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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

100 WOODBRIDGE CENTER DRIVE

City or town, state or country, and ZIP + 4

WOODBIDGE, NJ 07095**F Name and address of principal officer: BESSEMER TRUST COMPANY -****630 FIFTH AVENUE, NEW YORK, NY 10111****D Employer identification number****13-7111099****E Telephone number****(732) 855-0800****G Gross receipts \$ 13,280,021.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☒ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **N/A****K Form of organization:** ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L Year of formation: 1997 M State of legal domicile: NJ****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: TO RECEIVE CONTRIBUTIONS FROM THE PUBLIC AND MAKE GRANTS TO QUALIFIED RECIPIENT CHARITABLE						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.						
3	Number of voting members of the governing body (Part VI, line 1a)	3					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
5	Total number of employees (Part V, line 2a)	5					
6	Total number of volunteers (estimate if necessary)	6					
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b					
8	Contributions and grants (Part VIII, line 1h)		Prior Year 4,054,909.		Current Year 5,492,793.		
9	Program service revenue (Part VIII, line 2g)						
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-779,905.		-1,506,867.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,275,004.		3,985,926.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,998,730.		3,765,334.		
14	Benefits paid to or for members (Part IX, column (A), line 4)						
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		303,536.		239,609.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		23,011.		22,396.		
18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)		9,325,277.		4,027,339.		
19	Revenue less expenses. Subtract line 18 from line 12		-6,050,273.		-41,413.		
20	Total assets (Part X, line 16)		Beginning of Current Year 21,682,473.		End of Year 27,195,280.		
21	Total liabilities (Part X, line 26)		25,279.		32,358.		
22	Net assets or fund balances. Subtract line 21 from line 20		21,657,194.		27,162,922.		

Part II Signature Block

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

Sign
Here**BESSEMER TRUST COMPANY TRUSTEE**By: *Susan Schoenfeld*
Signature of officer11/4/2010
Date**BESSEMER TRUST COMPANY - TRUSTEE, SUSAN SCHOENFELD - PRINCIPAL**
Type or print name and titlePaid
Preparer's
Use OnlyPreparer's
signature**BARBARA E. BEL, CPA**Date
11/3/10Check if
self-
employed ☐Preparer's identifying number
(see instructions)Firm's name (or
yours if
self-employed),
address, and
ZIP + 4**EISMAN, ZUCKER, KLEIN & RUTTENBERG, LLP**
120 BLOOMINGDALE RD STE 402
WHITE PLAINS, NY 10605Phone no. ▶ **914-428-7733**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED NOV 30 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

TO RECEIVE PUBLIC CONTRIBUTIONS AND MAKE GRANTS TO QUALIFIED CHARITABLE ORGANIZATIONS.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 3,765,334. including grants of \$ 3,765,334.) (Revenue \$)
DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS

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

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

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,765,334.

THE BESSEMER NATIONAL GIFT FUND
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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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
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		
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	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
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	X	
• 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," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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	X	
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		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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Part 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	2	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c 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	0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
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?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
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).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
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	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e 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.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	

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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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	3	
1b Enter the number of voting members that are independent	2	
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	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
7b 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		
a The governing body?	8a	X
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 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
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	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
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 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► NJ, NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**
BESSEMER TRUST COMPANY - 732-855-0800
100 WOODBRIDGE CENTER DRIVE, WOODBRIDGE, NJ 07095

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THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total								239,609.	0.	0.

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

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

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

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

THE BESSEMER NATIONAL GIFT FUND
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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,492,793.				
	g Noncash contributions included in lines 1a-1f \$		739,370.				
	h Total. Add lines 1a-1f		5,492,793.				
Program Service Revenue	2 a _____			Business Code			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			503,010.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	(ii) Personal				
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis and sales expenses							
c Gain or (loss)							
d Net gain or (loss)				-2009877.	-2009877.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a					
b Less: direct expenses		b					
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
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				
11 a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			3,985,926.	-2009877.	0.	503,010.	

932009
02-04-10

Form **990** (2009)

THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	3,765,334.	3,765,334.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	239,609.		239,609.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
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	14,000.		14,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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 FOREIGN TAXES PAID	7,098.		7,098.	
b MISCELLANEOUS	1,298.		1,298.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	4,027,339.	3,765,334.	262,005.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	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 Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	1,816,800.	11	309,917.
	12 Investments - other securities. See Part IV, line 11	19,863,452.	12	26,885,363.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,221.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,682,473.	16	27,195,280.	
Liabilities	17 Accounts payable and accrued expenses	25,279.	17	32,358.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	25,279.	26	32,358.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,657,194.	27	27,162,922.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	21,657,194.	33	27,162,922.
34 Total liabilities and net assets/fund balances	21,682,473.	34	27,195,280.	

Form 990 (2009)

THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY

Form 990 (2009)

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Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? ...

b Were the organization's financial statements audited by an independent accountant?

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? ..

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization	THE BESSEMER NATIONAL GIFT FUND C/O BESSEMER TRUST COMPANY	Employer identification number	13-7111099
--------------------------	---	--------------------------------	------------

C/O BUSHNBERG TRUST COMPANY	
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

LHA 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

THE BESSEMER NATIONAL GIFT FUND

Schedule A (Form 990 or 990-EZ) 2009 **C/O BESSEMER TRUST COMPANY**

13-7111099 Page 2

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 any "unusual grants.")	8998884.	11357316.	7114143.	4054909.	5492793.	37018045.
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	8998884.	11357316.	7114143.	4054909.	5492793.	37018045.
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)						18911888.
6 Public support. Subtract line 5 from line 4						18106157.

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	8998884.	11357316.	7114143.	4054909.	5492793.	37018045.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	316,827.	476,167.	988,574.	847,311.	503,010.	3131889.
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						40149934.
12 Gross receipts from related activities, etc. (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 ▶ <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	45.10	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	47.27	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

• The Bessemer National Gift Fund
 Schedule of Gifts Received
 December 31, 2009
 Form 990, Schedule B, Part I, (non cash contributions)

Account Name	Description	Amount
Account		\$ 27,489
Account		21,326
Account		63,414
Account		59,675
Account		25,348
Account		43,963
Account		472,282
Account		18,561
Account		7,312
	Grand Total	\$ 739,370

The Bessemer National Gift Fund
Schedule of Contributions Received
December 31, 2009
Form 990, Schedule B, Part I, (cash contributions)

<u>Account Name</u>	<u>Amount</u>
Account	\$ 2,330,229
Account	2,151,279
Account	152,123
Account	34,274
Account	30,000
Account	25,000
Account	18,007
Account	10,000
Account	2,442
Account	69
Grand Total	<u>\$ 4,753,423</u>

Schedule DS
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009Open to Public
InspectionName of the organization **THE BESSEMER NATIONAL GIFT FUND**
C/O BESSEMER TRUST COMPANYEmployer identification number
13-7111099**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	62	1
2 Aggregate contributions to (during year)	5,458,519.	34,274.
3 Aggregate grants from (during year)	3,765,334.	
4 Aggregate value at end of year	27,195,257.	23.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b If "Yes," explain the arrangement in Part XIV

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

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

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2009

THE BESSEMER NATIONAL GIFT FUND

Schedule D (Form 990) 2009

C/O BESSEMER TRUST COMPANY

13-7111099 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,985,926.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,027,339.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-41,413.
4	Net unrealized gains (losses) on investments	4	5,547,141.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	5,547,141.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	5,505,728.

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

1	Total revenue, gains, and other support per audited financial statements	1	9,533,067.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,547,141.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	5,547,141.
3	Subtract line 2e from line 1	3	3,985,926.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,985,926.

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

1	Total expenses and losses per audited financial statements	1	4,027,339.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	4,027,339.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,027,339.

Part XIV Supplemental Information

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

Schedule D (Form 990) 2009

Part I	General Information on Grants and Assistance
--------	--

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 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 and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III

Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
----------------	--

Part IV

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY**

Employer identification number
13-7111099

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2009

13-7111099

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

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

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

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

[illegible]

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

OF THE NET ASSETS THAT THE TRUSTEE HAS UNDER ITS SUPERVISION.

[illegible]

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **THE BESSEMER NATIONAL GIFT FUND**
C/O BESSEMER TRUST COMPANY

Employer identification number
13-7111099

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	9	739,370.	MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE BESSEMER NATIONAL GIFT FUND**
C/O BESSEMER TRUST COMPANY

Employer identification number
13-7111099

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

ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT 990 IS REVIEWED BY A
MEMBER OF THE TAX DEPARTMENT OF THE CORPORATE TRUSTEE, WHO CREATES A
SPREADSHEET, BALANCES EACH ACCOUNT AND COMPARES HIS SPREADSHEET TO THE 990,
FOCUSING SPECIFICALLY ON CONTRIBUTIONS RECEIVED, CHARITABLE DONATIONS AND
THE SUPPORT TEST. OTHER EMPLOYEES OF THE CORPORATE TRUSTEE REVIEW THE
RESPONSES TO THE NON-FINANCIAL QUESTIONS ON THE DRAFT 990 AND RECOMMEND
CHANGES AS NEEDED.

FORM 990, PART VI, SECTION B, LINE 12C: PERIODICALLY THE CONFLICT OF
INTEREST POLICY IS REVIEWED AND SIGNED BY THE TRUSTEES INDICATING
COMPLIANCE AND NOTING ANY POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A: ALL FEES PAID TO THE TRUSTEES WERE
AGREED UPON WHEN THE ENTITY WAS INITIALLY ORGANIZED.

FORM 990, PART VI, SECTION C, LINE 19: ENTITY FINANCIAL STATEMENTS ARE
AVAILABLE THROUGH GUIDESTAR. ALL OTHER ENTITY DOCUMENTS ARE AVAILABLE UPON
REQUEST.

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

[illegible]

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

[illegible]

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

Schedule R (Form 990) 2009

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

[illegible]

**THE BESSEMER NATIONAL GIFT FUND
C/O BESSEMER TRUST COMPANY**

13-7111099 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses		<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization(s)	(b) Transaction type (a-f)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Name	2009	2008	2007	2006	2005	Col C - Col K Total	Amt greater than line 26a	Amt in excess of line 26a
ACCOUNT 0620	-	-	-	50,000	-	50,000	-	-
ACCOUNT 4371	197,252	230,702	689,857	-	-	1,117,811	1,117,811	314,812
ACCOUNT 0481	34,274	16,325	38,288	24,100	21,532	135,519	-	-
ACCOUNT 6205	-	-	87,705	419,449	465,392	972,546	972,546	189,547
ACCOUNT 4047	2,442	626,947	-	-	-	629,389	-	-
ACCOUNT 4038	-	-	-	-	4,126,066	4,126,066	4,126,066	3,323,067
ACCOUNT 7675	-	-	-	122,908	-	122,908	-	-
CHARLES E. RICE	-	-	89,360	-	-	89,360	-	-
ACCOUNT 4694	69	490,000	-	-	-	490,069	-	-
ACCOUNT 7680	-	-	100,000	-	-	100,000	-	-
ACCOUNT 3527	-	500,000	-	-	-	500,000	-	-
CURRAN	-	-	-	-	114,020	114,020	-	-
ACCOUNT 3024	-	154,324	150,042	150,097	156,709	611,172	-	-
ACCOUNT 6253	-	-	84,279	250,000	-	334,278	-	-
ACCOUNT 3701	-	-	-	-	-	-	-	-
ACCOUNT 7220	-	-	-	-	26,495	26,495	-	-
ACCOUNT 1471	-	-	-	743	17,488	18,231	-	-
ACCOUNT 6060	-	-	-	1,441,969	-	1,441,969	1,441,969	638,970
ACCOUNT 8177	30,000	30,000	180,000	-	-	240,000	-	-
ACCOUNT 3330	-	2,500	-	-	7,500	10,000	-	-
ACCOUNT 5671	-	-	-	250,000	-	250,000	-	-
ACCOUNT 3170	-	-	250,000	5,500,000	-	5,750,000	5,750,000	4,947,001
ACCOUNT 5886	-	-	-	397,567	-	397,567	-	-
ACCOUNT 3211	-	-	192,132	109,670	-	301,802	-	-
ACCOUNT 8018	-	-	-	-	630,706	630,706	-	-
ACCOUNT 3035	-	-	-	743	17,488	18,231	-	-
ACCOUNT 4097	-	-	-	354,318	-	354,318	-	-
ACCOUNT 9720	-	123,672	-	-	-	123,672	-	-
KENNY FAMILY	-	-	-	-	121,504	121,504	-	-
ACCOUNT 4447	-	-	-	-	265,527	265,527	-	-
ACCOUNT 3437	-	-	2,224,271	500,021	528,979	3,253,271	3,253,271	2,450,272
ACCOUNT 4952	43,963	-	-	103,400	-	147,363	-	-
ACCOUNT 4887	18,007	45,159	-	-	-	63,166	-	-
ACCOUNT 2850	2,151,279	-	-	-	-	2,151,279	2,151,279	1,348,280
ACCOUNT 7691	-	-	100,000	-	1,185,825	1,251,697	1,251,697	448,698
ACCOUNT 4191	-	-	-	65,872	-	100,000	-	-
ACCOUNT 8548	-	-	27,467	100,928	-	128,395	-	-
ACCOUNT 6498	152,123	-	-	-	-	152,123	-	-
ACCOUNT 5507	25,000	-	-	150,032	-	175,032	-	-
ACCOUNT 6135	10,000	15,661	-	5,000	29,259	59,920	-	-
ACCOUNT 2464	472,282	761,579	640,157	500,413	505,127	2,879,558	2,879,558	2,078,559
ACCOUNT 3079	-	-	-	-	206,939	206,939	-	-
ACCOUNT 4466	-	-	99,735	-	-	99,735	-	-
ACCOUNT 3938	25,873	-	-	20,033	116,526	162,432	-	-
ACCOUNT 2861	2,330,229	-	-	-	-	2,330,229	2,330,229	1,527,230
ACCOUNT 2808	-	-	-	60,040	-	60,040	-	-
ACCOUNT 7349	-	1,008,040	-	-	16,848	1,008,040	1,008,040	205,041
ACCOUNT 5998	-	-	736,950	-	-	736,950	-	-
ACCOUNT 7250	-	-	1,322,900	725,970	216,540	2,265,410	2,265,410	1,462,411
STANTON	-	-	-	-	-	-	-	-
ACCOUNT 8257	-	-	-	-	32,589	32,589	-	-
ACCOUNT 2946	-	-	-	-	189,820	189,820	-	-
THOMPSON	-	-	-	-	-	100,000	-	-
ACCOUNT 7679	-	-	100,000	-	-	-	-	-
ACCOUNT 6277	-	-	-	-	-	-	-	-
ACCOUNT 3169	-	50,000	-	53,983	-	103,983	-	-
	<u>5,492,793</u>	<u>4,054,909</u>	<u>7,114,143</u>	<u>11,357,256</u>	<u>8,988,879</u>	<u>37,017,980</u>	<u>28,547,876</u>	<u>18,911,888</u>

The Bessemer National Gift Fund
Realized Capital Gains (Losses)
December 31, 2009
Form 990, Part VIII Line 7

Investment Account	Cost	Proceeds	Realized Capital Gains
Account 3527	145,595	120,000	(25,595)
Account 0620	2,252	1,200	(1,052)
Account 4371	1,415,803	1,085,389	(330,414)
Account 6205	434,977	318,000	(116,977)
Account 3482	6,088	5,050	(1,038)
Account 4038	532,466	237,000	(295,466)
Account 3329	13,919	9,350	(4,569)
Account 7675	16,111	8,500	(7,611)
Account 7680	11,361	6,500	(4,861)
Account 3024	899	500	(399)
Account 6253	56,236	43,500	(12,736)
Account 3701	627	350	(277)
Account 3307	69,270	29,000	(40,270)
Account 7220	5,721	2,500	(3,221)
Account 1471	69,239	48,000	(21,239)
Account 6060	342,984	247,500	(95,484)
Account 8177	23,605	14,000	(9,605)
Account 3330	7,956	6,775	(1,181)
Account 5671	26,131	14,500	(11,631)
Account 3170	1,841,644	1,847,666	6,022
Account 5886	57,003	36,500	(20,503)
Account 3211	55,504	30,500	(25,004)
Account 3035	44,676	22,000	(22,676)
Account 8018	119,585	79,500	(40,085)
Account 3288	21,860	8,500	(13,360)
Account 1365	10,810	4,200	(6,610)
Account 4047	220,032	184,830	(35,202)
Account 4097	62,266	50,026	(12,240)
Account 3415	6,781	4,600	(2,181)
Account 9720	5,816	5,500	(316)
Account 4447	32,715	15,000	(17,715)
Account 3437	541,266	384,500	(156,766)
Account 4952	137,333	111,904	(25,429)
Account 3299	8,802	4,000	(4,802)
Account 4887	32,211	22,983	(9,228)
Account 7691	24,861	17,000	(7,861)
Account 2850	67,052	75,000	7,948
Account 4191	149,787	80,000	(69,787)
Account 2500	839,842	605,000	(234,842)
Account 1841	134,025	89,000	(45,025)
Account 6498	(182)	-	182
Account 5507	36,723	28,400	(8,323)
Account 6135	11,603	5,500	(6,103)
Account 2464	871,772	873,919	2,147
Account 3079	26,847	18,500	(8,347)
Account 3501	173,298	120,000	(53,298)
Account 4694	36,114	15,000	(21,114)
Account 4466	29,598	23,000	(6,598)
Account 3493	71,333	38,500	(32,833)
Account 3938	49,980	36,913	(13,067)
Account 2861	(5,645)	-	5,645
Account 2808	18,024	15,800	(2,224)
Account 7349	2,972	1,400	(1,572)
Account 5998	100,214	55,500	(44,714)
Account 7250	132,973	86,500	(46,473)
Account 8257	91,759	53,000	(38,759)
Account 2946	18,829	14,313	(4,516)
Account 7679	26,337	18,500	(7,837)
Account 6277	5,998	3,350	(2,648)
Account 3169	437	300	(137)
TOTAL	9,294,095	7,284,218	(2,009,877)

The Bessemer National Gift Fund
Schedule of Gifts Made
December 31, 2009
Form 990, Schedule I, Part II

To Donee**	EIN	IRC Section	Amount of Cash Grant	Purpose of Grant
21ST CENTURY PARKS	20-1780317	3	10,000	General Support
ACTORS THEATRE OF LOUISVILLE	61-0645030	3	25,000	Annual Fund
AGNES SCOTT COLLEGE	58-0566116	3	250,000	Support development and teaching, establish internships, integrate Public Health into curriculum, project management, and marketing
AGNES SCOTT COLLEGE	58-0566116	3	7,000	General Support
ALLENDALE ASSOCIATION	36-2177140	3	10,000	The Cherry Scholarship Fund
AMERICAN FRIENDS OF HERIOT-WATT UNIVERSITY	52-2114158	3	2,000	Edinburgh Business School
APPALACHIAN MOUNTAIN CLUB	04-6001677	3	1,000	Operations
BELLE MEADE UNITED METHODIST CHURCH	62-0613257	3	500	Children's Center - for specific purposes in Room 7
BELLE MEADE UNITED METHODIST CHURCH	62-0613257	3	1,000	General Support
BIG SHOULDERS FUND	36-3490557	3	5,000	General Support
BOY SCOUTS OF AMERICA MT. BAKER COUNCIL	91-1622046	3	5,000	General Support
BOYS AND GIRLS CLUB OF GREATER KINGSPORT, INC	62-0481370	3	25,000	General Support
CATHOLIC BISHOP OF CHICAGO	36-2170826	3	6,000	Annual Catholic Appeal
CATHOLIC CHARITIES OF CHICAGO	36-2170821	3	10,000	"Silent Light Collection for Children"
CATHOLIC CHURCH EXTENSION SOCIETY	36-6000520	3	5,000	General Support
CENTER FOR INTERFAITH RELATIONS	61-1149619	3	5,000	Festival of Faiths
CENTRAL ASIA INSTITUTE	51-0376237	3	5,000	General Support
CENTRE COLLEGE	61-1370886	3	5,000	Parent Fund
CHEEKWOOD BOTANICAL GARDEN	62-0627921	3	12,500	General Support
CHICAGO HISTORY MUSEUM	20-4982186	3	6,000	Abraham Lincoln Exhibit
CHICAGO HISTORY MUSEUM	20-4982186	3	44,000	Capital Campaign and Annual Fund
CHICAGO SYMPHONY ORCHESTRA	36-2167823	3	5,000	General Support
CHICAGO SYMPHONY ORCHESTRA	36-2167823	3	50,000	Annual Fund
CHURCH OF THE HOLY INNOCENTS	Episcopal Diocese of Newark	3	14,000	General Support
CITYMEALS-ON-WHEELS	13-3634381		1,000	General Support
COALITION FOR THE HOMELESS	13-3072967		1,500	General Support
COHEN FOUNDATION OF MARYLAND	20-4071618	3	5,000	General Support
CORNELL UNIVERSITY	15-0532082	3	2,500	General Support
COVENANT HOUSE	13-2725416		10,000	Sigma Phi Gift Account
COVENANT SCHOOL	54-1274746	3	2,000	General Support
CRABTREE NECK LAND TRUST	10-0011413	3	5,000	General Support
CRISTO REY JESUIT HIGH SCHOOL	04-3730980	3	5,000	General Support
DAVIDSON COLLEGE	56-0529961	3	5,000	General Support
DEERFIELD ACADEMY	04-2103563	3	1,000	General Support
DELBASID FOUNDATION	23-7321520	3	1,000	General Support
DELTA TAU DELTA EDUCATIONAL FOUNDATION	31-1020203	3	30,000	General Support
DELTA TAU DELTA EDUCATIONAL FOUNDATION	31-1020203	3	5,000	Order Of The C Program
DESERT FOOTHILLS LAND TRUST	86-0677917	3	2,500	Annual Spring Fundraiser
DESERT FOOTHILLS LAND TRUST	86-0677917	3	2,500	General Support
DIOCESE OF LA CROSSE	39-0807229	3	10,000	"Father's Trip to Italy"
DOVE LEWIS EMERGENCY ANIMAL HOSPITAL, INC	93-0621534	3	500,000	Building Fund
DUKE UNIVERSITY	56-0532129	3	15,000	Basketball Legacy Fund, Football Program and Iron Dukas
EL MUSEO DEL BARRIO	23-7156720	3	10,000	General Support
EMILY K CENTER	56-2230469	3	2,500	General Support
ENSWORTH SCHOOL	62-0598316	3	500	The High School
ETHEL WALKER SCHOOL	06-0689699	3	5,000	General Support
FIELDS FOR KIDS	43-2115809	3	5,000	General Support
FIRST CENTER FOR THE VISUAL ARTS	62-1731495	3	5,000	General Support

FIRST CONGREGATIONAL CHURCH	United Church of Christ	3	2,500	Operations
FLORENCE GRISWOLD MUSEUM	06-6062157	3	3,000	Operations
FUND FOR THE ARTS	61-0479626	3	5,000	2010-2011 Annual Fund for The Actors Theatre of Louisville
GEORGIA O'KEEFE MUSEUM	85-0437114	3	5,000	National Council
GEORGIA O'KEEFE MUSEUM	85-0437114	3	5,000	General Support
GILDA'S CLUB LOUISVILLE	20-1635170	3	5,000	General Support
GIRL SCOUT COUNCIL OF GREATER NEW YORK	13-1624014	3	5,000	General Support
GREGORIAN UNIVERSITY FOUNDATION	23-7184818	3	5,000	La Fondazione Gregoriana
GULF OF MAINE RESEARCH INSTITUTE	01-0504905	3	5,000	Compass Fund
HARDING ACADEMY	62-0852815	3	5,250	General Support
HARPETH HALL SCHOOL	62-0501916	3	500	General Support
HARPETH HALL SCHOOL	62-0501916	3	10,000	Annual Giving Fund
HEALTHCARE CHARITIES	22-2514163	3	25,000	"Champion the Cure"
HEIFER INTERNATIONAL	71-0699939	3	10,000	General Support
HOLY NAME CATHEDRAL	Dioecese of Chicago	3	60,000	Building Repairs, Cathedral Christmas Musical and the Christmas Collection
HOLY TRINITY GREEK ORTHODOX	Greek Orthodox Archdiocese of America	3	5,000	General Support
HONOLULU SYMPHONY	99-6000139	3	20,000	General support with an emphasis on marketing and public relations
HUGUENOT HISTORICAL SOCIETY	13-6213536	3	10,000	General Support
HUMANE SOCIETY FOR SOUTHWEST WASHINGTON	91-0759124	3	100,000	New Building Fund
HUMANE SOCIETY OF INDIANAPOLIS	35-0876385	3	2,500	General Support
INDIANA GOLF FOUNDATION	35-2145820	3	2,500	General Support
INDIANA MILITARY MUSEUM	35-1545943	3	2,500	General Support
INDIANA UNIVERSITY FOUNDATION	35-6018940	3	5,000	The Cale J. Holder Scholarship Fund
INTERNATIONAL MEDICAL CORPS	95-3949646	3	20,000	To Support Urgently Needed Areas
JUVENILE DIABETES RESEARCH	23-1907729	3	500	General Support
KENT PLACE SCHOOL	22-1487233	3	10,000	Annual Fund
KENT PLACE SCHOOL	22-1487233	3	10,000	General Support
KENTUCKY CENTER FOR THE ARTS	31-0999046	3	5,000	2009-2010 and 2010-2011 Annual Fund
KENTUCKY SHAKESPEARE FESTIVAL	61-6036654	3	5,000	General Support
LAKES REGION CONSERVATION TRUST	02-0347918	3	500	Operations
LOUISVILLE COLLEGIATE SCHOOL	61-0449630	3	10,000	Annual Fund
MASIPHUMELELE CORPORATION	02-0511758	3	500	Operations
MEMORIAL SLOAN KETTERING CANCER CENTER	13-1924236	3	5,000	General Support
MEMORIAL SLOAN KETTERING CANCER CENTER	13-1924236	3	5,000	General Support
METRO UNITED WAY	61-0444680	3	5,000	2009-2010 and 2010-2011 Annual Support
METROPOLITAN OPERA	13-1624087	3	100,000	The Council For Artistic Excellence
METROPOLITAN OPERA	13-1624087	3	25,000	Weekend Box Office Program
MIAMI UNIVERSITY	31-6026014	3	20,000	The Cottrell Physics Support Center
MIDDLESEX COUNTY COMMUNITY FOUNDATION	06-1477711	3	8,700	General Operations
MIDDLESEX HOSPITAL	06-0646718	3	5,000	Operations
MOCKINGBIRD MINISTRIES	26-0335226	3	6,000	General Support
MONTGOMERY BELL ACADEMY	62-0513741	3	11,750	General Support
MORRIS ANIMAL FOUNDATION	84-6032307	3	214,364	"The Helping Shelters Help Cats Program"
NASHVILLE FILM FESTIVAL	23-7258049	3	750	General Support
NASHVILLE SCREENWRITERS	62-1720085	3	750	General Support
NASHVILLE SYMPHONY	62-0550979	3	5,000	General Support
NATIONAL ALLIANCE FOR ACCESSIBLE GOLF	30-0130896	3	3,500	General Support
NATIONAL GALLERY OF ART	53-6001666	3	5,000	General Support
NATIONAL PHILANTHROPIC TRUST	23-7825575	3	26,967	General Support
NEW YORK BOTANICAL GARDEN	13-1693134	3	5,000	Chantable Fund ID Number 26543
NORMAN ROCKWELL MUSEUM	04-2450813	3	5,000	Annual Fund
NORTH COUNTY TRADE TECH HIGH SCHOOL	83-0494683	3	10,000	General Support
OLD WESTBURY GARDENS	11-1902968	3	5,000	General Support
OUR KIDS CENTER	58-1830327	3	750	"Drive for our Kids"
OXFAM AMERICA	23-7069110	3	1,500	General Support

PATHWAY SCHOOL	81-0559743			5,000	General Support
PENICKTON CENTER FOR BLIND CHILDREN	38-1471325	3		5,000	General Support
PHOEBE GRIFFIN NOYES LIBRARY	23-7209074	3		500	Operations
PINE MANOR COLLEGE	04-2321292	3		10,000	Operations
PINE TREE COUNCIL	95-1727660	3		5,000	"The Distinguished Citizen Award Dinner"
PLANNED PARENTHOOD OF NASSAU COUNTY	11-1776035	3		20,000	General Support
POPULATION ACTION INTERNATIONAL	52-0812075	3		10,000	General Support
PROVIDENCE ACADEMY	87-0743331	3		5,000	General Support
PURDUE UNIVERSITY FOUNDATION	31-0958507	3		5,000	The John Purdue Club
RIVERFRONT	39-1366638			1,000	General Support
ROSARY HILL HOME				5,000	General Support
ROSELLE CATHOLIC HIGH SCHOOL				5,000	Scholarship Program
SADS FOUNDATION	87-0492100	3		750	General Support
SALISBURY UNIVERSITY FOUNDATION	52-1127396	3		3,925	Public Radio Delmarva
SAN DIEGO STATE UNIVERSITY RESEARCH FOUNDATION	95-6042721	3		100,000	The Graduate Optics Program at San Diego State University
SAVE THE CHILDREN	06-0726487	3		5,000	Global Education Advisory Board Education Programs
SCHOOL CHOICE SCHOLARSHIPS	31-1589289	3		6,000	Scholarship Students to Louisville Collegiate School
SEMINOLE BOOSTERS, INC	59-1561180	3		15,000	General Support
SHRINE OF OUR LADY OF GUADALUPE OF THE DIOCESE OF LA CROSSE	39-1982320	3		5,000	General Support
SHRINE OF OUR LADY OF GUADALUPE OF THE DIOCESE OF LA CROSSE	39-1982320	3		5,000	"Fund for Speakers"
SISTERS OF ST. FRANCIS OF THE MARTYR ST. GEORGE				10,000	"The Development Campaign"
SME FOUNDATION	84-1175450	3		5,000	The Mineral Information Institute
SPEAR MEMORIAL HOSPITAL	02-0226774	3		500	Operations
SQUAM LAKES ASSOCIATION	02-0256498	3		500	General Support
SQUAM LAKES CONSERVATION SOCIETY	02-6012747	3		2,500	General Operations and The Dane Forest Project
ST. BARNABAS EPISCOPAL CHURCH				67,000	General Support
ST. BARNABAS EPISCOPAL CHURCH				5,000	"The Angola School Project"
ST. GEORGE'S EPISCOPAL CHURCH	52-0881979	3		30,000	General Support
ST. JAMES THE LESS CATHOLIC CHURCH				10,000	General Support
ST. JOHN'S EPISCOPAL SCHOOL	93-0998078			5,000	General Support
ST. PATRICK'S PARISH				3,000	"General Obligation Defining Your Discipleship through Stewardship Campaign"
ST. PAUL CHRISTIAN ACADEMY	62-0854205	3		5,000	General Support
ST. PAUL'S SCHOOL	02-0222227	3		5,000	Annual Fund
STRATFORD HALL	54-0536105	3		5,000	General Support
THE ARCH FOUNDATION FOR THE UNIVERSITY OF GEORGIA	20-2779492	3		225,000	General Support
THE CITADEL FOUNDATION	57-6020493	3		15,000	General Support
THE COLONIAL WILLIAMSBURG FOUNDATION	54-0505888	3		5,000	The Raleigh Tavern Society
THE FOOD BANK OF IOWA	42-1177880	3		10,000	General Support
THE FRIENDSHIP CIRCLE	26-0817688	3		15,000	General Support
THE GEORGIA METH PROJECT	26-4238232	3		150,000	General Support
THE HEALING PLACE	61-1164775			10,000	Annual Operations
THE NATURE CONSERVANCY	23-0242652	3		1,000	Operations
THE SALVATION ARMY	13-2923701			3,925	Operations and services in the Cambridge, Maryland Corps area
THE URSULINE SCHOOL	13-1740495	3		5,000	General Support
THE V FOUNDATION FOR CANCER RESEARCH	13-3705951	3		4,000	General Support
THE VALERIE FUND	22-2126867	3		25,000	Endowment Fund
TRINITY COLLEGE	06-0646927			500,000	To establish The Mario Professorship of Chemistry
TRINITY EPISCOPAL SCHOOL FOR MINISTRY	25-1271008	3		9,000	General Support
TRINITY-PAWLING SCHOOL	14-1601551	3		7,000	General Support
UNITED CEREBRAL PALSY OF MIDDLE TENNESSEE, INC	58-1663741	3		6,000	Burch Fund Special Needs Fund for Individuals of Multiple Births with Disabilities
UNITED STATES NAVAL ACADEMY	23-7003516	3		30,000	The Kinneer Summer Study Program
UNITED WAY OF CENTRAL INDIANA	35-1007590	3		5,000	Big Brothers, Boys and Girls Club of Zionsville and The School on Wheels
UNITED WAY OF GREATER PORTLAND	01-0241767	3		5,000	General Support
UNITED WAY OF METROPOLITAN	62-0533104	3		10,000	General Support

UNITED WAY OF THE LOWCOUNTRY, INC
 UNIVERSITY OF MISSISSIPPI
 UNIVERSITY MUSICAL SOCIETY
 UNIVERSITY OF ILLINOIS FOUNDATION
 UNIVERSITY OF NEW ENGLAND
 UNIVERSITY OF ROCHESTER
 VANCOUVER HUMANE SOCIETY & SPCA
 VINCENNES UNIVERSITY FOUNDATION
 WEST END UNITED METHODIST CHURCH
 WESTBURY FRIENDS SCHOOL
 WESTERN KENTUCKY UNIVERSITY FOUNDATION
 WHARTON COUNTY HISTORICAL MUSEUM
 WHEATON COLLEGE
 WILLIAMS COLLEGE
 YALE UNIVERSITY
 YMCA OF MIDDLE TENNESSEE

57-0405847 3 10,000
 23-7310293 3 2,000
 38-1545881 3 3,500
 37-6006007 3 5,000
 01-0211810 3 5,000
 16-0743209 3 50,000
 91-0759124 3 262,453
 23-7268826 3 2,500
 United Methodist Church
 11-1847129 3 5,000
 61-1251555 3 1,000
 51-0152351 3 5,000
 36-2182171 3 5,000
 01-2104847 3 1,000
 06-0646973 3 10,000
 62-0476243 3 5,000
 Grand Total \$ 3,765,334

General Support
 Ventress Order
 General Support
 Fellowship for CSE
 Office of Alumni Advancement
 Political Science Department - International Studies
 To Benefit The Society
 "The M McCormick Scholarship"
 General Support
 General Support
 School of Accountancy
 To cover the annual expenses for maintenance of birth home
 40th Reunion Fund
 Alumni Fund
 40th Reunion Fund
 The Camp Widiwagan Project

** Please note: If the address is needed for any Donee, please contact:

The Bessemer National Gift Fund c/o Bessemer Trust Company
 100 Woodbridge Center Drive

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

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization THE BESSEMER NATIONAL GIFT FUND C/O BESSEMER TRUST COMPANY	Employer identification number 13-7111099
	Number, street, and room or suite no. If a P.O. box, see instructions 100 WOODBRIDGE CENTER DRIVE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOODBIDGE, NJ 07095	

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

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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

BESSEMER TRUST COMPANY

• The books are in the care of **100 WOODBRIDGE CENTER DRIVE - WOODBRIDGE, NJ 07095**

Telephone No **732-855-0800**

FAX No. **732-855-0800**

• 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) **1000**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning **1/1/09**, and ending **12/31/09**.

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

ADDITIONAL TIME NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
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 instructions.	8c	\$ N/A

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 **[Signature]** Title **Agent**

Date **7/22/10**

Form 8868 (Rev. 4-2009)