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SCANNED NOV 3 0 2010

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2009

Fo	r ca	lendar	year 2009,	or t	ax year beg	nning			, 2009	and endi	ng		, 20		
			hat apply.		Initial retu			Initial return	of a former p	ublic char	ıty		Final return	_	
_					Amended	return		Addre	ss change		$\prod_{\mathbf{N}}$	lame change			
			Name of fou	ndat	tion							A Employer identifi	cation number		
ι	lse th	ie IRS													
	lab				TOUNDATIO						_	26-1386173			
•	Other pri	wise,	Number and	stre	et (or PO box	number d	mail is not d	mail is not delivered to street address) Room/suite				B Telephone number (see page 10 of the instructions)			
	or ty		D 0 D01		104										
S	•	pecific	P.O. BOX								_	•	3) 221-5918	<del>-</del> -	
ŀ	stru	ctions.	City or town	, sta	ite, and ZIP co	de						C If exemption application pending, check here		4	
			COUMUDO	n m	Cm 0600							D 1 Foreign organizat	ons, check here .		
_	<u> </u>			_	CT 0689							2 Foreign organiza 85% test, check h		$\neg$	
H		•	e of organiza					mpt private f				computation .			
÷					empt charitable			ethod X C	ivate founda	rual		E If private foundation	_ L		
•			t value of all				ther (spe		asn Acc	iruai			)(1)(A), check here . P		
	_	=ai (#0 ▶ \$	<i>m Part II, col</i> 33 <b>,</b> 81						cash basis.)				in a 60-month termination (1)(B), check here		
E	,	<u> </u>			and Expens	1.		<u> </u>	,			011001 3001011 001(0	(d) Disbursements	 }	
•	<u> </u>	total o may n	f amounts in c ot necessarily	olun equ	nns (b), (c), an ial the amount of the instruc	d (d) s in	`éxpe	venue and nses per ooks	(b) Net inve		(0	c) Adjusted net income	for charitable purposes (cash basis only)		
$\neg$	1	Contribu			received (attach sci		2,	,000,000.						_	
	2	Check ]	If the f	ounc	dation is <b>not</b> req	ured to									
	3	Interest			porary cash inve			3.		3.		3.	ATCH 1		
	4	Divider	nds and intere	st fr	om securities										
	5 a	Gross r	ents												
	b	Net ren	tal income or (lo	ss) _								<del></del>			
Kevenue		Gross s	et gain or (loss) from sale of assets not on line 10 oss sales price for all sets on line 6a									-	_		
Š	7	_		me (	(from Part IV,	<u>ın</u> e 2) .									
	8	Net ឡិក	ort-term-capita modification	al ga	in/ [ []										
				السخ	٠ (	)  - · ·									
	i u a	and allo	les less returns wances out of goods sold	٦٠ ا	1 ()	<b>ó</b> ├									
		1 4	<b>≈</b> √1		1	<del>                                     </del>	<del></del>								
		1		·	ach schedule)	\ \ \ \								—	
	11	Other	ncome (attack	n <b>sci</b> ) ( )	hedule)	<u>. ]</u>		,000,003.		3.		3.			
ㅓ	12					<del>*                                    </del>		0.					<u> </u>	—	
	13 14	•	nsation of office employee sala		rectors, trustees	. etc									
ŝ	15		n plans, empl		_										
eus			ees (attach so	•		· · · ·		39,481.		0.		0.	39,4	81	
Expenses	b				schedule) <sup>ATC</sup>	н 3		10,000.		3,300.		0.	6,7	700	
ě					attach schedu			102,244.					102,2	44	
ati	17		t	•										_	
ist	18				page 14 of the ins	tructions)		5.		5.					
ī	19	Depre	ciation (attach	sch	nedule) and de	pletion		· ·							
\dr	20	Occup	ancy												
פַ	21	Travel,	conferences,	and	meetings										
a	22				· <u></u>			22 22							
ũ	23	Other	expenses (atta	ach s	schedule) $\overset{ ext{AT}^0}{\cdot}$	ЭН 6		33,065		323.			32,7	42	
Operating and Administrative	24				ministrative ex	•		104 705		, ,,,		•	107		
ď			_				<u></u>	184,795	<u> </u>	3,628.		0.	181,1		
_	25		•	-	nts paid			35,000	1	3 620			35,0		
_	26		<u> </u>		ents. Add lines 2	4 and 25		219,795	<del> </del>	3,628.		0.	216,1	- 0 /	
	27		ct line 26 fror				,	720 200							
					es and disbursem		<u> </u>	,780,208	<del> </del>	-0-				—	
-	b		vestment inco		(if negative, e	•	<u> </u>					3.	<del></del>		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions. \* ATCH 4 JSA \*\* ATCH 5 951410 2 000 95591S C546 11/9/2010 1:57:33 PM V 09-8.5

Form 990-PF (2009)

Part I	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
		amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash'- non-interest-beam	ing	2,076,117.	1,532,322.	1,532,322.
2		cash investments	829.	832.	832.
3	Accounts receivable ▶				
	Less: allowance for dou	btful accounts			
4					
	Less: allowance for dou	btful accounts ▶			
5					
6		fficers, directors, trustees, and other			
		ach schedule) (see page 16 of the instructions)			
7		receivable (attach schedule)			<del></del>
'		btful accounts			
8 ا <sub>م</sub>	Inventories for sale or us				
Assets 0 0 0 a		eferred charges			
SS 10 A					
٦.		e government obligations (attach schedule)		<del></del>	······
11 °	Investments - land, building and equipment basis				
	Less accumulated deprecia (attach schedule)	ation	•		
12		loans			
13	Investments - other (atta	ach schedule)			
14	Land, buildings, and equipment basis	<b>&gt;</b>			
	Less accumulated deprecia (attach schedule)				
15	Other assets (describe	► ATCH 7	29,997,829.	32,321,829.	32,321,829
16		pleted by all filers - see the			
			32,074,775.	33,854,983.	33,854,983
17		accrued expenses	· · · · · · · · · · · · · · · · · · ·		·
18					
20 21 21 22 22 22 22 22 22 22 22 22 22 22		ors, trustees, and other disqualified persons			
20 21		ors, trustees, and other disqualified persons			
a 2 2					
22	Other habilities (describe	• ▶)			
23	Total liabilities (add line	es 17 through 22)	0.	0.	
+		low SFAS 117, check here ▶			
		24 through 26 and lines 30 and 31.			
g	<del>-</del>	-			
24				··-·	
<u>e</u> 25					
m 26	•				
Ĕ	Foundations that do	not follow SFAS 117,			
L		plete lines 27 through 31.   X			
Net Assets or Fund Balance 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		cipal, or current funds			
28	• • • •	r land, bldg , and equipment fund	32,074,775.	32 054 002	
29 V	•	ulated income, endowment, or other funds	32,014,113.	33,854,983.	
<del>ي</del> 30		d balances (see page 17 of the	22 074 775	22 054 000	
	instructions)		32,074,775.	33,854,983.	
31		t assets/fund balances (see page 17	20 024 225	22.05.05.	
			32,074,775.	33,854,983.	
		anges in Net Assets or Fund E			· · · · · · · · · · · · · · · · · · ·
1 Tota	al net assets or fund ba	alances at beginning of year - Part II,	column (a), line 30 (must	agree with	
end	-of-year figure reporte	d on prior year's return)			32,074,775
2 Ente	er amount from Part I,	1			1,780,208
		led in line 2 (itemize) ▶		3	
	lines 1, 2, and 3			4	33,854,983
E Doo	roocco not included in	lino 2 (domino) s		ا ء ا	
6 Tota	al net assets or fund b	alances at end of year (line 4 minus l	ine 5) - Part II, column (b).	line 30 6	33,854,983

(a) List and	and Losses for Tax on Inv describe the kind(s) of property sold ( rick warehouse, or common stock, 200	e g , real estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo., day, yr.)
1a					
<u>b</u>					
С		<del>.</del>			<del></del>
<u>d</u>			<u> </u>		
<u>e</u>		(a) Cook or other basis		L	L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a .					
b	-				
d d	<del></del>				
e	<del></del>			<del></del>	
<del></del>	nowing gain in column (h) and owi	ned by the foundation on 12/31/69		Gains (Col (h) g	ain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(k), but not less t Losses (from co	than -0-) or
a			İ		
b			ĺ		
С					
d					
е					
Part V Qualification Unifor optional use by domestic if section 4940(d)(2) applies,  Was the foundation liable for f "Yes," the foundation does in the section 4940(d)(2) applies,  Base pend years (a)  Base pend years  Calendar year (or tax year beginning in)  2008	c private foundations subject to the leave this part blank the section 4942 tax on the distribution qualify under section 4940(e) bunt in each column for each year (b)  Adjusted qualifying distributions  7,943,695.	putable amount of any year in the bound complete this part complete the instructions be ause the instruction of the instructions because the instruction of the instruct	ment inco	d? [	atio y col (c)) 4.696840
2007	0.	0.			0.000000
2006					
2005					
2004		1	-	<del></del>	<del></del>
2 Total of line 1, column (d)			2		4.696840
	for the 5-year base period - divide dation has been in existence if less	s than 5 years	3		1.565613
4 Enter the net value of non	charitable-use assets for 2009 fro	om Part X, line 5	4		477,022.
Multiply line 4 by line 3			5 746,832.		
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b).		6		
7 Add lines 5 and 6			7		746,832.
8 Enter qualifying distribution If line 8 is equal to or great VI instructions on page	eater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	2, using a 1% ta	540,167. x rate. See th

Par	tVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ne ins	tructio	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			0.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0			0.
6	Credits/Payments			
	2009 estimated tax payments and 2008 overpayment credited to 2009   6a			
Ь	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0.			
d	Backup withholding erroneously withheld			^
7	Total credits and payments Add lines 6a through 6d			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<del>- 0 .</del>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Par	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11  t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
ıa	participate or intervene in any political campaign?	1a	163	X
<b>h</b>	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	14		
U	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities			
	Did the foundation file Form 1120-POL for this year?	1 c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
-	(1) On the foundation >\$(2) On foundation managers >\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers   \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	ĺ		
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		,	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions)   CT,			
b				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	1		
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page		] ,,	
	27)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ATTACHMENT 8	10	x	

Form 990-PF (2009)

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

---- '------- '------ '-----

3a Did the foundation hold more than a 2% direct or indirect interest in any business

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3 b

4a

Х

XNo

Par	t VII-B Statements Regarding Activities for	or Which Form 47	720 May Be Requi	ired (continued)		
5a	During the year did the foundation pay or incur any amou	int to:				
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No		
	(2) Influence the outcome of any specific public election					
	directly or indirectly, any voter registration drive?			Yes X No		
	(3) Provide a grant to an individual for travel, study, or other			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(4) Provide a grant to an organization other than a char-	· · · · · · · · · · · · · · · · · · ·				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	<del>-</del>		Yes X No		
	(5) Provide for any purpose other than religious, chanta					
	purposes, or for the prevention of cruelty to children of	•		Yes X No		
L	If any answer is "Yes" to 5a(1)-(5), did any of the trans			· <del>-</del> -		
b	Regulations section 53 4945 or in a current notice regard				5b	
	Organizations relying on a current notice regarding disas	•				
	•					
С	If the answer is "Yes" to question 5a(4), does the found	•		Yes No		
	because it maintained expenditure responsibility for the g		• • • • • • • • • • • • • • • • • • • •			
	If "Yes," attach the statement required by Regulations sec					
6a	Did the foundation, during the year, receive any funds, or			Yes X No		
	on a personal benefit contract?			• — —		X
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	personal benefit contrac	<sup>‡7</sup>	- ·   6b	
	If "Yes" to 6b, file Form 8870			┌┪., ┌╗.,		
	At any time during the tax year, was the foundation a pa	•	-	· —		<del>  x</del>
	If yes, did the foundation receive any proceeds or have					^
Pai	Information About Officers, Directors and Contractors	s, Trustees, Found	uation wanagers,	nighty Paid Emplo	yees,	
1	List all officers, directors, trustees, foundation m	anagers and their		page 22 of the instru	ctions).	
	· · · · · · · · · · · · · · · · · · ·	(b) Title, and average	(c) Compensation	(d) Contributions to	/-\ ~~~~~	account
	(a) Name and address	hours per week devoted to position	(If not paid, enter	employee benefit plans and deferred compensation	(e) Expense other allo	
		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
ĀT	(a) Name and address  TACHMENT 9	hours per week	(If not paid, enter	employee benefit plans		wances
ĀT		hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
ĀT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
ĀT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
AT	TACHMENT 9	hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	wances
	TACHMENT 9	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  - () -	other allo	wances
2	TACHMENT 9  Compensation of five highest-paid employees (of	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  - () -	other allo	wances
2	TACHMENT 9	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation  - () -	other allo	) -
2	TACHMENT 9  Compensation of five highest-paid employees (of	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of finone, enter "NONE."	hours per week devoted to position  her than those inc	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of finone, enter "NONE."	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -
2	TACHMENT 9  Compensation of five highest-paid employees (of If none, enter "NONE."  Name and address of each employee paid more than \$50,000	hours per week devoted to position  her than those inc  (b) Title, and average hours per week	(If not paid, enter -0-)  0.	employee benefit plans and deferred compensation  - () -  e page 23 of the institutions to employee benefit	other allo  - (  ructions).	yances ) -

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Part VIII Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid Emplo	oyees,
3 Five highest-paid independent contractors for professional services (se	e page 23 of the instructions). If none	enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
		07.244
ATTACHMENT 10		87,244
Total number of others receiving over \$50,000 for professional services .		▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficianes served, conferences convened, research papers produced		Expenses
1 SEE FOOTNOTE ATTACHED		<del></del>
		2,493,986
2		
3		
<b>3</b>		
4		
Part IX-B Summary of Program-Related Investments (see page 23  Describe the two largest program-related investments made by the foundation during the tax year		Amount
1 NONE	on lines i and z	Amount
2		
All other program-related investments See page 24 of the instructions		
3 NONE		
		1

Form 990-PF (2009)

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	oreign foundati	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	484,286.
C	Fair market value of all other assets (see page 24 of the instructions)	1c	0.
d	Total (add lines 1a, b, and c)		484,286.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Cultivation Ofean line 4d	3	484,286.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25	• •	
	of the instructions)	4	7,264.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	477,022.
6	Minimum investment return. Enter 5% of line 5	. 6	23,851.
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) productions and certain foreign organizations check here ► X and do not complete the section of the instructions of the instructions (Section 4942(j)(3) and (j)(5) productions and certain foreign organizations check here ► X	rivate operating	
1	Minimum investment return from Part X, line 6	1	
2 a	Tax on investment income for 2009 from Part VI, line 5		
b			
С	Add lines 2a and 2b	2c	
3	Add lines 2a and 2b  Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	1 _ 1	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	216,167.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	• • • • • • • • • • • • • • • • • • • •	<del>-</del>
_	· · · · · · · · · · · · · · · · · · ·	2	2,324,000.
3	purposes Amounts set aside for specific charitable projects that satisfy the	• • •	<u>`</u>
а		3a	0.
b	· Caab distribution tast (stands the secured sebadule)	1 2 1	0.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		2,540,167.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom		
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)		
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,540,167.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years		

Form 990-PF (2009)

Pa	rt XIII 'Undistributed Income (see page	26 of the instruction	ons)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				
2	Undistributed income, if any, as of the end of 2009				
	Enter amount for 2008 only			0.	
b	Total for pnor years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009.				
а	From 2004		1		
	From 2005				
	From 2006				
d	From 2007				
e	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII, line 4. > \$ 2,540,167.				
а	Applied to 2008, but not more than line 2a	,_		0.	
	Applied to undistributed income of prior years (Election				
~	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2009				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been				
	issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page			0.	
	27 of the instructions				
f	Undistributed income for 2009 Subtract lines				
	4d and 5 from line 1 This amount must be distributed in 2010				0.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8	Excess distributions carryover from 2004 not				
	applied on line 5 or line 7 (see page 27 of the instructions)				
9	Excess distributions carryover to 2010.				
•	Subtract lines 7 and 8 from line 6a				
10					
	Excess from 2005				
b					
С					
d				ļ	
_ е	Excess from 2009				
					= 000 DE (0000

Pa	rt XIV Private Oper	ating Foundations (	see page 27 of the	instructions and Part	t VII-A, question 9)	
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	ting	
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		▶ 01/13/200	08
b	Check box to indicate wh	ether the foundation is a	private operating founda	ation described in section	X 4942(	j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Iotai
	I or the minimum investment return from Part X for each					
	year fisted	0.				0.
þ	85% of line 2a	0.				0.
С	Qualifying distributions from Part					
	XII, line 4 for each year listed	2,540,167.	7,943,700.	0.		10,483,867.
đ	Amounts included in line 2c not					
	used directly for active conduct of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of exempt activities. Subtract line					
	2d from line 2c	2,540,167.	7,943,700.	0.		10,483,867.
3	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test - enter:					
	(1) Value of all assets	33,854,983.	4,822,428.	0.		38,677,411.
	(2) Value of assets qualifying under section					
	4942(j)(3)(B)(i)	32,321,829.	3,131,143.	0.		35,452,972.
b	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X					
	line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					0.
	(2) Support from general public and 5 or more	į				
	exempt organizations as provided in section 4942					0.
	(J)(3)(B)(III)				<del></del>	0.
	<li>(3) Largest amount of sup- port from an exempt</li>					0.
	organization		<u> </u>			0.
D.	(4) Gross investment income .	any Information (C	omplete this part	only if the founds	tion had \$5 000	or more in assets
Гс			e page 28 of the ins		ition had \$5,000	or more in assets
1	Information Regarding		<u> </u>	<b>,</b>		
a	List any managers of	•		than 2% of the total	contributions receiv	ved by the foundation
	before the close of any	tax year (but only if th	ney have contributed n	nore than \$5,000) (Se	e section 507(d)(2)	,
	ATTACHME	ี วท⊤ 11				
<u>h</u>	List any managers of		own 10% or more of	the stock of a corpo	ration (or an equally	v large portion of the
-	ownership of a partner					y large portion of the
	, .	. , , , , , , , , , , , , , , , , , , ,		Ū		
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
	Check here ► X If t	he foundation only i	makes contributions	to preselected charita	able organizations	and does not accept
	unsolicited requests f	or funds If the foun	dation makes gifts, g	rants, etc (see page	28 of the instruction	ons) to individuals or
	organizations under ot	her conditions, comple	ete items 2a, b, c, and	d		
а	The name, address, a	nd telephone number	of the person to whom	applications should be	addressed	
					_	
b	The form in which app	lications should be sul	bmitted and information	on and materials they s	should include	
С	Any submission deadli	nes				
_			<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>	
d	Any restrictions or li factors	mitations on awards	, such as by geogra	iphical areas, charitat	ole fields, kinds of	institutions, or other

Part XV Supplementary Information (co 3 Grants and Contributions Paid Duri	ontinued)	oved for F	uture Payment	
' Recipient	If recipient is an individual,	Foundation		
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
ATTACHMENT 12				
ATTACHMENT 12				
		1		
•		1		
Total	· · · · · · · · · · · · · · · · · · ·	<u></u>	▶ 3a	35,000
b Approved for future payment				
Total		_1	▶ 3h	

er gross amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See page 28 of the instructions.)
a					
b					
c					
d					
e			-		
g Fees and contracts from government agencies			-		
Membership dues and assessments					
Interest on savings and temporary cash investments			14	3.	
Dividends and interest from securities			ļ		
Net rental income or (loss) from real estate		<u> </u>			
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal property			.		, <u></u>
Other investment income			<del> </del>		
Gain or (loss) from sales of assets other than inventory	-				·
Net income or (loss) from special events			1		······································
Gross profit or (loss) from sales of inventory			-		
Other revenue: a					
<b>b</b>			<del> </del>		
c					
d		· · · · · · · · · · · · · · · · · · ·			
e Subtotal Add columns (b), (d), and (e)	o verify calcu	ulations)		<del></del>	
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the form	to verify calcute to the Ac	ulations) complishment of Ex	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  we worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the form	to verify calcute to the Ac	ulations) complishment of Ex	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 int XVI-B Relationship of Activities  Relationship of Activities the accomplishment of the fo	to verify calcute to the Ac	ulations) complishment of Exch income is reported exempt purposes (o	empt Purp	oses  (e) of Part XVI-A con	tributed important
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions on page 28 in the accomplishment of the fo	to verify calcute to the Ac	ulations) complishment of Exch income is reported exempt purposes (o	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the form	to verify calcute to the Ac	ulations) complishment of Exch income is reported exempt purposes (o	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
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Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the form	to verify calcute to the Ac	ulations) complishment of Exch income is reported exempt purposes (o	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
Subtotal Add columns (b), (d), and (e)  Total. Add line 12, columns (b), (d), and (e)  e worksheet in line 13 instructions on page 28 to art XVI-B Relationship of Activities  ne No. Explain below how each activities the accomplishment of the form	to verify calcute to the Ac	ulations) complishment of Exch income is reported exempt purposes (o	empt Purp	oses  (e) of Part XVI-A con	tributed importantly
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Pa	rt XVII	Information Exempt Orga		ransfers To	and Transa	ctions a	and Relation	onships With	Nonc	harit	able
1 a	in sec organiz Transf (1) Ca	ne organization directly the control of the control	ode (other than oundation to a no	section 501(c) nchantable exem	(3) organizations of:	s) or in s	ection 527, r	relating to political		Yes	No
b	Other (1) Sa (2) Pu	her assets	naritable exempt oi a nonchantable ex	rganization	 n				1b(1) 1b(2)		
	(4) Re (5) Lo (6) Pe	ental of facilities, equipm eimbursement arrangemo ans or loan guarantees erformance of services o	ents	fundraising solicit	ations				1b(4) 1b(5) 1b(6)		
	If the value	g of facilities, equipmer answer to any of of the goods, other in any transaction of	the above is "\ assets, or servi	es," complete ces given by	the following s the reporting fo	schedule oundation.	Column (b) s If the found	should always show ation received less	v the than	faır r	narket
(a)	Line no	(b) Amount involved	(c) Name of n	oncharitable exemp	pt organization	(d) Desc	cription of transfe	ers, transactions, and sha	inng arra	ngeme	nts
		N/A				N/A					
							<del></del>				
_											
									·		
2a		foundation directly or n 501(c) of the Code (ot						cations described in	1 1	es [	No
<u>b</u>	If "Yes	s," complete the following (a) Name of organization		(b) Tvo	ne of organization			c) Description of relation	nship		
		(a) name of organization		(-, -, -,			`			-	
	<del></del>									-	<del></del>
	Under belief.	penalties of perjury, I dec	tare-thet I have examplete. Declaration of	amined this return,	including accomp	anying scheo uciary) is ba	dules and staten	nents, and to the best mation of which prepar	of my k	nowled	ige and
	<b>N</b> X	27	X/\			NOUK	10,2010	President			
ere	'Şı	gnature of officer or trustee	J		Data	Date	, <u>v</u>	Title Preparer	s identi	fvina	
Sign Here	Paid Preparer's Use Only	Preparer's signature	en Wan	Velson,	CPA 11	9/2010	Check if self-employe	ed Inumber (spage 30 o	See Sign the inst	áture o	s)
	Prep Use	Firm's name (or yours is self-employed), address			ATES, L.L. T, 4TH FL.	P.		EIN ▶ 13-331	1619		
		and ZiP code	NEW YO			10	018	Phone no 212-	490-3	3113	

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization		Employer identification number
HALL ART FOUNDATION,	INC.	26-1386173
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
•	4947(a)(1) nonexempt charitable trust treated as a private founda	ition
	501(c)(3) taxable private foundation	
· •	overed by the <b>General Rule</b> or a <b>Special Rule</b> . , (8), or (10) organization can check boxes for both the General Rule and a	Special Rule See
X For an organization f	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 ne contributor. Complete Parts I and II.	or more (in money or
Special Rules		
sections 509(a)(1) a	(3) organization filing Form 990 or 990-EZ that met the 331/3% support tend 170(b)(1)(A)(vi), and received from any one contributor, during the yea 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, lin	ar, a contribution of the greater
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from contributions of more than \$1,000 for use exclusively for religious, charitates, or the prevention of cruelty to children or animals. Complete Parts I, II, a	ole, scientific, literary, or
the year, contribution aggregate to more the year for an exclusively applies to this organization.	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from as for use exclusively for religious, charitable, etc., purposes, but these contain \$1,000. If this box is checked, enter here the total contributions that way religious, charitable, etc., purpose. Do not complete any of the parts unless it received nonexclusively religious, charitable, etc., contributions that way religious is charitable, etc., co	ntributions did not vere received during the ess the <b>General Rule</b>
	s not covered by the General Rule and/or the Special Rules does not file S	
•	t answer "No" on Part IV, line 2 of its Form 990, or check the box on line F F, to certify that it does not meet the filing requirements of Schedule B (For	
For Privacy Act and Paperwork Reduc	ction Act Notice, see the Instructions Schedule	B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

Name of organization

HALL ART FOUNDATION, INC.

Employer identification number 26-1386173

Dort I	Contributoro	(see instructions	١
raiti	Continuators	(266 11121100110112	1

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ANDREW J. & CHRISTINE C. HALL  P.O. BOX 1184  SOUTHPORT, CT 06890-1184	\$\$	Person Payroll Noncash  (Complete Part II if there is
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	a noncash contribution )  (d)  Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

ADJUSTED NET INCOME	'n	E
NET INVESTMENT INCOME	К	3.
REVENUE AND EXPENSES PER BOOKS	3.	3.
		TOTAL
DESCRIPTION	INTEREST INCOME	

~	
ATTACHMENT	

FEES
LEGAL
PART I
990PF,
FORM

CHARITABLE	39,481.	39,481.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME		0
REVENUE AND EXPENSES PER BOOKS	39,481.	39,481.
		TOTALS
DESCRIPTION	MORRISON COHEN LLP	

ATTACHMENT 3

FEES	
ACCOUNTING	
1	
Н	I
PART	
990PE,	
FORM	

CHARITABLE	6,700.	6,700.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	3,300.	3,300.
REVENUE AND EXPENSES PER BOOKS	10,000.	10,000.
DESCRIPTION	FULVIO & ASSOCIATES LLP	TOTALS

# FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION

REVENUE AND EXPENSES PER BOOKS 102,244.

102,244.

TOTALS

CONSULTING FEES

CHARITABLE PURPOSES 102,244.

TAXES ı PART I FORM 990PF,

AND EXPENSES PER BOOKS REVENUE

NET INVESTMENT INCOME

5.

DESCRIPTION

U.S.TREASURY

ۍ .

5.

TOTALS

ATTACHMENT 5

## - OTHER EXPENSES PART I FORM 990PE,

CHARITABLE PURPOSES	21,646. 11,096.	32,742.
NET INVESTMENT INCOME 323		323.
REVENUE AND EXPENSES PER BOOKS	21,646. 11,096.	33,065.
DESCRIPTION	BANK CHAKGES INSURANCE CRATING, HANDLING & TRANSPORT	TOTALS

S
ASSETS
OTHER
∥ا
I
PART
990PF,
FORM

HALL ART FOUNDATION, INC.

DESCRIPTION	ARTWORK DONATED ARTWORK PURCHASED DEPOSITS FOR ARTWORK
DESC	ARTW( ARTWO DEPO

DING	VALUE
ENDI	BOOK

ATTACHMENT

ENDING FMV

22,158,660.	6,163,169.	4.000.000.
22,158,660.	6,163,169.	4.000.000.

<b>V</b>	7	
6, 163, 16y.	4,000,000.	

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r	3.0
	'n

- NEW SUBSTANTIAL CONTRIBUTORS

LINE 10

PART VII-A,

FORM 990PF,

2,000,000. 2,000,000. DIRECT PUBLIC SUPPORT DATE VAR TOTAL CONTRIBUTION AMOUNTS ANDREW J. & CHRISTINE C. HALL P.O. BOX 1184 SOUTHPORT, CT 06890-1184 NAME AND ADDRESS

ω

ATTACHMENT

ES	
TRUSTEES	
AND	
PART VIII - LIST OF OFFICERS, DIRECTORS, AND TR	
OFFICERS,	
OF	
LIST	
1	
VIII	
PART	

HALL ART FOUNDATION, INC.

FORM 990PE,

COMPENSATION	.0	Ċ	· o	· o	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	PRESIDENT 5.00	SECRETARY / TREASURER 5.00	VICE PRESIDENT 2.00	DIRECTOR 2.00 ·	GRAND TOTALS
NAME AND ADDRESS	ANDREW J. HALL PO BOX 1184 SOUTHPORT, CT 06890	CHRISTINE C. HALL PO BOX 1184 SOUTHPORT, CT 06890	DAVID TOBEY 145 CENTRAL PARK WEST NEW YORK, NY 10023	SIR NORMAN ROSENTHAL 47 LEXINGTON STREET LONDON WIF 9AW UNITED KINGDOM	

PAGE 25

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#### 990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

•		ATTACHMENT 10		
NAME AND ADDRESS		TYPE OF SERVICE	COMPENSATION	
ART CONFIDENT LLC C/O HALL ART FOUNDATION SOUTHPORT, CT 06890	PO BOX 1184	CONSULTING	87,244.	
	TOTAL COMPENSA	TION	87,244.	

#### FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

ANDREW J. HALL CHRISTINE C. HALL

26-1386173

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

MASS MOCA FOUNDATION INC

NORTH ADAMS, MA 02147 1040 MASS MOCA WAY

501 (C) (3) NONE

PURPOSE OF GRANT OR CONTRIBUTION

TO ENABLE THE ORGANIZATION TO CONTINUE ITS CHARITABLE PURPOSE AS A CONTEMPORARY ART MUSEUM

35,000.

AMOUNT

ATTACHMENT 12

35,000.

TOTAL CONTRIBUTIONS PAID

ATTACHMENT 12 PAGE 28

#### FEDERAL FOOTNOTES

FORM 990-PF PART IX-A SUMMARY OF DIRECT CHARITABLE ACTIVITIES

HALL ART FOUNDATION IS ORGANIZED AND OPERATED FOR THE PURPOSE OF DEVELOPING EXHIBITIONS OF FINE ART, FOR THE CULTRUAL AND EDUCATIONAL BENEFIT OF THE GENERAL PUBLIC.

DURING THE PREVIOUS YEAR, 2008, HALL ART FOUNDATION CONCENTRATED ITS ACTIVITIES ON THE ACQUISITION OF WORKS OF ART THROUGH DONATIONS AND THROUGH PURCHASES, FOR THE PURPOSE OF BEING ABLE TO DEVELOP EXHIBITS OF WORKS OF FINE ART. DURING THE CURRENT YEAR, 2009, HALL ART FOUNDATION HAS EXPENDED AN ADDITIONAL SUM OF \$324,000 FOR THE ACQUISITION OF WORKS OF ART AND HAS, IN ADDITION, COMMITTED THE SUM OF \$2,000,000, WHICH WAS BEEN PAID AS DEPOSITS FOR ADDITIONAL WORKS OF ART. THE FOUNDATION ALSO PAID FEES OF \$102,244 TO INDEPENDENT CONSULTANTS AND INCURRED OTHER DIRECT CHARITABLE EXPENSES OF \$67,742. THE FOUNDATION HAS ALSO INCURRED LEGAL AND ACCOUNTING FEES TO FURTHER ITS EXEMPT PURPOSE.

DURING THE CURRENT YEAR, 2009, HALL ART FOUNDATION SUCCESSFULLY MOUNTED A MAJOR EXHIBIT OF THE WORKS OF JOSEPH BEUYS AT THE MARY BOONE GALLERY IN NEW YORK CITY. THIS EXHIBIT WAS OPEN TO THE PUBLIC WITHOUT CHARGE.

IN ADDITION, HALL ART FOUNDATION CONTINUED TO SUPPORT PUBLIC EXHIBITS AT MASS MOCA (THE MASSACHUSETTS OF MUSEUM OF CONTEMPORARY ART) AND ADVANCED ITS NEGOTIOATIONS FOR THE JOINT DEVELOPMENT OF EXHIBITION SPACE AT MASS MOCA. THE FINAL AGREEMENT, FOR THE DEVELOPMENT OF SPACE KNOWN AS BUILDING 15, WAS REACHED IN JUNE, 2010.

THE TOTAL OF THE DIRECT EXPENSES OF HALL ART FOUNDATION FOR THE ACTIVE CONDUCT OF ITS CHARITABLE ACTIVITIES WAS \$2,493,986.

#### Form 8868

(Rev April 2009)

### Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the I		File a separate application for each return.		
■ If you are filing for an Automatic 3-Month Extension, complete only Part 1 and check this box ▶				
• If you are fi	iling for an	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of unlessou have already been granted an automatic 3-month extension on a previously file	this form) ed Form 8868	
Part I Auto	matic 3-	Month Extension of Time. Only submit original (no copies needed).		
A corporation r	equired to	file Form 990-T and requesting an automatic 6-month extension - check this box and con	mplete	
Part I only			▶ 🔲	
All other corporations to file inco		(including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to eturns	o request an extension of	
one of the relectronically returns, or a co	turns note if (1) you omposite	Generally, you can electronically file Form 8868 if you want a 3-month automatic ed below (6 months for a corporation required to file Form 990-T). However, you want the additional (not automatic) 3-month extension or (2) you file Forms 990-E or consolidated From 990-T. Instead, you must submit the fully completed and significant the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chantie.	ou cannot file Form 8868 BL, 6069, or 8870, group ed page 2 (Part II) of Form	
Type or	Name of	Exempt Organization Emp	loyer Identification number	
print	HAI	LL ART FOUNDATION, INC.	26-1386173	
File by the	Number,	street, and room or suite no. If a P.O. box, see instructions	<del></del>	
due date for filing your		D. BOX 1184		
return See instructions		n or post office, state, and ZIP code. For a foreign address, see instructions		
i		JTHPORT, CT 06890		
Form 990		be filed (file a separate application for each return)	•	
Form 990		Form 990-T (corporation) Form 4720 Form 990-T (sec 401(a) or 408(a) trust) Form 522		
Form 990		Form 990-T (trust other than above) Form 6069		
X Form 990		Form 1041-A Form 8870		
Telephone	No ►_	FAX No ▶		
		es not have an office or place of business in the United States, check this box		
		ck this box . ▶ ☐ If it is for part of the group, check this box ▶ ☐ and atta embers the extension will cover.	ach a list with the	
until		utomatic 3-month (6 months for a corporation required to file Form 99 $\frac{08/15}{5}$ , $\frac{2010}{5}$ , to file the exempt organization return for the organization named is return for	•	
<b>►</b> X		year <u>2009</u> or beginning , , and ending		
<b>P</b>	tax year t	beginning, and ending		
2 If this tax	year is for	less than 12 months, check reason Initial return Final return Cha	ange in accounting period	
· ·	•	is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less a dits See instructions	any 3a \$ NONE	
b If this app	plication i	is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payment prior year overpayment allowed as a credit	nts	
		tract line 3b from line 3a. Include your payment with this form, or, if required, depo	3b \$	
	D coupon	or, if required, by using EFTPS (Electronic Federal Tax Payment System) S	I *I	
	are going	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form		
		perwork Reduction Act Notice, see Instructions.	Form 8868 (Rev 4-2009)	

Form 880	38 (Rev 4-2009)				Page 2
e If yo	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only i	Part II a	nd check this box	·	▶ X
	Only complete Part II if you have already been granted an automatic 3-month extensi				•••
	ou are filing for an Automatic 3-Month Extension, complete only Part I ( on page		, , , , , , , , , , , , , , , , , , , ,		
	Additional (Not Automatic) 3-Month Extension of Time. Only		original (no co	pies need	ed).
	Name of Exempt Organization	22.5	Employer identif		
Type print	HALL ART FOUNDATION, INC.		26-13861	73	
File by	Number street and soom or suite no. If a B.O. hey are instructions	THE PARTY OF	For IRS use only		
extende	P O POV 1194		,		
due dat	City, town or post office, state, and ZIP code. For a foreign address, see instructions	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	l galania (la maria di Salania) di mandi di Salania (la maria di Salania)		THE STATE OF
retum :					ALC: N
Check	k type of return to be filed (File a separate application for each return)	1 24 25 120		1.3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	1740-30803/4 · · · 871
	Form 990 X Form 990-PF		Form 1041- A	Fo	rm 6069
П	Form 990-B L Form 990-T (sec 401(a) or 408(a) tr ust)		Form 4720	Fo	rm 8870
	Form 990-EZ Form 990-T (trust other than above)		Form 5227	ليسيا	
STOP	I Do not complete Part II if you were not already granted an automatic 3-mo	nth exter		ously filed	Form 8868.
	books are in the care of ANDREW HALL		<del></del>		
	ephone No ► FAX No ►			<del></del>	
	ne organization does not have an office or place of business in the United States, che	ck this bo	×		▶□
	is is for a Group Return, enter the organization's four digit Group Exemption Numbe			this is	
for the	whole group, check this box If it is for part of the group, check this	box	▶ and atta	ach a	
	th the names and EINs of all members the extension is for				
4	request an additional 3-month extension of time until 11/15/2010				
5	For calendar year 2009, or other tax year beginning	and en	ding		
6	If this tax year is for less than 12 months, check reason Initial return	Final retu	rn Chan	ge in accour	iting period
7	State in detail why you need the extension INFORMATION NECESSARY TO	FILE A	A COMPLETE A	AND	
1	ACCURATE RETURN IS NOT YET AVAILABLE.				
	· · · · · · · · · · · · · · · · · · ·				
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	e tentativo	e tax, less any		
	nonrefundable credits See instructions			8a \$	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable				
	tax payments made. Include any prior year overpayment allowed as a credit	and any	amount paid		
	previously with Form 8868			8b \$	
	Balance Due. Subtract line 8b from line 8a Include your payment with this form		•		
	with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment S		See instructions	8c   \$	
	Signature and Verificatio			- <b>6 1</b> 1-	dan and balad
	penalties of perjury, I declare that I have examined this form, including accompanying schedules a e, correct, and complete, and that I am authorized to prepare this form	nd statemer	its, and to the best	or my knowie	age and beller,
		<b>-</b>		,	. 1
	Strange Ch	1	D-4-	. 8/	11/10
Signatu		7	Date	<del></del>	(Day 4 2000)
	FULVIO & ASSOCIATES, L.L.P.			Form 0008	(Rev 4-2009)
	5 W. 37th Street, 4th Fl.				
	NEW YORK, NY 10018				