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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)

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

ΑI	For th	ne 2009	eale?	ndar	year,	or ta	х уеа	ar be	ginning	<u> </u>				, 2009	, and	ending	_			, 20)	
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es	15	Salarie	laries, other compensation, employee benefits (Part IX, column (A), lines-5-10)————————————————————————————————————						0.					0.								
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Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		·	
	Schedule C, Part II	4		X
5	Sections 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
_	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		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		Х
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 W	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If" Yes," complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		х
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete	- ' '		
•	Schedule D, Part VI			
	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
•				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			V
	complete Schedule D, Parts XI, XII, and XIII.	12		X
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ļ	V
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			١,,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part 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			١
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ļ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pari	Checklist of Required Schedules (continued)		-	T
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		v	
	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			v
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	23		X
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, that was issued after December 31, 2002? If "Yes," answer lines			37
	24b through 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		
С	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		<u> </u>
	The trib organization are an extraction and the second of	24d	-	-
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	.		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	l	•	x
	990-EZ? If "Yes," complete Schedule L, Part I	25b	<u> </u>	<u> ^</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			X
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26	-	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ĺ	1	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			x
	If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a		
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28b		Х
_	Schedule L, Part IV	200		
U	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part N	28c		Х
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			
00	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			-
•	Part I	31		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		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		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, Inne 2	35	<u> </u>	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	L	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38		Х

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			
	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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		_
	gaming (gambling) winnings to prize winners?	1c		
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 . 2a 0			<u> </u>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	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
	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			X
	account)?	4a		
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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	- 55		
·	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
- U	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 tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			_
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	 9а	-	x
	Did the organization make any taxable distributions under section 4966?	9b		X
10	·	30		
	Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12			}
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			
12a		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

Sect	ion A. Governing Body and Management			
			Yes	No
а	Enter the number of voting members of the governing body			
1b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
-	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a		Х
a b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11		Х
11Δ	Desribe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Χ
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
v	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		15a		Х
a b	The organization's CEO, Executive Director, or top management official	15b		X
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)	. 55		
16a				
. Ja	with a taxable entity during the year?	16a		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	134		
	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?	16h		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► MASSACHUSETTS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3):			
10	available for public inspection. Indicate how you make these available. Check all that apply.	o orily)		
	Own website Another's website X Upon request			
10				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter	est		
20	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. > THE AYCO COMPANY, LP - NTG PO BOX 15014 ALBANY, NY 12212-5014	ie		
	518-640-5000			

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

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee Por director	nstitutional 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
M. DIANE BODMAN TRUSTEE - AS NEEDED		Х						0.	0.	0
DR RUSSELL C PETRELLA TRUSTEE - AS NEEDED		Х						0.	0.	0
EDWARD M MANK TRUSTEE - AS NEEDED		х		1				0.	0.	C
DR ROBERT H RUBIN TRUSTEE - AS NEEDED		Х						0.	0	
ROBERT CULVER TRUSTEE - AS NEEDED		Х						0.	. 0	
				-						

Form 990 (2009)

Part VII Section A. Officers, Directors,	rustees, Ke	y Em	plo	ye	es,	and I	ligl	nest Compensat	ed Employee	s (co	ontinue	d)	
(A)	(B)			((C)			(D)	(E)			(F)	
Name and title	Average hours per week	Individual trustee or director	Institutional truste	Officer	a Key employee	Highest compensate employee	Former	Reportable compensation from the organization	Reportable compensatio from related organizations (W-2/1099-MIS	s	amo o comp	mated ount of ther ensation m the	
		rustee	Itrustee		/ee	npensated		(W-2/1099-MISC)			and	nizatio related nization	t
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		ļ <u>.</u>								\dashv			
dh Tatal				<u> </u>			Ļ	0.		0.			0.
Total number of individuals (including but n	ot limited to t	hoce	icto	 d a	hov	2) wh	<u> </u>		\$100,000 m				
reportable compensation from the organiza				u a	DOV	<i>5)</i> Will	J 16	ceived more man	\$ 100,000 III				
									-			Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sch	fficer, direct edule J for su	or or ch ina	tru <i>livid</i>	uste ual	е, • •	key	emp	loyee, or highes	t compensate	d ·	3		X
4 For any individual listed on line 1a, is the organization and related organization	the sum of as greater th	repor	tabl	le c	om	pensa If "Y	itior es,	n and other com	pensation from Jule J for suc	n :h		•	
<i>individual</i>											4		X
services rendered to the organization? If "Ye											5		Х
Section B. Independent Contractors													
Complete this table for your five higher compensation from the organization.	t compensa	ted ir	ndep	eno	dent	cont	rac	tors that received	d more than	\$10	0,000	of	
(A) Name and business a	ddress							(B) Description of se	rvices	С	(C) ompens	ation	
NONE													
							+						
							+					<u>-</u>	
2 Total number of independent contractors more than \$100,000 in compensation from				nite	d to	thos	e I	sted above) who	received				

Par	rt VIII	Statement of Revenue		04-6557357		
1			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns				
	<u>h</u>		0			
Program Service Revenue	2a b c d e f	All other program service revenue				
	3	Total. Add lines 2a-2f	84,578.			84,578
	4 5	Royalties · · · · · · · · · · · · · · · · · · ·	0.			
	6a b c d	Gross Rents				
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis	- - -			
	c d	and sales expenses	0		/	
venue	8a	Gross income from fundraising events (not including \$				B 9
Other Revenue	b c	of contributions reported on line 1c) See Part IV, line 18	0			
	9a	Gross income from gaming activities See Part IV, line 19				
	b c	Less direct expenses	0			
	10a	returns and allowances a	_			
	b C	Less cost of goods sold				
	11a b				-	-
	°	All other revenue			 	
	d e	Total. Add lines 11a-11d	0			
	12	Total Revenue. See instructions				84,578.

Part IX Statement of Functional Expenses

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

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

	All other organizations must comple	ete column (A) but are	not required to comp	plete columns (B), (C),	and (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				
٠	organizations in the U.S. See Part IV, line 21	456,500.	456,500.		
2	Grants and other assistance to individuals in				
-	the U.S See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	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.			
7	Other salanes and wages	0.			
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			-
11	Fees for services (non-employees):			-	
	Management	0.			
	Legal	0.			
	Accounting	2,040.		2,040.	
	Lobbying	0.			_
	Professional fundraising services See Part IV, line 17	0.	" -"		
	Investment management fees	0.			
g	Other	154.		154.	
12	Advertising and promotion	0.		**	
13	Office expenses	0.			
14	Information technology	0.			
15		0.		 	· · · · · · · · · · · · · · · · · · ·
16	Royalties	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses	- " "			
10	for any federal, state, or local public officials	0.			
10		0.1			
	Conferences, conventions, and meetings	0.	· · ·		
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Other expenses Itemize expenses not	***			
24	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
_	FOREIGN TAXES	2,181.		2,181.	
	MASSACHUSETTS FILING FEE	70.		70.	
D		-			
د د		-			
d					
e	All abban are seen			0.	
	All other expenses	460,945.	456,500.	4,445.	
	Total functional expenses. Add lines 1 through 24f	400,343.	430,300.		
26	Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
JSA	fundraising solicitation				Farm 990 (200

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	778,009.	2	404,752.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
40		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
ASS	8	inventories for sale or use		8	_
_	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or 10a			
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities ATCH . 3	5,310,150.	11	5,309,996.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	<u> </u>	14	
	15	Other assets See Part IV, line 11	6,299.		3,343.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,094,558.	16	5,718,191.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
jap		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
ses		Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	6,094,558.	30	5,718,191.
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ret	33	Total net assets or fund balances	6,094,558.	33	5,718,191.
	34	Total liabilities and net assets/fund balances	6,094,558.	34	5,718,191.

Form **990** (2009)

Page **12**

Pε	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Other transport of the control of th	2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
•	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
А	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis		1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		i	
-	the Single Audit Act and OMB Circular A-133?	За		Х
b	the contract of the contract o	Ju		
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь		
_	Todana asset of acquiry orphism my modification of any orbital and any orbital		990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

04-6557357

TH	HE BODMAN FOUNDATION 04-6557357										
Pa	rt I	Reason fo	or Public Chari	ty Status (All organ	ızations m	ust compl	lete this	part.) Se	e instruc	tions.	
The	orga	nization is no	t a private found	lation because it is: (F	or lines 1 t	hrough 11,	check on	ly one bo	x.)		
1	Ť			rches, or association of							
2	П	A school de	scribed in sectio	n 170(b)(1)(A)(ii). (Att	ach Sched	ule E.)					
3	П	A hospital o	r a cooperative l	hospital service organ	zation desc	cribed in se c	ction 170	(b)(1)(A)	(iii).		
4		•	•	zation operated in co						170(b)(1)	(A)(iii). Enter the
		hospital's na	ame, city, and sta	ate.							
5		•	-	or the benefit of a col	lege or un	versity ow	ned or o	perated t	y a gove	ernmental	unit described in
		section 170	(b)(1)(A)(iv). (Co	omplete Part II.)		•					
6				ernment or governme	ental unit de	scribed in s	section 1	70(b)(1)(A)(v).		
7	П	An organiza	ition that norma	lly receives a substan	tial part of	its support	from a	governme	ental unit	or from	the general public
		described in	section 170(b)(1)(A)(vi). (Complete F	Part II)			-			
8				d in section 170(b)(1)(mplete Part	t II)				
9		An organiza	ition that normal	lly receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	nip fees, and gross
	_	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its									
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	X	An organiza	ation organized	and operated exclusi	vely for th	e benefit	of, to pe	erform th	e functio	ns of, or	to carry out the
		purposes of	one or more p	ublicly supported orga	anizations o	described i	n section	509(a)(1) or sec	tion 509(a)(2) See section
		509(a)(3). (Check the box the	at describes the type o	f supportin	g organiza	tion and d	complete	lines 11e	through	11h.
		a X Typ	el b	Type II d	: 🔲 Тур	e III - Fund	tionally in	ntegrated		d Ty	ype III - Other
e		By checking	g this box, I ce	ertify that the organiz	ation is no	ot controlle	ed direct	ly or ind	rectly by	one or	more disqualified
		persons oth	er than foundat	on managers and oth	er than on	e or more	publicly :	supported	d organiz	ations de	escribed in section
		509(a)(1) or	section 509(a)(2)							
f		If the organ	nization received	a written determina	tion from t	he IRS tha	at it is a	Type I, 1	Type II, o	r Type III	supporting
		organization	n, check this box								
ç	j	Since Augus	st 17, 2006, has	the organization acce	pted any g	ıft or contrı	bution fro	om any of	the		
		following pe	rsons?								
		(i) A pers	on who directly	or indirectly controls	, either ald	one or tog	ether wit	h persor	ıs descrit	oed in (ii)	
		and (III)	below, the gove	erning body of the sup	ported orga	anization?					. 11g(i) X
		(ii) A family	y member of a p	erson described in (i) a	bove?	<i>.</i>					. 11g(ii) X
		(iii) A 35%	controlled entity	of a person described	d in (ı) or (ıı)	above? .					. [11g(III)] X
<u></u>	<u> </u>	Provide the	following inform	ation about the suppo	rted organı	zation(s)					
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	orga	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		tion in col	support
				(see instructions))				port?	΄΄ υ	S?	
					Yes	No	Yes	No	Yes	No	
P	TTT	ACHMENT_	1								
								-			
_							ļ	<u> </u>	ļ		
			1	'		1	I .	1	1	1	ı

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

456,500.

Total

	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												
Sec	tion A. Public Support				~								
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")												
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf												
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_						
4	Total. Add lines 1 through 3												
5	The portion of total contributions by each												
	person (other than a governmental unit or												
	publicly supported organization) included												
	on line 1 that exceeds 2% of the amount												
	shown on line 11, column (f)												
	Public support. Subtract line 5 from line 4												
	tion B. Total Support	() 0005	41,000	() 0007	1 (0.000	() 0000	(n =						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total						
7	Amounts from line 4												
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources												
9	Net income from unrelated business activities, whether or not the business is regularly carried on					_							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)												
11	Total support. Add lines 7 through 10			:									
12	Gross receipts from related activities, etc. (s	see instructions) .				12							
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here												
Sec	tion C. Computation of Public Sup				-	T F -							
14	Public support percentage for 2009 (li					1	%						
15	Public support percentage from 2008						%						
16a	331/3% support test - 2009. If the o												
	this box and stop here . The organizati	•		•									
þ	331/3% support test - 2008. If the o	_											
	check this box and stop here. The org	-											
17a	10%-facts-and-circumstances test - 2												
	or more, and if the organization me												
	Part IV how the organization meets t	the "facts-and-o	circumstances" t	est. The organ	ızatıon qualıfıes	as a publicly s	supported						
	organization						▶ 🗀						
b	10%-facts-and-circumstances test - 2		-										
	15 is 10% or more, and if the orga												
	Explain in Part IV how the organization				-	-	a publicly						
	supported organization						▶ 🔲						
18	Private foundation. If the organization						1 1						
	instructions	<u></u>	<u> </u>	<u> </u>									
					9	Schedule A (Form	990 or 990-EZ) 2009						

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						· · · · · · · · · · · · · · · · · · ·
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include]
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13						
	for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from]	
	line 6)			<u> </u>	<u> </u>		<u> </u>
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	(a) 2003	(6) 2000	(6) 2007	(4) 2000	(e) 2003	(1) 10(a)
	Amounts from line 6						
	payments received on securities loans,						
	rents, royalties and income from similar sources		i				
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b					-	
11	Net income from unrelated business						
• •	activities not included in line 10b,						
	whether or not the business is regularly						
• •	Carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV)						
13	-						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second,	third, fourth, or	fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here.	<u> </u>		<u>.</u>	<u> </u>	<u> </u>	▶
Sec	tion C. Computation of Public Supp	port Percenta	age				
15	Public support percentage for 2009 (line 8,	column (f) divide	ed by line 13, colur	^{nn (f))}		15	%_
16	Public support percentage from 2008 Scheo	dule A, Part III, Im	ne 15. <u></u>	<u> </u>	· · · · · · · · ·	16	%_
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lin					17	%_
18	Investment income percentage from 2008 S						%_
19a	33 1/3% support tests - 2009. If the org	=					
	17 is not more than 33 1/3%, check the						
b	33 1/3% support tests - 2008. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization d	ia not cneck	a pox on line	14, 19a, or 19b	o, cneck this bo	x and see insti	uctions -

Page 4

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

				ATTACI	HMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED (I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
FORD'S THEATRE	52-6073157	07		х	х	30,000
SOUTH TEXAS COLLEGE OF LAW	74-1559476	02		x	x	1,000.
CURE ALZHEIMER'S FUND	52-2396428	07		x	х	12,500
THE POLLY HILL ARBORETUM	13-3873765	07		x	x	10,000.
AMERICAN ACADEMY OF ARTS & SCIENCES	04-2103651	07		x	х	2,500
NEW ENGLAND CONSERVATORY	23-7225104	07		х	x	10,000.
GRAFTON PUBLIC LIBRARY	N/A	06		х	x	500
WETA PUBLIC TELEVISION	53-0242992	07		х	x	15,000.
CORNELL UNIVERSITY	15-0532082	02		х	x	100,000
MARTHA'S VINEYARD HOSPITAL	04-2104691	03		x	x	2,500
CARNEGIE INSTITUTION FOR SCIENCE	53-0196523	07		x	x	10,000
THEATRE OF YOUTH	23-7286004	07		x	x	10,000
THE CATHOLIC SCHOOLS FOUNDATION	22-2485502	02		x	x	2,500
GEORGE W BUSH FOUNDATION	20-4119317	07		х	x	200,000
ISABELLA STEWART GARDNER MUSEUM	04-2104334	07		x	x	50,000
TOTAL AMOUNT OF SUPPORT						456,500

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations,

° N

Governments, and
Department of the Treasury Department of the Organization a
Internal Revenue Service
Name of the organization
THE BODMAN FOUNDATION
Part I General Information on Grants and Assistance
1 Does the organization maintain records to substantiate the amount of the

(1000)	Governments, and Individuals in the United States	MZ
Department of the Treasury		Open to
Internal Revenue Service	► Attach to Form 990.	ade:
Name of the organization	Emplo	Employer identification number
THE BODMAN FOUNDATION		04-6557357
Part General In	Part I General Information on Grants and Assistance	!
1 Does the organiz	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 crite	the selection criteria used to award the grants or assistance?	
2 Describe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	

Part II Grants and Other Assistance to Governments are Form 990, Part IV, line 21, for any recipient that I Part IV and Schedule I-1 (Form 990) if additional sp	to Governme any recipient 990) if additio		nd Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	ited States. Comp.). Check this box if	olete if the organize no one recipient re	ation answered "Ye eceived more than	s" to \$5,000. Use
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section If applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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
CURE ALZHEIMER'S FUND	52-2396428	501 (C) 3	12,500				TO PROVIDE FUNDS
NEW ENGLAND CONSERVATORY 290 HUNTINGTON AVENUE BOSTON, MA 02115	23-7225104	501 (C) 3	10,000				TO PROVIDE FUNDS
WETA PUBLIC TELEVISION 2775 SOUTH QUINCY STREET	53-0242992	501(C)3	15,000				TO PROVIDE FUNDS
FORD'S THEATRE 514 TENTH STREET NW WASHINGTON, DC 20004	52-6073157	501(C)3	30,000				TO PROVIDE FUNDS
THE POLLY HILL ARBORETUM P O BOX 561 WEST TISBURY, MA 02575	13-3873765	501(C)3	10,000				TO PROVIDE FUNDS
CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA, NY 14850	15-0532082	501(C)3	100,000				TO PROVIDE FUNDS
ISABELLA STEWART GARDNER MUSEUM 280 THE FENWAY BOSTON, MA 02115	04-2104334	501(C)3	50,000				TO PROVIDE FUNDS
CARNEGIE INSTITUTION FOR SCIENCE 1530 P STREET NW WASHINGTON, DC 20005	53-0196523	501 (C) 3	10,000				TO PROVIDE FUNDS
THEATRE OF YOUTH 203 ALLEN STREET BUFFALO, NY 14201	23-7286004	501 (C) 3	10,000				TO PROVIDE FUNDS
GEORGE W BUSH FOUNDATION PO BOX 600610 DALLAS, TX 75206	20-4119317	501(C)3	200,000				TO PROVIDE FUNDS

Schedule I (Form 990) 2009

Page 2	in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. ditional space is needed.	(book, (f) Description of non-cash assistance er)				and any other additional information.								
	ie organization ar	(e) Method of valuation (book, FMV, appraisal, other)				d in Part I, line 2,		D WITH	·LZ			 		
04-6557357	s. Complete if the eded.	(d) Amount of non-cash assistance				formation require		DIRECTLY INVOLVED	TIONS IS SPENT					
	he United State:	(c) Amount of cash grant				provide the int	 	SI	TABLE ORGANIZATIONS IS					
		(b) Number of recipients				lete this part to		SORGANIZATION	CHARI	,	 			
Schedule I (Form 990) 2009	Part III Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(a) Type of grant or assistance				Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	PART I, LINE 2	AS A SUPPORTING ORGANIZATION, THE	HOW THY GRANT MONEY GIVEN TO OTHER					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009
Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

04-6557357 THE BODMAN FOUNDATION ATTACHMENT 2 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED EXEMPT REVENUE BUSINESS REV. REVENUE REVENUE DESCRIPTION 131 131 INTEREST - FIDELITY DIVIDEND - FIDELITY 84.447 84.447 TOTALS 84,578 84,578

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING BOOK VALUE COST OR FMV

FIDELITY

DESCRIPTION

5,309,996.

COST

TOTALS

5,309,996.