), lines 1-3			74,500.
		Popofito poid to or f	for members (Part X, column (A), line 4)	,		14,500.
စ္	15 S	salaries, other com	pensation, employee benefits (Part IX) colur	mn (A), lines 5-10)		
Expenses	16a P	Professional fundra	sing fees (Par ExBcountin2(1) line (Pe)			
ğ	bΤ	otal fundraising ex	penses (Part IX, column (D), line 252		İ	'
ш	1		irt IX, column (%); ines Na-Ua 11f-24f)		43,4	124. 18,099.
	18 T	intal expenses Ad	d lines 13-17 (must equal Part-IX; column (A	\\ line 25\	43,4	
	1	· · · · · · · · · · · · · · · · · · ·		1), lifte 23)	64,7	
	19 F	revenue less exper	nses Subtract line 18 from line 12		04,7	
Net Assets or Fund Balancos					Beginning of Y	
100	1	otal assets (Part X	(, line 16)		189,5	574. 191,659.
ξÃ	21 T	otal liabilities (Par	t X, line 26)		<u> </u>	0. 0.
žŽ	22 N	let assets or fund b	palances Subtract line 21 from line 20		189,5	574. 191,659.
Pa	rt II	Signature B	lock		•	<u> </u>
_				companying cohodular and ct	staments, and to the best	of my knowledge and belief it is
		true, correct, and comp	ury, I declare that I have examined this return, including active Declaration of preparer (other than officer) is based o	n all information of which prep	arer has any knowledge	I IIIy knowledge and belief, it is
Sig		19:) 1-e 91 T		1 1	12/2/11
He	yıı Yo	Signature of officer	and c. Along		Date	29/11
110		_ ·	1			, cen
		RICHARD B			President 8	& CEO
		Type or print name	and title			
		0.2) . / / / /	Date	Check if	Preparer's identifying number (see instructions)
Pa		Preparer's	IN H ~	1/17/	self- employed	X 00 12 13580
Pro	_		avid 幻. WIlliams	['/ '/'	′′	14 1015100
	rer's		avid J. Williams			
Us		vours if self	62 Richmond Avenue		EIN ►	
Or	ııy	laddress and	orcester, MA 01602			508 798 6607
Mari		•	rn with the preparer shown above? (see ins	truck and	Phone no	X Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	990 (2008) HOYT FOUNDATION, INC.	22-2940515	Page 2
Pai	rt III Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission. EDUCATION OF THE PUBLIC ABOUT THE INCLUSION OF PEOPLE WITH DISABI COMMUNITY ACTIVITIES.	LITES IN FAMILY	_AND
2	Did the organization undertake any significant program services during the year which were not listed or Form 990 or 990-EZ?	the prior Yes	X No
3	If 'Yes,' describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes	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 and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	s by expenses Section 5 ad allocations to others, t	01(c)(3) he total
4 2	a (Code: 92,514. including grants of \$) (Expenses \$ 92,514. including grants of \$) (EDUCATE SOCIETY ABOUT THE INCLUSION OF PEOPLE WITH DISABILITIES WITH)
41	b (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	c (Code:) (Expenses \$)	(Revenue \$	
7	(Code) (Expenses \$\frac{1}{2} \] including grains of \$\frac{1}{2} \]		
40	d Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ e Total program service expenses ► \$ 92,514. (Must equal Part IX, Line 25, column (<u>) </u>

Form 990 (2008) HOYT FOUNDATION, INC.

|Partitive | Checklist of Required Schedules

-			Yes	No
			163	140
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	Х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u> </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 maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Χ_
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
	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, 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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
148	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
1	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
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		Х
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? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	<u> </u>	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and IL	21_	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No, 'go to question 25	24a		Х
ŧ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		Х
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		х_
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		Х
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			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee.			
	a 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
	c 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? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		<u>x</u> _
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		х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		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		х
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		х
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

TEEA0104L 12/18/08

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
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?	2ь		L
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 Q	3ь		
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		х
b If 'Yes,' enter the name of the foreign country: ▶			
See the instructions for exceptions and 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?	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
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7Ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	_	X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9Ь		
10 Section 501(c)(7) organizations. Enter			
a 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			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other 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)		 -	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year BAA	Form	990	(2008)
			<u>,</u> ,

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A.	Governing Body and Management						
	For each processe	'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, s, or changes in Schedule O See instructions	describe the circumstances,		Yes	No		
1 a	Enter the	number of voting members of the governing body	1a 3			1		
b	Enter the	number of voting members that are independent	1 b			}		
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		X		
3	Did the o	rganization delegate control over management duties customarily performed by or its, directors or trustees, or key employees to a management company or other persi	under the direct supervision on?	3_		Χ_		
4	Did the o	rganization make any significant changes to its organizational documents		4		<u>X</u> _		
	since the	prior Form 990 was filed?				Х		
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the	organization have members or stockholders?		6		<u>X</u>		
7 a	Does the	organization have members, stockholders, or other persons who may elect one or g body?	more members of the	7 <u>a</u>		X		
Ŀ	Are any	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7 <u>b</u>		X		
8	Did the o	rganization contemporaneously document the meetings held or written actions unde ring:	ertaken during the year by	~- \-				
а	The gove	rning body?		8a		<u>X</u>		
ь	Each con	nmittee with authority to act on behalf of the governing body?		8 b		<u>X</u>		
9 a	Does the	organization have local chapters, branches, or affiliates?		9 a		<u>X</u>		
t	If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	9ь				
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	d? All organizations must see Schedule O	10_		X		
11	ls there a organizal	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca cion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		<u>x</u>		
Sec	tion B.	Policies						
					Yes	No		
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a		_X_		
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b		X		
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the position $\frac{1}{2}$ of $\frac{1}{2}$ of $\frac{1}{2}$ of $\frac{1}{2}$ of $\frac{1}{2}$ or $\frac{1}{2}$ of $\frac{1}{2}$ or $\frac{1}{$	olicy? If 'Yes,' describe in	12c		X		
13	Does the	organization have a written whistleblower policy?		13		<u>X</u>		
14	Does the	organization have a written document retention and destruction policy?		14		<u>X</u>		
15	Did the persons,	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision:		-	-		
ā	The orga	nization's CEO, Executive Director, or top management official?		15a		<u>X</u>		
t	Other off	icers of key employees of the organization?		15b		X		
	Describe	the process in Schedule O (see instructions)				1		
16 <i>a</i>		rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		X		
ŧ	in joint v	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	n to evaluate its participation if the organization's exempt	16b				
Sec		Disclosures		100				
		states with which a copy of this Form 990 is required to be filed MA		_				
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply	and 990-T (501(c)(3)s only) a	aılab	le for	public		
		website Another's website Upon request						
19	Describe	in Schedule O whether (and if so, how) the organization makes its governing docurate available to the public	ments, conflict of interest pol	ісу, а	nd fina	ancial		
20	State the	name, physical address, and telephone number of the person who possesses the		anızat	ion			
'	-RICHA	RD HOYT 241 MASHAPAUG ROAD HOLLAND MA 01521 413 245	_ <u>9466</u>					
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Form 990 (2008)

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) or 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

X Check this box if the organization did not compensate any officer, director, trustee, or key employee.										
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours		Position (check al					Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	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
RICHARD HOYT President & CEO	0							0.	0.	0.
KATHY BOYER Secretary	0							0.	0.	0.
RICHARD HOYT Treasurer	0							0.	0.	0.
									··	
								_		

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Part VII Section A. Officers, Directors, Trus	tees, k	(ey	Em	ıplo	ye	es,	an	d Highest Con	pensated Emp	loyees (cont.)	
(A)	(B)		(c)					(D)	(E)	(F)	
Name and Title	Average hours per week			Officer		a Highest compensat		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	s compensation from the organization and related	
		trustee	al trustee		уее	mpensated				organizations	
									·		
	.										
		1			L.						
1 b Total							<u> </u>	0.	0.	<u>0.</u>	
2 Total number of individuals (including those in 1a) organization ► 0	who rec	eive	d mo	ore 1	thar	\$10	00,0	00 in reportable c	ompensation from	the	
3 Did the organization list any former officer, director	or trust	ee. k	κeν	emp	olove	ee, o	or hi	ghest compensate	ed employee	Yes No	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater to 										3 X	
individual .										4 X	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc Section B. Independent Contractors	hedule .	J for	suc	h pe	erso	n			Services	5 X	
Complete this table for your five highest compensation from the organization	ted inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of		
(A) Name and business addres	ss							(B Description of	of Services	(C) Compensation	
							-				
				_							
2 Total number of independent contractors (including compensation from the organization > 0	those ii	n 1)	who	rec	eive	ed m	nore	tnan \$100,000 in			

Par	T VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events. 1 c d Related organizations 1 d e Government grants (contributions) 1 e		revenue		512, 513, or 514
CONTRIBUTION AND OTHER SI	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in lns 1a-1f_ h Total. Add lines 1a-1f	85,352.			
CE REVENUE	2a ENTRY FEES FOR ROAD RACE b Business Code	5,438.			5,438.
GRAM SERVI	d e f Ali other program service revenue		-		
PRO	g Total. Add lines 2a-2f	5,438.			
	 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 	3,894.	3,894.		
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents b Less ⁻ rental expenses				
	c Rental income or (loss)			w	
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses c Gain or (loss)				,
	d Net gain or (loss) ▶				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a a				'
ОТНЕВ	b Less direct expenses c Net income or (loss) from fundraising events				}
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses c Net income or (loss) from gaming activities			- ·	-
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a		 	 	
	b				
	d All other revenue e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	94,684.	3,894.	0.	5,438.

Page 10

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).

	1			
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	74,500.	74,500.	-	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1			
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	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages.	ſ			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits.				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				·
c Accounting		*		
•				
d Lobbying				
e Prof fundraising svcs See Part IV, In 17				
f Investment management fees				
g Other		-		
12 Advertising and promotion				
13 Office expenses	1,884.	1,884.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	9,028.	9,028.		
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				
22 Depreciation, depletion, and amortization				
23 Insurance				
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ENTRY FEES	3,367.	3,367.		
b MISCELLANEOUS	1,948.	1,948.		
c SUPPLIES	1,731.	1,731.		
d FILING FEES	85.		85.	
e Postage and Shipping	56.	56.	<u>-</u>	
f All other expenses	<u> </u>			
25 Total functional expenses. Add lines 1 through 24f	92,599.	92,514.	85.	0.
26 Joint Costs. Check here > If following	72,333.	72,314.		
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	<u> </u>			Form 990 (2008)

ľа	nt X	Balance Sheet						
			(A) Beginning of year		(B) End of year			
	1	Cash – non-interest-bearing		1	<u> </u>			
	2	Savings and temporary cash investments	2	191,659.				
	3	Pledges and grants receivable, net	3	151,055.				
	4	Accounts receivable, net		4				
	-	·						
		Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5				
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		├ 				
Α	_	and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6				
S	7	Notes and loans receivable, net		7				
ASSETS	8	Inventories for sale or use		8				
S	9	Prepaid expenses and deferred charges		9				
		Land, buildings, and equipment: cost basis 10a						
	b	Less accumulated depreciation. Complete Part VI of						
		Schedule D 10b		10c				
	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	100 574	15	101 (50			
	16	Total assets Add lines 1 through 15 (must equal line 34)	189,574.	16	191,659.			
	17	Accounts payable and accrued expenses		17				
	18	Grants payable		18				
1	19	Deferred revenue		19				
LIABILITIES	20	Tax-exempt bond liabilities		20				
	21	Escrow 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						
į E		of Schedule L		22				
S	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.			
N E T		Organizations that follow SFAS 117, check here ► X and complete lines						
		27 through 29 and lines 33 and 34.	100 574		101 (50			
ASS	27	Unrestricted net assets	189,574.	27	191,659.			
Ę S	28	Temporarily restricted net assets		28				
PR	29	Permanently restricted net assets		29	· · · · · · · · · · · · · · · · · · ·			
		Organizations that do not follow SFAS 117, check here and complete			!			
E UZD	30	lines 30 through 34.		20	J			
	30	Capital stock or trust principal, or current funds		30				
Ā	31	Paid-in or capital surplus, or land, building, and equipment fund		32				
Ā	32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances.	189,574.	33	191,659.			
BALANCES	33		189,574.	34	191,659.			
	ırt XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	109,574.	<u> </u>	131,033.			
1 6	II C VI	I mancial Statements and Reporting			Yes No			
1	Δα	counting method used to prepare the Form 990: X Cash Accrual	Other					
		re the organization's financial statements compiled or reviewed by an independent			2a X			
_		re the organization's financial statements complied of reviewed by an independent re the organization's financial statements audited by an independent accountant?	accountant.		2b X			
			ty for oversight of the a	udit.				
_		Yes' to 2a or 2b, does the organization have a committee that assumes responsibilities, or compilation of its financial statements and selection of an independent account of a fodosol swood was the graphystical required to undergo an outilities of			2c			
3	Au	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single udit Act and OMB Circular A-133?						
_		Yes,' did the organization undergo the required audit or audits?			3b (2009)			
BA	A				Form 990 (2008)			

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name o	ame of the organization Employer identification number										
HOY	HOYT FOUNDATION, INC. 22-2940515										
Part	l Reason for Pu	blic Charity Statu	s (All organizations	must o	omple	te this	part.)	(see i	n <u>st</u> ruct	tions)	
The o	organization is not a pri	vate foundation becau	se it is (Please check o	nly one	organiza	ation)					
1	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											
4			d in conjunction with a h								oital's
	name, city, and sta	= '	,	•							
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											
7	in section 170(b)(1	(Complete P	art II)			vernme	ntal uni	t or from	n the ger	neral public	described
8	= '		1 70(b)(1)(A)(vi). (Comple		•						
9	from activities relate	d to its exempt function	more than 33-1/3 % of its s is – subject to certain exce iss taxable income (less omplete Part III)	entions, a	and (2) n	o more t	han 33-	1/3 % of	its suppo	ort from aross	;
10	An organization org	ganized and operated	exclusively to test for pu	ıblıc safe	ety See	section	509(a)	(4) . (see	e instruc	tions)	
11	An organization or	ganized and operated orted organizations of of supporting organiz	exclusively for the benef lescribed in section 509(a zation and complete lines	fit of, to a)(1) or s 11e thi	perform section ough 11	the fun 509(a)(2 h	ctions o 2) See	of, or car section	rry out th 509(a)(3	he purposes). Check the	of one or e box that
	a Type I	b Type II		l — Fund					d \square	Type III~ (
e	By checking this bo	ox, I certify that the or anagers and other tha	ganization is not controll n one or more publicly si	led direc	tly or in	directly	by one	or more ed in sec	disqual ction 509	ified person 9(a)(1) or se	s other ction
f	If the organization check this box	received a written det	ermination from the IRS	that is a	Type I	, Type II	or Typ	e III sup	porting	organization	,
g	Since August 17, 2	006, has the organiza	tion accepted any gift o	r contrib	ution fro	om any	of the fo	ollowing	persons	_	
											Yes No
	(i) a person who	directly or indirectly	controls, either alone or upported organization?	together	with pe	rsons d	escribe	d in (ii) i	and (III)	11g (i)	
	· · · · · · · · · · · · · · · · · · ·	nber of a person desc	•							11g (ii)	
	• • • •	•	described in (i) or (ii) a	hove?						11g (iii)	
h	` '	• •	the organizations the org		n sunno	rte				119(11)	
		1	(iii) Type of organization			·	au patiti	(4)	s the	(viii) Amount	of Support
	(i) Name of Supported Organization	(ii) EIN	(described on lines 1-9 above or IRC section (see Instructions))	organizat (i) listed gove	s the ion in col i in your rning ment?	(v) Did y the organ col your su	iization în (i) of	l organizat		(vii) Amount	ar Support
				Yes	No	Yes	No	Yes	No		
-	_										
				ļ						-,	
				 				<u> </u>			
)		1]		}]]		
				ļ				ļ	<u> </u>		
Total											

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

Schedule A (Form 990 or 990-EZ) 2008

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) Section A. Public Support Calendar year (or fiscal year (c) 2006 (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 7,917 90,072 101,877 85,352 316,731. 31,513 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge. 316,731 31,513 90,072 101,877 85,352 7,917. Total. Add lines 1-3 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 0. shown on line 11, column (f) Public support. Subtract line 5 316,731. from line 4 Section B. Total Support Calendar year (or fiscal year (e) 2008 (a) 2004 (b) 2005 (c) 2006 (d) 2007 (f) Total beginning in) 7,917 31,513 90,072 101,877 85,352 316,731. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 166 219 1,391 4,434 6,210. sımılar sources Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in 0. Part IV) Total support. Add lines 7 through 10 11 322,941. 12 0. Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 98.1% 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 15 99.0% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2007. 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 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2007 (e) 2008 (f) Total (a) 2004 (b) 2005 (c) 2006 Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11 and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support (f) Total (c) 2006 (d) 2007 (e) 2008 Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 ins 9, 10c, 11, and 12) 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 2008 (line 8, column (f) divided by line 13, column (f)). 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h % 19a 33-1/3 support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or 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 A	(Form	990 or	990-EZ	.) 2008	S HC	JYT I	OUNT	DATIC	JN, .	LNC.						-294	0212		Page 4
Part IV	Supp Part I	lemer I, line	17a (forma or 17t	ation o; or	. Com Part	nplete III, lin	this e 12.	part t Prov	to pro ude a	vide t ny oth	he e ier a	xplana ddıtion	tion re al_info	equirec rmatic	by P n. (se	art II, e insti	line 10 ruction:	; s)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

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, lines 6, 7, 8, 9, 10, 11, or 12.

Employer Identification number

HOY	T FOUNDATION, INC.		22-2940515						
		Advised Funds or Other Similar Fund	ds or Accounts Complete	ıf					
	the organization answered 'Yes' to	o Form 990, Part IV, line 6.							
		(a) Donor advised funds	(b) Funds and other acco	ounts					
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								
	,								
	funds are the organization's property, subject	-	∐ Yes	No					
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??	rs, and donor advisors in writing that grant func the benefit of the donor or donor advisor or othe	ds may be er Yes	□No					
Par		ete if the organization answered 'Yes' t							
	Purpose(s) of conservation easements held by		0101111 330, 1 411 14, 11110	/·					
•	Preservation of land for public use (e.g., r		f an historically important land a	area					
	Protection of natural habitat	·	f certified historic structure	1104					
	Preservation of open space		r certified riistoric structure						
2		a qualified conservation contribution in the form	of a conservation easement on	the last day					
_	of the tax year	a qualified conscivation contribution in the form							
			Held at the End of	the Year					
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation ease	ments	2b						
С	Number of conservation easements on a certification	fied historic structure included in (a)	2c						
d	d Number of conservation easements included in (c) acquired after 8/17/06								
3		transferred, released, extinguished, or terminat	ed by the organization during th	e taxable					
4	year ► Number of states where property subject to co	onservation easement is located >	_						
5	Does the organization have a written policy re enforcement of the conservation easement it	garding the periodic monitoring, inspection, vio	lations, and	☐ No					
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements during the	ne year ▶						
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during the	year ▶\$						
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(i)?	n line 2(d) above satisfy the requirements of se	ction Yes	∏ No					
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its revenue and expense the organization's financial statements that d	se statement, and balance sheet, a escribes the organization's acco	and ounting for					
Par		ctions of Art, Historical Treasures, or	Other Similar Assets						
<u>v</u>	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.						
1 a	If the organization elected, as permitted unde	r SFAS 116, not to report in its revenue statemi	ent and balance sheet works of	art, historical n Part XIV,					
t	olf the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items.	r SFAS 116, not to report in its revenue statemi lic exhibition, education, or research in furthera	ent and balance sheet works of a nce of public service, provide the	art, historical e following					
	(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fi 116 relating to these items:	or financial gain, provide the foll	lowing					
a	Revenues included in Form 990, Part VIII, line	:1 .	► \$						
b	Assets included in Form 990, Part X		►\$ <u> </u>						

Schedule D (Form 990) 2008 HOYT	FOUNDATION	N, INC.		22-294	0515	Page 2						
Part III Organizations Mainta	ining Collect	ions of Art, Histo	rical Treasures, o	r Other Similar Ass	ets (cont	ınued)						
Using the organization's accession that apply):	on and other rec	ords, check any of th	e following that are a s	significant use of its coll	ection items	s (check all						
a Public exhibition d Loan or exchange programs												
b Scholarly research e Other												
c Preservation for future gener	c Preservation for future generations											
4 Provide a description of the orga Part XIV		•			se in							
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or red ather than to be	ceive donations of art maintained as part of	t, historical treasures, of the organization's co	or other similar ollection?	Yes	No						
Trust, Escrow and Cu IV, line 9, or reported	stodial Arrar an amount o	n gements Comple n Form 990, Part	ete if organization X, line 21.	answered 'Yes' to F	⁻ orm 990,	, Part						
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or ot	her assets not	Yes	No						
b If 'Yes,' explain the arrangement	ın Part XIV and	complete the follows	ng table									
					Amount							
c Beginning balance				1 c								
d Additions during the year				1 d								
e Distributions during the year				1 e								
f Ending balance				1 f								
2a Did the organization include an a	mount on Form	990, Part X, line 21?			Yes	No						
b If 'Yes,' explain the arrangement												
Part V Endowment Funds Co	mplete if orga	anızatıon answere	ed 'Yes' to Form 9	<u>90, Part IV, line 10.</u>								
	(a) Current yea	ır (b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four	years back						
1 a Beginning of year balance					+							
b Contributions					-							
c Investment earnings or losses					 							
d Grants or scholarships												
e Other expenditures for facilities and programs			:									
f Administrative expenses												
g End of year balance				<u></u>								
2 Provide the estimated percentag	=											
a Board designated or quasi-endov		 *										
b Permanent endowment ►	8											
c Term endowment ►	[%]											
3a Are there endowment funds not organization by	in the possession	n of the organization	that are held and adm	inistered for the	Ye	es No						
(i) unrelated organizations					3a(i)	. 3 110						
(ii) related organizations					3a(ii)							
b If 'Yes' to 3a(ii), are the related of	organizations list	ted as required on Sc	hedule R?		3b							
4 Describe in Part XIV the intended	_	•			<u> </u>							
Part VI Investments—Land, B				. line 10.								
Description of investment		Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book	k Value						
1 a Land												
b Buildings												
c Leasehold improvements												
d Equipment												
e Other												
Total. Add lines 1a-1e (Column (d) sh	ould equal Form	990, Part X, column	(B), line 10(c))	•		0.						
BAA				Sched	Jule D (Forn	n 990) 2008						

Schedule D (Form 990) 2008 HOYT FOUNDATION,	INC.	22-2940515 Pa	ge 3
Part VII Investments—Other Securities See Fo	orm 990, Part X, line	12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives and other financial products			
Closely-held equity interests			
Other		<u> </u>	
Total (Column (b) should equal Form 990 Part X, col. (B) line 12.)			
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12) Part VIII Investments—Program Related (See	Form 990 Part Y Jun	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
Total Column (b)(should equal Form 990, Part X, Col. (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	escription	(b) Book value	
(6) 50	- Compiler	(5) 533.7 54.5	
			
	·		
Total. Column (b) Total (should equal Form 990, Part X, co		>	
Part X Other Liabilities (See Form 990, Part			
(a) Description of Liability	(b) Amount	_	
Federal Income Taxes		-	
		_	
		{	
		-	
		\dashv	
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	- -	-	
		┥	
Total Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	•	┥	
In Part XIV, provide the text of the footnote to the organiza		s that reports the organization's liability for uncertain ta	
positions under FIN 48	attori o inianiciai statement	S that reports the organization's hability for uncertain to	

Schedule I	O (Form 990) 2008 HOYT FOUNDATION, INC.		22-2940515	Page 4
Part XI	Reconciliation of Change in Net Assets from Form 990	to Financial Statements		
1 Total	revenue (Form 990, Part VIII,column (A), line 12)			94,684.
2 Total	expenses (Form 990, Part IX, column (A), line 25).			92,599.
3 Exce	ss or (deficit) for the year. Subtract line 2 from line 1.			2,085.
4 Netu	inrealized gains (losses) on investments			
5 Dona	ated services and use of facilities			
6 Inves	stment expenses			
	period adjustments			
	r (Describe in Part XIV).			
	adjustments (net) Add lines 4-8			
	ss or (deficit) for the year per financial statements. Combine lines 3 ar		Poturn	2,085.
	Reconciliation of Revenue per Audited Financial State	ments with Revenue per	T 1	94,684.
	revenue, gains, and other support per audited financial statements			74,004.
	unts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
	unrealized gains on investments ated services and use of facilities	2b		
		2c	 	
	overies of prior year grants	2d	 	
	r (Describe in Part XIV).		2e	
	lines 2a through 2d ract line 2e from line 1		3	94,684.
	unts included on Form 990, Part VIII, line 12, but not on line 1:	I i		<u> </u>
	stments expenses not included on Form 990, Part VIII, line 7b	4a		
	or (Describe in Part XIV).	4b	 	
	lines 4a and 4b	[-	4c	
	I revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line	e 12)	5	94,684.
	Reconciliation of Expenses per Audited Financial Stat		per Return	
	l expenses and losses per audited financial statements		1	92,599.
	unts included on line 1 but not on Form 990, Part IX, line 25			
	ated services and use of facilities	2a		
b Prior	year adjustments	2b		
	es reported on Form 990, Part IX, line 25	2c		
	er (Describe in Part XIV).	2d		
	lines 2a through 2d		2e	
	ract line 2e from line 1		3	92,599.
4 Amo	unts included on Form 990, Part IX, line 25, but not on line 1:			
a Inve	stments expenses not included on Form 990, Part VIII, line 7b	4a		
b Othe	er (Describe in Part XIV).	4b		
c Add	lines 4a and 4b		4c	
5 Tota	l expenses Add lines 3 and 4c (This should equal Form 990, Part I, lir	ne 18)	5	92,599.
Part XIV	Supplemental Information			
Complete line 4, Pai	this part to provide the descriptions required for Part II, lines 3, 5, and rt X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d ar	9, Part III, lines 1a and 4, Parnd 4b	t IV, lines 1b and 2	?b, Part V,

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Schedule D (Form 990) 2008

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

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SCHEDULE 1 (Form 990)

HOYT FOUNDATION.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545 0047

2008

Open to Public Inspection

Employer identification number

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

° E (h) Purpose of grant or assistance • Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form □Yes 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 22-2940515 (g) Description of non-cash 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 the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) ο. (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 25,000. (d) Amount of cash grant 25,000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section of applicable Part I General Information on Grants and Assistance (b) EIN 1 (a) Name and address of organization or government BOSTON CHILDRENS HOSPITAL

CHILDRENS HOSPITAL TRUST

WALTHAM, MA 02453 1111111

9 HOPE AVE

WALTHAM, MA 02453

9 HOPE AVE

Enter total number of section 501(c)(3) and government organizations

1

11111

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

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Schedule I (Form 990) 2008

Page 2

Schedule I (Form 990) 2008 HOYT FOUNDATION, INC.

| Part | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

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I-1 (Form 990) if additional space is neede	
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(f) Description of non-cash assistance				provide the information required in Part I, line 2, and any other additional information.								
(e) Method of valuation (book. FMV, appraisal, other)				t I, line 2, and any othe								
(d) Amount of non cash assistance				ion required in Par	; 	 	 	 	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	
(c) Amount of cash grant				rovide the informat		1 				 		
(b) Number of recipients				olete this part to p								
(a) Type of grant or assistance				Rangiw Supplemental Information. Complete this part to	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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Schedule I (Form 990) 2008

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

► 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
HOYT FOUNDATION, INC.	22-2940515
Form 990, Part VI, Line 10 - Form 990 Review Process	
No_review_was_or_will_be_conducted	