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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

		the Treasury ue Service		• The orga	inization may h	nave to use a d	opy of this re	eturn to satis	fy state	repo	orting re	equireme	ents		Inspection	on
			endar ye	ar, or tax	year beginn:	ng			, an	d en	ding				· · · · · · · · · · · · · · · · · · ·	
ВС	heck if a	pplicable	Please	C Name	of organization	THAYER	R ACADEM	Y CHARITA	ABLE 1	TRU	ST	D Emp	oloyer id	lentification	on number	
	Address	change	use IRS label or	Doing	Business As							20-677	0243			
	Name ch	nange	print or type	Numb	er and street (or	PO box if mail is	s not delivered	to street addre	ess)	Roo	m/suite	E Tele	phone n	umber		
	nitial ret	urn	See	C/O TH	AYER ACAD	EMY, 745 W	ASHINGTO	N STREET	-			(781)6	64-251	0		
	erminat	led	Specific Instruc-) '	town, state or co	ountry, and ZIP +						l				
	Amende	d return	tions	BRAINT				MA	02184	4		G Gros	ss receip	ts \$		00,090
	Applicati	on pending	FN	lame and	address of prir	ncipal officer					H(a) Is t	this a grou	up return	for affiliat	es? Yes	ĭĭ™
			L	···							• •	e all affilia			Yes	No No
I T	ax-exe	mpt status	X 50	01(c) (3) ◄ (inse	ert no)	4947(a)(1)	or 52	27		lf "	'No," attac	ch a list	(see instru	ictions)	
JV	Vebsite	e: ▶									H(c) Gr	oup exem	ption nur	mber 🕨		
K F	orm of c	organization	c₀	orporation	X Trust	Association	Other >	•	L	Year	of forma	ition 2	2005	M State	of legal domicile	MA_
P	art I	Sur	nmary													
	1	Briefly d	escribe	the organ	nization's mis	sion or most	significant	activities								
•		SUPPO	RT OF T	THAYER	FACULTY S	ABBATICAL	PROGRAM	<u> </u>		. .						
Activities & Governance								····								
ern									:-R	EC	÷Η	/FD		ts net as		
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/te	4				oting member		erning boa	y (Part VI)	ue M	3 V 1	U 8 Z	010	121	5	**	<u>3</u>
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	ь				axable incom					<u>. D i</u>	-14,	01	I)	7b		0
											Prior Ye	ear		Current Yea	ır	
	8	Contribu	itions an	d grants	(Part VIII, lin-	e 1h)									1	00,000
Revenue	9	_			(Part VIII, Iir	_								_		0
eve	10										7,4	436		90		
æ	11				column (A), I					-			 -	100		0
	12				through 11 (mu					\dashv			1,4	436	1	7 265
	13 14				nts paid (Part mbers (Part			·3)		}						7,265
	15		•		ation, employ	•	•	ımn (A) line	es 51	_{ios} F						0
ses	16a				fees (Part IX,			211111 (7.17, 117.1		``'				<u> </u>		0
Expenses	b			_	es (Part IX, c					o						
Ä	17				column (A),									171		107
	18	Total exp	penses	Add lines	s 13–17 (mus	st equal Part	IX, column	(A), line 25))				•	171		7,372
	19	Revenue	e less ex	penses	Subtract line	18 from line	12							265		92,718
20.5										- -	Beginn	ning of Ci		_	End of Year	
Assets d Baland	20			rt X, line						ŀ			304,4	158	3	97,176
Net Assets Fund Baland	21		•	Part X, lin	•	lino 21 from	line 20			⊦			304,4	158		97,176
	22 []		nature		ces Subtract	ilile 21 iloin	ine zu						304,4	100		91,110
Fa	T. U.				I declare that I h	ave examined thi	s return, includ	ding accompan	ying sch	nedule	s and st	tatements	, and to t	the best of	my knowledge	
		and b	elief, it is t	rue, correct	t, and complete	Declaration of pre	eparer (other ti	nan officer) is b	ased on	atl in	formatio	on of which	h prepare	er has any	knowledge	
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Paid	i i	signat			10-21	(CPA		0.4.5	self	-	<u>.</u> [∵ (s	see instructi	ons)	
	parer's	s Error's	name (or	VOLUE				10/14/20	U10	em	ployed	▶X P00965923				
Use	Only		s name (or -employed)	-		ERHOUSEC						EIN		3-40083		
			ss, and ZI			STREET, P			19			Phone no	o ▶ (4	112)35 <u>5</u>		
May	the IF	RS discus	s this re	turn with	the preparer	shown above	e? (see ins	tructions)				_			X Yes	No.
For	Privac	y Act and	Paperwo	ork Reduc	tion Act Notic	ce, see the se	parate instr	uctions.				· <u> </u>			Form 99	0 (2009)

4c (Code) (Expenses \$0 including grants of \$0) (Revenue \$0) 4d Other program services (Describe in Schedule O) (Expenses \$0 including grants of \$0) (Revenue \$0)		990 (2009)		0-6770243	Page 2
THE FUNDS ARE TO BE USED EXCLUSIVELY FOR SUPPORTING THE THAYER FACULTY SABBATICAL PROGRAM The prior Form 990 of 990-E27 If "Yes," describe these new services on Schedule O The prior Form 990 of 990-E27 If "Yes," describe these exemptour, or make significant changes in how it conducts, any program services services? If "Yes," describe these changes on Schedule O 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 40 (Code) (Expenses \$ 0 including grants of \$ 7.255) (Revenue \$ 0) ORGANIZATION HAS PAID IN 2009 AN AMOUNT OF \$7.255 TO THAYER ACADEMY AND RESTRICTED THE FUNDS TO BE USED EXCLUSIVELY FOR SUPPORTING THE THAYER FACULTY SABBATICAL PROGRAM 44 (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 45 (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) 46 (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Great Street Stre	P	art III	Statement of Program Service Accomplishments		
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	40			U)	

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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

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	YER ACADEMY CHARITABLE TRUST		20-6770243	P	age 5
Part V Stateme	nts Regarding Other IRS Filings and Tax Compliance	 	-		
		}		Yes	No
	reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	Returns Enter -0- if not applicable	1a	0		
	of Forms W-2G included in line 1a Enter -0- if not applicable	1b	4		
	on comply with backup withholding rules for reportable payments to vendors a	по геропавіе	4.		
) winnings to prize winners?	ł	1c	X	
	of employees reported on Form W-3, Transmittal of Wage and Tax for the calendar year ending with or within the year covered by this return	2a	o		
	eported on line 2a, did the organization file all required federal employment tax				
	f lines 1a and 2a is greater than 250, you may be required to e-file this return		20	\dashv	
instructions)	Times Ta and 2a is greater than 250, you may be required to 6-me this return	(300			
	on have unrelated business gross income of \$1,000 or more during the year co	overed by		ĺ	
this return?	There amounted business gross mounts of the terms of more using the year of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a	j	Х
	d a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	the calendar year, did the organization have an interest in, or a signature or o	ther authority			
	count in a foreign country (such as a bank account, securities account, or other				
account)?			4a	J	X
b If "Yes," enter the	name of the foreign country ►			-	-
	ns for exceptions and filing requirements for Form TD F 90-22 1, Report of For	eign Bank			
and Financial Acc				٠ - ا	
5a Was the organiza	ion a party to a prohibited tax shelter transaction at any time during the tax yea	ar?	5a		X
	arty notify the organization that it was or is a party to a prohibited tax shelter tra		5b		<u>X</u>
	or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity l	Regarding		J	
Prohibited Tax Sh			5c	1	X
-	tion have annual gross receipts that are normally greater than \$100,000, and of	did the			
_	any contributions that were not tax deductible?		6a		_X_
	ganization include with every solicitation an express statement that such contri	ibutions or		l	
gifts were not tax			6b		
_	at may receive deductible contributions under section 170(c).	. fau a d-	•	.:	<u></u>
_	on receive a payment in excess of \$75 made partly as a contribution and partly	for goods	7.	- 7,72	~~~
and services prov b If "Yes." did the or	ganization notify the donor of the value of the goods or services provided?		7a 7b	- 	<u>X</u>
	on sell, exchange, or otherwise dispose of tangible personal property for which	it was	'-		
required to file Fo			7c	ľ	Х
•	ne number of Forms 8282 filed during the year	7d	,,,	$\neg \dagger$	
	on, during the year, receive any funds, directly or indirectly, to pay premiums of			ł	
benefit contract?	, , , , , , , , , , , , , , , , , , ,	•	7e		Х
f Did the organization	on, during the year, pay premiums, directly or indirectly, on a personal benefit of	contract?	7f		Х
g For all contribution	s of qualified intellectual property, did the organization file Form 8899 as requi	red?	7g		
h For contributions	of cars, boats, airplanes, and other vehicles, did the organization file a Form 10	98-C as			
required?			7h		
	nizations maintaining donor advised funds and section 509(a)(3) support			- 1	
	d the supporting organization, or a donor advised fund maintained by a sponso	oring	_		•
_	excess business holdings at any time during the year?		8		
	nizations maintaining donor advised funds.			***	•
	on make any taxable distributions under section 4966?		9a	-+	
_	on make a distribution to a donor, donor advisor, or related person?		9b		
	organizations. Enter	102		[•
	· · · · · · · · · · · · · · · · · · ·	10a			
		100			
) organizations. Enter nembers or shareholders	11a		-	
	n other sources (Do not net amounts due or paid to other sources	,,,	\dashv \mid		
		11b]	
) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a		
		12b			

Form 9	990 (2009) THAYER ACADEMY CHARITABLE TRUST 20-	6770243	1 3	- ⊃age €
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b belo			age C
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char			
	Schedule O See instructions			
Sec	tion A. Governing Body and Management			,
	1 1		Yes	No
1a	Enter the number of voting members of the governing body	3		
ь	Enter the number of voting members that are independent [1b]	3	İ	
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_	<u> </u>	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		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Х	
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			l
<u>C4</u>	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
	ion B. Policies (This Section B requests information about policies not required by the Internal enue Code)			
/\cve	snue code)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
	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	Х	
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	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
¢	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
40	describe in Schedule O how this is done	12c	X	
	Does the organization have a written whistleblower policy?	13	X	
14 15	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	14	X	
	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
þ	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	.		
.04	with a taxable entity during the year?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► MA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply			
40	Own website Another's website X Upon request	_1		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of intere- policy, and financial statements available to the public	ડા		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie		
	organization MARK GUTIERRE7 (781)664-25			
	C/O THAYER ACADEMY 745 WASHINGTON STREET, BRAINTREE, MA 02184			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

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

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

(A)	(B)				(C)			(D)	(E)	(F)
Name and Title	Average					that ap		Treportable	Reportable	Estimated
	hours per week	or director	Individual trustee	Cincer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
W THEODORE KOSKORES TRUSTEE		0 X						0	0	0
JAYM CASHMAN TRUSTEE		0 X		L				0	0	0
										·
				L						
								•		
	-									

Page 7

	1 990 (2009) THAYER ACADEMY CHARITABL									20-67			Page
Pa	art VII Section A. Officers, Directors, Tr	ustees, Key En	ploy	/ees	, and	J Hig	hes	t Co	mpensated Em	ployees (con	tınu	ed)	
	(A)	(B)	ĺ		(1	C)			(D)	(E)		(F)
	Name and title	Average	Po	sition	(chec	k all t	hat ap		Reportable	Reportable		Estim	ated
		hours per week	악급	los	Officer	6	em	Former	compensation from	compensation from related	۱ '	amou oth	
		" cer	or director	Institutional truste	E	Key employee	Highest compensated employee	Tage 1	the	organizations		compen	nsation
			or a	2	1	탕	8 8	•	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	from organiz	
			l st	ź		/ee	l mg	ĺ	,			and re	elated
			8	stee		ŀ	nsa	ŀ				organiz	ations
			L			L	ég	<u> </u>			\perp		
							İ						
			L		<u> </u>			L					
					L								
		· -											
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								_					
											\bot		
											\top		
]		_			
		_											
1b	Total							•	0		0		
2	Total number of individuals (including but no	t limited to those	e liste	ed at	pove) who	o rec	eive	d more than \$10	nı 000,00			
	reportable compensation from the organizati	on ▶			0								
										_		Yes	No
3	Did the organization list any former officer, of					ee,	or hi	ghes	t compensated	1	-	`	
	employee on line 1a? If "Yes," complete Sch	edule J for such	ındı	vidu	al					L	3		X
4	For any individual listed on line 1a, is the sur	n of reportable of	comp	ens	ation	and	othe	r cor	mpensation from	,			
	the organization and related organizations gi	reater than \$150	0,000)? If	"Yes	, " co	mple	ete S	chedule J for su	rch	_		
	ındıvıdual						-				4		X
5	Did any person listed on line 1a receive or ac	criie compens	tion	from	anv	unre	alate	d oro	anization for				
3	services rendered to the organization? If "Ye								amzation to:		5	1 1	Х
Sec	tion B. Independent Contractors	io, complete de			70. 0		<i>p</i> 0.0				<u> </u>		
1	Complete this table for your five highest com	nensated inden	ende	nt co	ontra	ctors	that	rece	eived more than	\$100,000 of			
•	compensation from the organization	pendated macp	01100		J., C	0.0.0		. , 00.		4,00,000 0.			
	(A)						\neg		(B)			(C)	
	(A) Name and business ad	ddress					- 1		Description of servi	ces (Comp	ensation	
							一十				<u> </u>		0
							\neg						
									· · · · · · · · · · · · · · · · · · ·				0
													0
													0
2	Total number of independent contractors (inc	cluding but not li	mited	d to t	hose	liste	ed ab	ove)	who received				
-	more than \$100,000 in compensation from the	-					0	-,				,	
													

Form 9	90 (200	9) THAYER ACADEMY CHARITA	BLE TRUST					20-6770	243 Page 9
Par	t VIII	Statement of Revenue						ļ	
		,		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated campaigns		1a	0				
grai	b	Membership dues		1b	0				
ts, g am	С	Fundraising events		1c	0				
gif lar	d	Related organizations		1d	0				
, Si E	е	Government grants (contributions)		1e	0				
ar s	f	All other contributions, gifts, grants				ŀ			
iệ ệ		similar amounts not included above		1f	100,000		,	ĺ	
Contributions, gifts, grants and other similar amounts	9	Noncash contributions included in	ines 1a-1f	;		400 000			
OB	<u>h</u>	Total. Add lines 1a-1f			•	100,000			<u> </u>
Ę	١_				Business Code				•
6	2a					0			
ě	b								
2	C.					0 0			
Se	ď					0			
ran	e	All all	0						
Program Service Revenue	,	All other program service revenue		0	-				
	g	Total. Add lines 2a-2f		U	í				
	3	Investment income (including divide	ends, interes	t, and	.				
		other similar amounts)				90	90		
	4	Income from investment of tax-exe	mpt bond pro	ceed	is 🕨	0			
	5	Royalties			>	0			
	_		(ı) Real	_	(II) Personal	•	,		-
	6a	Gross Rents	ļ					-	• ′
	b	Less rental expenses	ļ						
	C	Rental income or (loss)	L	0	0		, i		÷
	d	Net rental income or (loss)	(2) Security	_ 1	(v) Other	0		, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of	(i) Securitie	-	(ii) Other		-	'	, -
		assets other than inventory		0					, <u> </u>
	b	Less cost or other basis	}	ار		-	•	·	** *
		and sales expenses		0	0			_	
i	C	Gain or (loss)	L	υĮ	<u>_</u>	اه		-	
	d	Net gain or (loss)		ſ					
ē	oa	Gross income from fundraising	0	}			*	. '	
enne		events (not including \$		l	•	1	,		-
e v		of contributions reported on line 1c; See Part IV, line 18	,	a			•		•
Other Reve	h	Less direct expenses		b	- 0				
the		Net income or (loss) from fundraisir	na events	וים	<u> </u>	o			
0		Gross income from gaming activitie		ſ			13	7	* * * * * * * *
	Ja	See Part IV, line 19	3	a	o	· .	* - '		
	h	Less direct expenses		ь	Ö				
		Net income or (loss) from gaming a	ctivities	י כ		0		, ,	
		Gross sales of inventory, less	Cavines	ſ			-7,500		
	IVa	returns and allowances		a	اه				
	b	Less cost of goods sold		b		:	, , , , , , , , , , , , , , , , , , ,		-
	i .	Net income or (loss) from sales of ii	nventory	J.	<u>~</u>	o	-		
	·	Miscellaneous Revenue	17 CITION Y		Business Code				
	11a			\dashv	3000	o			
	b			ŀ		0			
	c			ŀ		0			
	d	All other revenue		ı		0			
	-	Total. Add lines 11a–11d	0						
	12	Total revenue. See instructions			•	100.090	90	0	0

Form	000	1200	•

THAYER ACADEMY CHARITABLE TRUST

20-6770243

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Pa	rt IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)				
	All other organizations must complete colum	n (A) but are not re	quired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	7,265	7,265	-	
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	0		· ·	
4	Benefits paid to or for members		-	2	, , , , ,
5	Compensation of current officers, directors,				
	trustees, and key employees			0	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			-
11	Fees for services (non-employees)				
а	Management	0.			
b	Legal	0			
С	Accounting	0	-		
d	Lobbying	0		· · · · · · · · · · · · · · · · · · ·	
e	Professional fundraising services See Part IV, line 17	0	-	,	
f	Investment management fees	107		107	
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	ol	-		
15	Royalties	0			
16	Occupancy	0			
17	Travel	o			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	ol			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together		* ' '		7 7 ;
	and labeled miscellaneous may not exceed	: 77 1	,		
	5% of total expenses shown on line 25 below)				
а	,				·
b		0			
C		0		-	
ď		0		-	
e		0			
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	7,372	7,265	107	0
		1,312	1,203	107	<u> </u>
26	Joint costs. Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising	1	ŀ		
	solicitation			1	

Form 990 (2009)

Form 9	990 (2009) THAYER ACADEMY CHARITABLE TRUST	20-6770243	Р	age 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	7		-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	Ţ	-	
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			1
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	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	1 1	-	
	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?	3a		X
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	3b		Х
		For	m 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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

haritable trust.

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the	me of the organization Employer identification number											
		CHARITABLE T						<u> </u>		770243		
Part I			harity Status (All or						instructio	ns		
The organ		•	lation because it is (Fi irches, or association (-		•		(i).			
2	A school de	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E)							
3	A hospital o	r a cooperative	hospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4		esearch organiza ame, city, and st	ation operated in conju	ınction wi	th a hosp	ıtal descri	bed in se	ection 17	0(b)(1)(A)(iii). Ent	er the	
5	_	•	r the benefit of a colle (Complete Part II)	ge or univ	ersity owi	ned or op	erated by	a govern	mental ur	nt descrit	ped	
6	A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	ın sectio	n 170(b)(1)(A)(v).				
7	•		ly receives a substanti (1)(A)(vi). (Complete	•	its suppo	rt from a g	governme	ntal unit d	or from the	e genera	public	С
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 organiza	tion organized a	ind operated exclusive	ly to test	for public	safety So	ee sectio	n 509(a)((4).			
11 X	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 tl c X Type III-Functionally integrated d Type III-Other											
e 🗌	By checking persons other	this box, I certif	y that the organization on managers and othe	is not co	ntrolled d	rectly or i	ndirectly t	-	more disc	qualified		
9	organization Since Augus	, check this box st 17, 2006, has	a written determination the organization accep						e III supp	orting		
	following per		or indirectly controls	outhor alor	oo or togo	thor with	norcone d	locaribad	ın (u)	٢	Yes	No
		-	or indirectly controls, or verning body of the suj		-		persons c		ui (u <i>)</i>	11g(i)	765	
			person described in (i)		· 3			-		11g(ii)		
	(iii) A 35%	controlled entit	y of a person describe	d in (i) or	(II) above	?				11g(III)		
<u>h</u>	Provide the f	following informa	ation about the suppor			4454		, ,	1- 46-2	1 ()	<u> </u>	
	of supported nization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) la	organization sted in your document?	the organ	ou notify nization in of your port?	organiza (i) organi	Is the tion in col ized in the S?	1 '	Amount upport	OT
				Yes	No	Yes	No	Yes	No			
THAYER A	ACADEMY		2	Х		X		X				0
										ļ		0
								L				0
												0

Total

0

0

Schedi	ate A (Form 990 or 990-EZ) 2009 THAYER ACAI					20-677024	
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)							
	ion A. Public Support					· · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support	1	<u> </u>	L			<u>_</u>
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • • • • • • • • • • • • • • • • • •	0	0	0	0	0	0
7 8	Amounts from line 4 Gross income from interest, dividends,	- ·			<u>_</u>		
J	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	1					0
9	Net income from unrelated business						
	activities, whether or not the business is						0
10	regularly carried on Other income Do not include gain or						<u>U</u>
10	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10	Same Same	eri, i e.	,	*		0
12	Gross receipts from related activities, etc. (s	ee instructions)			12	
13	First five years. If the Form 990 is for the or	rganization's fir	st, second, thir	d, fourth, or fifth	n tax year as a	section 501(c)(3)
organization, check this box and stop here							
Sect	on C. Computation of Public Support	Percentage					
14	Public support percentage for 2009 (line 6, c		ed by line 11, o	column (f))		14	0 00%
15	Public support percentage from 2008 Sched			. , ,	Ī	15	0 00%
16a				line 13, and line	e 14 is 33 1/3%	or more, check	this box
	a 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 ▶ □						
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						
17a b	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.						
18	Private foundation. If the organization did not ch	eck a box on line	13, 16a, 16b, 1	7a ,or 17b, check	this box and se	e instructions	▶ 📙

THAYER ACADEMY CHARITABLE TRUST 20-6770243 Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 0 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 0 Gross receipts from activities that are not an 0 unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 organization without charge 0 0 Total. Add lines 1 through 5 0 7a Amounts included on lines 1, 2, and 3 0 received from disqualified persons 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 0 c Add lines 7a and 7b O O 0 n O 0 Public support (Subtract line 7c from line 6) 0 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Amounts from line 6 0 0 0 0 0 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources 0 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 0 n n Add lines 10a and 10b Ω 0 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 0 12 Other income Do not include gain or loss from the sale of capital assets 0 (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) 0 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 Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 0 00% 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 0 00% 16 Section D. Computation of Investment Income Percentage 0 00% 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 0 00% Investment income percentage from 2008 Schedule A, Part III, line 17 18 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 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

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	n 990 or 990-EZ) 2009	THAYER ACADEMY CHARITABLE TRUST	20-6770243	Page 4
Part IV	Supplemental	Information. Complete this part to provide the explanations requ	ired by Part II, line 1	10,
	Part II line 17a	or 17b, and Part III, line 12 Provide any other additional information	tion. See instruction	S
	Taren, and Tra	of tro, and takin, into the troval and additional matter		
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SCHEDULEI (Form 990) Department of the Treasury

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Publi

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

Inspection Employer identification number

20-6770243 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance THAYER ACADEMY CHARITABLE TRUST Name of the organization Part I

Š ∑ Yes ∑ 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 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed. the selection criteria used to award the grants or assistance? Part II

Part IV and Schedule I-1 (Form 990) if addition	le I-1 (Form 99	90) if additional sp	Part IV and Schedule I-1 (Form 990) if additional space is needed.				×
1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THAYER ACADEMY 745 WASHINGTON STREET BRA	04-2105781	501(c)(3)	7,265	0			SABBATICAL PROGE
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 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	organizations	government organ	ızatıons				+ 0

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

Schedule I (Form 990) 2009

THAYER ACADEMY CHARITABLE TRUST

20-6770243

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV appraisal, other) 0 (d) Amount of non-cash assistance Part Line 2 THE TRUST SUPPORTS THE THAYER ACADEMY FACULTY SABBATICAL PROGRAM 0 0 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Employer identification number THAYER ACADEMY CHARITABLE TRUST 20-6770243 Form 990 Part IV Line 5 THIS QUESTION IS NOT APPLICABLE TO THIS ORGANIZATION, AS IT IS A 501(C)(3) Form 990 Part V Line 10, 11, & 12 THESE QUESTIONS ARE NOT APPLICABLE TO THIS ORGANIZATION, AS IT IS Form 990 Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) 					
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)					
A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only					
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns					
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.					
,, I , , , , , , , , , , , , , , , , ,	mployer identifi	cation number			
Number street and soom or suite no. If a D.O. how and instructions	6770243				
due date for C/O THAYER ACADEMY, 745 WASHINGTON STREET					
return See City, town or post office, state, and ZIP code. For a foreign address, see instructions	<u></u>				
Instructions BRAINTREE	MA 15	230-0185			
Check type of return to be filed (file a separate application for each return)	م	1			
X Form 990 Form 990-T (corporation)		Form 4720			
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)	Ŀ	Form 5227			
Form 990-EZ Form 990-T (trust other than above)		Form 6069			
Form 990-PF		Form 8870			
	L	, , , , , , , , , , , , , , , , , , , ,			
• The books are in the care of ► MARK GUTIERREZ C/O THAYER ACADEMY, 745 WASHINGTON STREET BR/ Telephone No ► (781)664-2510 FAX No ► • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box • If it is for part of the group, check this box • If the pages and EINs of all members the extension will cover.					
list with the names and EINs of all members the extension will cover					
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for ▶ X calendar year 2009 or ▶ tax year beginning, and ending					
2 If this tax year is for less than 12 months, check reason Initial return Final return	Change in a	accounting period			
3 a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1				
less any nonrefundable credits. See instructions	3a	\$			
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax					
payments made Include any prior year overpayment allowed as a credit	3b	\$			
c Balance Due. Subtract line 3b from line 3a 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 3c \$					
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.					
for payment instructions					

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

aurie a. adatipa Signature

Date > 8-12-10

Form **8868** (Rev 4-2009)