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**Short Form**  
**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)

**2009**

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> THE MADISON FOUNDATION PO BOX 446 MADISON, CT 06443	<b>D</b> Employer identification number 06-1450717
			<b>E</b> Telephone number (203) 245-3887
			<b>F</b> Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**I Website:** ▶ THEMADISONFOUNDATION.ORG

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

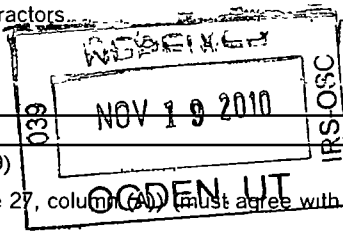
**J Tax-exempt status** (check only one) —  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 129,660.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	102,519.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	12,691.
	5a Gross amount from sale of assets other than inventory	5a	14,450.
	5b Less cost or other basis and sales expenses	5b	19,017.
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-4,567.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b Less direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ _____)	8		
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	110,643.	
EXPENSES	10 Grants and similar amounts paid (attach schedule) <span style="float:right">SEE STATEMENT 1</span>	10	38,100.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	10,056.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	6,853.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 2</u> )	16	4,489.
	17 <b>Total expenses.</b> Add lines 10 through 16	17	59,498.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	51,145.	
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A), must agree with end-of-year figure reported on prior year's return)	19	323,226.
	20 Other changes in net assets or fund balances (attach explanation) <span style="float:right">SEE STATEMENT 3</span>	20	53,782.
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	428,153.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	323,710.	22 428,704.
23 Land and buildings		23
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u> )	391.	24 249.
25 <b>Total assets</b>	324,101.	25 428,953.
26 <b>Total liabilities</b> (describe ▶ <u>SEE STATEMENT 5</u> )	875.	26 800.
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	323,226.	27 428,153.

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

SCANNED DEC 16 2010

23 99



**Part V Other Information** (Note the statement requirements in the instrs for Part V.) SEE STATEMENT 8

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0."/> 37a		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved <input type="text" value="N/A"/> 38b		
39	Section 501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9 <input type="text" value="N/A"/> 39a		
39b	b Gross receipts, included on line 9, for public use of club facilities <input type="text" value="N/A"/> 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0."/> , section 4912 <input type="text" value="0."/> , section 4955 <input type="text" value="0."/> 40a		
40b	b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		X
40c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/> 40c		
40d	d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text" value="0."/> 40d		
40e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed <input type="text" value="CT"/> 41		

42a The organization's books are in care of  Telephone no  Located at  ZIP + 4

		Yes	No
42b	b 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)? If 'Yes,' enter the name of the foreign country <input type="text"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

42c	c At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country <input type="text"/>		X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  N/A  43

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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		X
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		X
<b>49b</b> If 'Yes,' was the related organization a section 527 organization?		

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor-paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: *DAVID ALLEN*  
 Date: *NOV 15, 2010*  
 Type or print name and title: *DAVID ALLEN PRESIDENT*

**Paid Preparer's Use Only**  
 Preparer's signature: *Robert Di Marco, CPA*  
 Date: *11/15/10*  
 Check if self-employed:   
 Preparer's identifying number (See instructions): *N/A*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *MASON, DI MARCO & SHAW, P.C. 41 COTTAGE RD. MADISON, CT 06443-3426*  
 EIN: *N/A*  
 Phone no: *(203) 245-9264*

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>THE MADISON FOUNDATION</b>	Employer identification number <b>06-1450717</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

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

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

- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organizations

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

**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 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 'unusual grants')	235,627.	91,437.	125,011.	62,006.	102,519.	616,600.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 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						0.
4 <b>Total.</b> Add lines 1-through 3	235,627.	91,437.	125,011.	62,006.	102,519.	616,600.
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).						27,706.
6 <b>Public support.</b> Subtract line 5 from line 4						588,894.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	235,627.	91,437.	125,011.	62,006.	102,519.	616,600.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,264.	13,158.	16,566.	15,160.	12,691.	65,839.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
11 <b>Total support.</b> Add lines 7 through 10						682,439.
12 Gross receipts from related activities, etc (see instructions)					12	0.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	86.3 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.6 %
16a <b>33-1/3 support test – 2009.</b> 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. ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3 support test – 2008.</b> If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test – 2009</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test – 2008.</b> 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 The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33-1/3 support tests – 2009.** 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 – 2008.** 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



CLIENT FOUN0717

THE MADISON FOUNDATION

06-1450717

11/12/10

06.44PM

**STATEMENT 1  
FORM 990-EZ, PART I, LINE 10  
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: CAMPERSHIPS  
 DONEE'S NAME: CAMP HAZEN  
 DONEE'S ADDRESS: 204 WEST MAIN STREET  
 CHESTER, CT 06412,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 1,500.

CLASS OF ACTIVITY: GENERAL OPERATING EXP  
 DONEE'S NAME: SCRANTON MEMORIAL LIBRARY  
 DONEE'S ADDRESS: 801 BOSTON POST ROAD  
 MADISON, CT 06443,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 650.

CLASS OF ACTIVITY: HAMMONASSET FESTIVAL  
 DONEE'S NAME: FRIENDS OF HAMMONASSET  
 DONEE'S ADDRESS: P.O. BOX 271  
 MADISON, CT,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 2,500.

CLASS OF ACTIVITY: JUV. DIABETES CHILD. FAIR  
 DONEE'S NAME: JUV DIABETES RES. FOUNDATION  
 DONEE'S ADDRESS: 2969 WHITNEY AVE, SUITE 1-R  
 HAMDEN, CT 06518-2556,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 300.

CLASS OF ACTIVITY: GEN OPERATING  
 DONEE'S NAME: MADISON AMBULANCE ASSOC.  
 DONEE'S ADDRESS: PO BOX 1312  
 MADISON, CT 06443,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 400.

CLASS OF ACTIVITY: A.C.E.S. PROGRAM  
 DONEE'S NAME: MADISON PUBLIC SCHOOL  
 MADISON, CT 06443,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 500.

CLASS OF ACTIVITY: SCHOLARSHIPS  
 DONEE'S NAME: HAND HIGH SCHOLARSHIPS  
 DONEE'S ADDRESS: 10 SANDGATE CIRCLE  
 MADISON, CT 06443,  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 11,000.

CLASS OF ACTIVITY: GEN /EXERCISE, MUSIC  
 DONEE'S NAME: VISITING NURSE ASSOC.  
 RELATIONSHIP OF DONEE: NO RELATION  
 CASH AMOUNT GIVEN: \$ 1,300.

CLIENT FOUN0717

THE MADISON FOUNDATION

06-1450717

11/12/10

06 44PM

**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	KINDNESS CLUB		
DONEE'S NAME:	DANIEL HAND HIGH SCHOOL		
DONEE'S ADDRESS:	286 GREEN HILL ROAD MADISON, CT 06443,		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	250.
CLASS OF ACTIVITY:	SPONSOR		
DONEE'S NAME:	ODYSSEY OF THE MIND		
DONEE'S ADDRESS:	BROWN MIDDLE SCHOOL MADISON, CT 06443		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	800.
CLASS OF ACTIVITY:	MADISON PENQUIN PLUNGE		
DONEE'S NAME:	SPECIAL OLYMPICS CONNECTICUT		
DONEE'S ADDRESS:	2666 STATE STREET, SUITE 1 HAMDEN, CT 06517		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	HELMETS, REPAIR PARTS		
DONEE'S NAME:	BIKES FOR KIDS		
DONEE'S ADDRESS:	OLD LYME, CT		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	200.
CLASS OF ACTIVITY:	INST TO WOUNDED SOLDIERS		
DONEE'S NAME:	OPERATION MUSIC AID		
DONEE'S ADDRESS:	MADISON, CT		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	250.
CLASS OF ACTIVITY:	FUNDING- NEEDY NEIGHBRS		
DONEE'S NAME:	SHORELINE SOUP KITCHEN		
DONEE'S ADDRESS:	PO BOX 804 ESSEX, CT 06426		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	250.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LINDSAY SHEAN		
DONEE'S ADDRESS:	MADISON, CT 06443		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	GEN OPERATING		
DONEE'S NAME:	CALL TO CARE UGANDA, INC.		
DONEE'S ADDRESS:	10 BURCAM DRIVE MADISON, CT		
RELATIONSHIP OF DONEE:	NO RELATION		
CASH AMOUNT GIVEN:		\$	500.

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THE MADISON FOUNDATION

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**STATEMENT 1 (CONTINUED)**  
**FORM 990-EZ, PART I, LINE 10**  
**GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	LINDSAY FLANDERS		
RELATIONSHIP OF DONEE:	MADISON, CT 06443		
CASH AMOUNT GIVEN:	NO RELATION	\$	1,000.
CLASS OF ACTIVITY:	GEN OPERATING		
DONEE'S NAME:	MADISON INTERFAITH YOUTH COALITION		
RELATIONSHIP OF DONEE:	MADISON, CT 06443		
CASH AMOUNT GIVEN:	NO RELATION	\$	250.
CLASS OF ACTIVITY:	FUNDING-NEEDY NEIGHBRS		
DONEE'S NAME:	MADISON YOUTH & FAMILY		
DONEE'S ADDRESS:	10 SCHOOL STREET		
RELATIONSHIP OF DONEE:	MADISON, CT 06443		
CASH AMOUNT GIVEN:	NO RELATION	\$	500.
CLASS OF ACTIVITY:	SCHOLARSHIP		
DONEE'S NAME:	REBECCA FIGLER		
RELATIONSHIP OF DONEE:	MADISON, CT 06443		
CASH AMOUNT GIVEN:	NO RELATION	\$	1,000.
CLASS OF ACTIVITY:	SUMMER PROGRAM		
DONEE'S NAME:	VALLEY SHORE YMCA		
DONEE'S ADDRESS:	201 SPENCER PLAINS ROAD		
RELATIONSHIP OF DONEE:	WESTBROOK, CT 06498		
CASH AMOUNT GIVEN:	NO RELATION	\$	400.
CLASS OF ACTIVITY:	RESOURCES FOR NEEDY NEIGH		
DONEE'S NAME:	MADISON COMMUNITY SERVICES		
DONEE'S ADDRESS:	10 SCHOOL STREET		
RELATIONSHIP OF DONEE:	MADISON, CT 06443		
CASH AMOUNT GIVEN:	NO RELATION	\$	983.
DESCRIPTION OF PROPERTY:	FOOD, NON-FOOD		
BOOK VALUE:	11,067.		
METHOD USED TO DETERMINE BV:	FAIR MARKET VALUE		
FAIR MARKET VALUE:			11,067.
METHOD USED TO DETERMINE FMV:	ACTUAL COST		

**STATEMENT 2**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$	2,663.
DEPRECIATION		142.
DUES		600.
INSURANCE		216.
MISC FEES		50.
OFFICE EXPENSES		818.
TOTAL	\$	<u>4,489.</u>

**STATEMENT 3  
FORM 990-EZ, PART I, LINE 20  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS	\$ 53,782.
TOTAL	<u>\$ 53,782.</u>

**STATEMENT 4  
FORM 990-EZ, PART II, LINE 24  
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
FURNITURE AND FIXTURES	\$ 391.	\$ 249.
TOTAL	<u>\$ 391.</u>	<u>\$ 249.</u>

**STATEMENT 5  
FORM 990-EZ, PART II, LINE 26  
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 875.	\$ 800.
TOTAL	<u>\$ 875.</u>	<u>\$ 800.</u>

**STATEMENT 6  
FORM 990-EZ, PART III, LINE 29  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

N2N PROGRAM (NEIGHBOR TO NEIGHBOR) - HELPING TOWN OF MADISON RESIDENTS THROUGH CURRENT CHALLENGING TIMES BY MONITORING AND SUPPORTING THE TOWN OF MADISON'S SOCIAL SERVICES AND FOOD PANTRY'S NEEDS.

**STATEMENT 7  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP &amp; DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
GARDENER ABBOTT 23 HOTCHKISS LANE MADISON, CT 06443	DIRECTOR \$ 1.00	0. \$	0. \$	0.
DAVID ALLEN 23 EAST WHARF RD MADISON, CT 06443	PRESIDENT 2.00	0.	0.	0.

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STATEMENT 7 (CONTINUED)  
 FORM 990-EZ, PART IV  
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ALICE GORDON 103 LAUREL CREST ROAD MADISON, CT 06443	VICE PRESIDENT 1.00	\$ 0.	\$ 0.	0.
PETER COFFEY 9 DEVERON DRIVE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
TYLER DENNET 27 YANKEE PEDDLER PATH MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
VICKY CLEMENT 4 WATERBURY AVENUE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
GEOFF PALMER 26 BEAVER POND ROAD MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
LAURIE HEFLIN 5 BROOKSIDE AVENUE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
JON LECKERLING 19 GROVE AVENUE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
MARY MINSHALL 1365 DURHAM ROAD MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
DAVID YOUNGERMAN 8230 EAST WOODLAND RD TUCSON, AZ 85749	SECRETARY 1.00	0.	0.	0.
NANCY GERSON 16 DOGWOOD LANE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
KEN NYE 41 SANDELWOOD DRIVE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.
DICK BENSON 20 MILO DRIVE MADISON, CT 06443	DIRECTOR 1.00	0.	0.	0.

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**STATEMENT 7 (CONTINUED)  
FORM 990-EZ, PART IV  
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
JOHN BRADY 73 STONE RD MADISON, CT 06443	DIRECTOR 1.00	\$ 0.	\$ 0.	0.
HENRY NORTON 80 RIDGEWOOD AVE MADISON, CT 06443	TREASURER 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	0.

**STATEMENT 8  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR  
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR  
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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

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

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

<b>Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).</b>	
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>THE MADISON FOUNDATION</b>
	Employer identification number <b>06-1450717</b>
	Number, street, and room or suite number, if a P.O. box, see instructions <b>MASON, DI MARCO &amp; SHAW, P.C. 41 COTTAGE RD.</b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MADISON, CT 06443-3426</b>

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

The books are in care of **HENRY NORTON**

Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

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

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

4 I request an additional 3-month extension of time until 11/15 . 20 10

5 For calendar year 2009 , or other tax year beginning \_\_\_\_\_ . 20 \_\_\_\_\_ and ending \_\_\_\_\_ . 20 \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

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

**Signature and Verification**

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

Signature Kevin J. Macorunas Title CPA Date 5/13/10