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DLN: 93493169012000

# 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)

2008

OMB No 1545-0047

Open to Public
Inspection

Department of the Treasury

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

Internal F							
A Fo	rthe 2	2008 calendar ye	ar, or tax year beginning 01-01-2008	and ending 12-31-2008	3		
<b>B</b> Che	ck ıf ap	oplicable <b>Please</b>	C Name of organization THE HUNDRED CLUB OF MASS INC			D Employer ide	entification number
— Add	ress cha					04-237419	
— Nan	ne chan	nge print or	Doing Business As			E Telephone nu	ımber
— <sub>Inıtı</sub>	al returi	type. See n Specific	Number and street (or P O box if mail is	not delivered to street addres	ss) Room/suite	(617) 536-4	
— <sub>Ten</sub>	mination	Instruc- tions.	17 GLOUCESTER STREET	not delivered to street addres	ss) Room, suite	G Gross receipt	<b>ts</b> \$ 1,452,751
	ended re		City or town, state or country, and ZIP +	4		4	
_			BOSTON, MA 02115	7			
Арр	lication	pending					
			me and address of Principal Officer n Knight			ıs a group return	for
			OUCESTER STREET		affilia	ates?	ΓYes <b>Γ</b> No
		•	ON,MA 02115		H(b) Are a	II affiliates include	ed?
I Tax	exemıر-	pt status 🔽 501(d	c) (3) ◀ (Insert no )	527	(If"N	lo," attach a list	See instructions )
y W	eb site	₽: ► N/A			H(c) Grou	up Exemption Nu	mber 🟲
<b>К</b> Туре	e of orga	anızatıon 🔽 Corpora	tion trust association other F		<b>L</b> Year of Fo	ormation 1959 <b>M</b>	State of legal domicile MA
Pai		Summary					
		•	ne organization's mission or most sigi				
ည္ ၂		-	s to the surviving spouses and depend or by a county, city, town, or other poli		•	nel employed by	the Commonwealth of
Governance	'	massachusetts, c	by a county, city, town, or other pon	itical subulvision of age	iicy thereof		
je ∣	2	Check this box	if the organization discontinued its o	perations or disposed o	f more than 2	25% of its assets	S
95		•	members of the governing body (Part				11
		_	ndent voting members of the governir			_	9
es					,		_
Activities &			mployees (Part V, line 2a)			5 _	2
<b>₽</b>			olunteers (estimate if necessary) .			<b>6</b> _	0
Q.			ated business revenue from Part VIII		•	7a _	<u></u>
	b	Net unrelated bus	iness taxable income from Form 990	-T, line 34		7Ь	0
					Pri	or Year	Current Year
au	8		d grants (Part VIII, line 1h)			477,337	450,518
enne	8 9	Program service	revenue (Part VIII, line 2g)			477,337	450,518 0
tevenue		Program service Investment inco	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4,				450,518
Rayenue	9	Program service Investment inco Other revenue (F	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c,	, and 7d)		477,337	450,518 0
Ravenue	9 10	Program service Investment inco Other revenue (I Total revenue—a	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4,	, and 7d)		601,873	450,518 0 130,776 0
Rayente	9 10 11 12	Program service Investment inco Other revenue (I Total revenue—a 12)	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Pa			477,337 601,873 1,079,210	450,518 0 130,776 0 581,294
Revenue	9 10 11 12	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part IX, column (A)			601,873	450,518 0 130,776
Revenue	9 10 11 12 13 14	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part amounts paid (Part IX, column (A), or for members (Part IX, column (A),			477,337 601,873 1,079,210	450,518 0 130,776 0 581,294
	9 10 11 12	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part IX, column (A)			477,337 601,873 1,079,210	450,518 0 130,776 0 581,294 192,571
	9 10 11 12 13 14 15	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10)	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX)	, and 7d)		477,337 601,873 1,079,210 656,521	450,518 0 130,776 0 581,294
	9 10 11 12 13 14 15	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), line draising fees (Part IX, column (A), line	, and 7d)		477,337 601,873 1,079,210 656,521	450,518 0 130,776 0 581,294 192,571 0 152,407
Expenses Revenue	9 10 11 12 13 14 15 16a b	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), line 25 95,841	, and 7d)		477,337 601,873 1,079,210 656,521	450,518 0 130,776 0 581,294 192,571 0 152,407
	9 10 11 12 13 14 15 16a b	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), lines 11a-11d, (Part IX, column (A), lines 25 95,841 (Part IX, column (A), lines 11a-11d,	and 7d)		477,337 601,873 1,079,210 656,521 143,076	450,518 0 130,776 0 581,294 192,571 0 152,407 0
	9 10 11 12 13 14 15 16a b	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses Total expenses—	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part arising fees (Part IX, column (A), lines arising fees (Part IX, column (A), lines (Part IX), column (A),	, and 7d)		477,337 601,873 1,079,210 656,521 143,076 70,021 869,618	450,518 0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985
Expenses	9 10 11 12 13 14 15 16a b	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses Total expenses—	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), lines 11a-11d, (Part IX, column (A), lines 25 95,841 (Part IX, column (A), lines 11a-11d,	, and 7d)		477,337 601,873 1,079,210 656,521 143,076 70,021 869,618 209,592	450,518 0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses Total expenses—Revenue less ex	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), lines (Part IX, column (A), lines, Part IX, column (B), line 25 95,841 (Part IX, column (A), lines 11a-11d, add lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12	, and 7d)		477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses Total expenses Revenue less ex	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part ar all and ar amounts paid (Part IX, column (A), line ar an ar amounts paid (Part IX, column (A), line areas (Part IX, column (B), line 25 95,841 (Part IX, column (A), lines 11a-11d, and d lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 art X, line 16)	, and 7d)		477,337  601,873  1,079,210  656,521  143,076  70,021  869,618  209,592  ing of Year  6,176,338	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses Total expenses—Revenue less ex	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part ar all and ar amounts paid (Part IX, column (A), line ar an ar amounts paid (Part IX, column (A), line areas (Part IX, column (B), line 25 95,841 (Part IX, column (A), lines 11a-11d, and d lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 art X, line 16)	, and 7d)		477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year
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Net Assets of Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses Total expenses—Revenue less ex Total assets (Pa	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), line ar amounts paid (Part IX, column (A), line areas (Part IX, column (A), line areas (Part IX, column (B), line 25 95,841 (Part IX, column (A), lines 11a-11d, and d lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 rt X, line 16)  Part X, line 26)  Ind balances Subtract line 21 from line 12	, and 7d)		477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year 6,176,338 163,612	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086
Net Assets of Expenses Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses Total expenses Revenue less ex  Total liabilities ( Net assets or fu  Signature Bi Under penalties of p	revenue (Part VIII, line 2g)  me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part ar all and ar amounts paid (Part IX, column (A), line penses, Part IX, column (D), line 25 95,841 (Part IX, column (A), lines 11a-11d, add lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 rt X, line 16)  Part X, line 26)  md balances Subtract line 21 from line 10 ock  ergury, I declare that I have examined this reconditions.	and 7d)	Beginn schedules and	477,337  601,873  1,079,210  656,521  143,076  70,021  869,618  209,592  ing of Year  6,176,338  163,612  6,012,726	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086 5,311,230
Net Assets or Expenses  Fund Balances	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional func (Total fundraising ex Other expenses Total expenses—Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p and belief, it is true,	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part ar an ar amounts), employee benefits (Part ar ar an ar amounts), employee benefits (Part ar ar ar an ar an ar amounts paid (Part IX, column (A), lines (Part IX, column (D), line 25 (Part IX, column (D), line 25 (Part IX, column (A), lines 11a-11d, endd lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 art X, line 16)  Part X, line 26)  Ind balances Subtract line 21 from line 10 ock	and 7d)	Beginn schedules and	477,337  601,873  1,079,210  656,521  143,076  70,021  869,618  209,592  ing of Year  6,176,338  163,612  6,012,726	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086 5,311,230
o Fund Balances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses Total expenses—Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bi Under penalties of p and belief, it is true,  *******	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part IX, column (A), lines are generally column (B), lines 25 (Part IX, column (B), lines 25 (Part IX, column (B), lines 11a-11d, add lines 13-17 (must equal Part IX) penses Subtract line 18 from line 12 (Part X, line 16)  Part X, line 26)  Indibalances Subtract line 21 from lines (Part IX, line 26)  Indibalances Subtract line 21 from lines (Part IX, line 26)  Indibalances Subtract line 21 from lines (Part IX, line 26)  Indibalances Subtract line 21 from lines (Part IX, line 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)  Indibalances Subtract lines 21 from lines (Part IX, lines 26)	and 7d)	Beginn schedules and d on all informa	477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year 6,176,338 163,612 6,012,726  statements, and to to the ton of which prepared	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086 5,311,230
G a Not Assets or Expenses uses a senses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses— Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bl  Under penalties of p and belief, it is true,  ****** Signature of office	revenue (Part VIII, line 2g) me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part arising fees (Part IX, column (A), lines (Part IX, column (A), lines (Part IX, column (B), lines 25 (Part IX, column (B), lines 11a-11d, Part IX, column (A), lines 11a-11d, Part IX, column (B), lines 11a-11d, penses Subtract line 18 from line 12 art X, line 16)  Part X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)  Ind balances Subtract line 21 from line 12 art X, line 26)	and 7d)	Beginn schedules and d on all informa	477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year 6,176,338 163,612 6,012,726  statements, and to to the ton of which prepared	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086 5,311,230
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G a Not Assets or Expenses uses a senses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Program service Investment inco Other revenue (I Total revenue—a 12) Grants and simil Benefits paid to Salaries, other c 10) Professional fund (Total fundraising ex Other expenses— Revenue less ex  Total assets (Pa Total liabilities ( Net assets or fu  Signature Bl  Under penalties of p and belief, it is true,  ****** Signature of office	revenue (Part VIII, line 2g)  me (Part VIII, column (A), lines 3, 4, Part VIII, column (A), lines 5, 6d, 8c, add lines 8 through 11 (must equal Part ar amounts paid (Part IX, column (A), or for members (Part IX, column (A), ompensation, employee benefits (Part ar an amounts), employee benefits (Part ar ar amounts), line 25 95,841 (Part IX, column (D), line 25 95,841 (Part IX, column (A), lines 11a-11d, add lines 13-17 (must equal Part IX), penses Subtract line 18 from line 12 rt X, line 16)  Part X, line 26)  mod balances Subtract line 21 from line 12 perses Subtract line 21 from line 12 perses Subtract line 21 from line 12 perses Subtract line 21 from line 15 perses Subtract line 21 from line 16 perses Subtract line 21 from line 17 perses Subtract line 21 from line 18 perses Subtract line 21 from line 18 perses Subtract line 21 from line 18 perses Subtract line 21 from line 19 perses President	and 7d)	Beginn schedules and d on all informa 2010 Date	477,337  601,873  1,079,210 656,521  143,076  70,021 869,618 209,592 ing of Year 6,176,338 163,612 6,012,726  statements, and to to the ton of which prepared	450,518  0 130,776 0 581,294 192,571 0 152,407 0 632,007 976,985 -395,691 End of Year 5,423,316 112,086 5,311,230 The best of my knowledge er has any knowledge
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Tewksbury, MA 01876

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

Phone no 🕨 (978) 557-5300

# Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission				
	Providing benefits to the surviving spouses and town, or other political subdivision or agency th		nd fire personnel employed	by the Commonwealth of N	lassachusetts, or by a county, city,
2	Did the organization undertake any si	anificant program servic	es during the year whic	h were not listed on	
_	the prior Form 990 or 990-EZ?	· · · · · · · ·	· · · · · ·	· · · · · ·	┌ Yes ┌ No
	If "Yes," describe these new services				
3	Did the organization cease conducting services?	g or make significant cha • • • • • • • •	inges in how it conduct	s any program	┌ Yes ┌ No
	If "Yes," describe these changes on S	chedule O			,
4	Describe the exempt purpose achieve Section 501(c)(3) and (4) organization				
	others, the total expenses, and reven			tine amount of grants	and unocations to
4a	(Code ) (Expenses \$	196,269 incl	uding grants of \$	) (Revenue \$	0)
	Providing lump sum and memorial fund distr	ibutionS to the widows \$153,5	99 (Allocated support exper	nses of \$42,670)	
4b	(Code ) (Expenses \$	449,446 ınci	uding grants of \$	) (Revenue \$	)
	Providing Social Functions for the beneficiary				,
4c	(Code ) (Expenses \$	49,799 incl	uding grants of \$	) (Revenue \$	)
	Providing holiday savings bonds and financia expenses of \$10,827)	•		eling to dependents of widow	ws \$38,972 (Allocated support
4d	Other program services (Describe i	•		(D	,
<b>A</b> -	(Expenses \$	including grants of \$		(Revenue \$	)
4e	Total program service expenses \$	695,514	Must equal Part IX, Line	25, column (B).	

Part IV	Chec	klist of	f Required	l Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> " <i>Yes,"</i> complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νo
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Complianc	е			
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal				
	of U.S. Information Returns. Enter -0- if not applicable				
		<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	<b>1b</b> 0			
_	L Did the organization comply with backup withholding rules for reportable payments to	o vendors and reportable			
·	gaming (gambling) winnings to prize winners?	· · · · · · · · · · ·	1c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements filed for the calendar year ending with or within the year covered by this	<b>2a</b> 2			
<b>.</b>	return				
ь	If at least one is reported in 2a, did the organization file all required federal employm <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this		2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during				
	return?		3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si over, a financial account in a foreign country (such as a bank account, securities acc				
	account)?	· · · · · ·	4a		Νo
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port of Foreign Bank and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt	t Entity Regarding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		No
Ь	If "Yes," did the organization include with every solicitation an express statement th were not tax deductible?	iat such contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo conf	tribution of \$75 or	7a	Yes	
	more?				
Ь	If "Yes," did the organization notify the donor of the value of the goods or services pr	rovided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?		7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year				110
<u>.</u>	If yes, indicate the number of forms 5252 med during the year.	74			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	premiums on a personal	_		
_	benefit contract?		7e		N o
f	Did the organization, during the year, pay premiums, directly or indirectly, on a person		7f _		N o
g	For all contributions of qualified intellectual property, did the organization file Form 8		7g		No
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a Form 1098-C as	7h		Νο
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a	and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a s	sponsoring organization, have			
	excess business holdings at any time during the year?		8		
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person	?	9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b			
	facilities				
11	Section 501(c)(12) organizations Enter				
а	Gross income from members or shareholders				
		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b			
	•	-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	l lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	,· [	<u> </u>		( !	

Section A. Governing Body and Management

9Ь

10

11

Yes

Νo

# Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**b** If "Yes," does the organization have written policies and procedures governing the activities of such chapters,

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . .

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
Enter the number of voting members of the governing body 1a 11	J		
<b>b</b> Enter the number of voting members that are independent 1b 9			
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	Yes	
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		No
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
Does the organization have members or stockholders?	6	Yes	
Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
f b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a the governing body?	8a	Yes	
f b each committee with authority to act on behalf of the governing body?	8b		Νo
Does the organization have local chapters, branches, or affiliates?	9a		Νo

#### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 $$ .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Margaret O'Connor 17 GLOUCESTER STREET BOSTON,MA 02115 (617) 536-4410

# 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. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* 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, or 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

		Posit	(C non (	chec		l			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Norman Knight , President	5 00	Х		Х				0	0	0
OWEN B LYNCH , TREASURER	1 00	Х		Х				0	0	0
MARIO DICARLO , DIRECTOR	1 00	Х						0	0	0
JOHN T LYNCH , COUNCIL	2 00	Х						0	0	16,987
C RICHARD CARLSON , DIRECTOR	2 00	X						0	0	288
CAROL R GOLDBERG , DIRECTOR	1 00							0	0	0
N SCOTT KNIGHT , DIRECTOR	1 00	Х						0	0	0
CAROL SAWYER PARKS , DIRECTOR	1 00							0	0	0
RICHARD S ROBIE JR , DIRECTOR	1 00							0	0	0
BRIAN STONE , DIRECTOR	1 00							0	0	0
S PETER VOLPE , DIRECTOR	1 00	Х						0	0	0
-										
							<u> </u>			
						-	_			
						-				

#### Part VIII Continued

<b>(A)</b> Name and Title	(B) Average hours per week	or Tirector	appl	у)	Highest compensated	Former	(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
							_		
1b Total						•	C	0	17,275

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
	marviauar	4		No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Total number of independent contractors (including these in 1) who received more than \$\\		

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

0

# Part Statement of Revenue VIII

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
## ##	1a	Federated camp	paigns 1a	·				
호호	ь	Membership du	es <b>1b</b>					
S, Ç	c	Fundraising eve	ents <b>1c</b>					
#ੁੱਛ	d	Related organiz	rations 1d					
T, S	e	Government grants	s (contributions) <b>1e</b>					
rio er s	f	All other contribution	ons, gifts, grants, and <b>1f</b> ot included above	450,518				
Contributions, gifts, grants and other similar amounts	g	Noncash contri	butions included in					
Ħ E	١.			<b>.</b>	450,518			
<u>ं</u> ल	h	lotal (Add lines	s 1a-1f)	1	430,316			
e E				Business Code				
Yen.	2a b							
<u>a</u>	, c							
Š	d							
Ŧ	e e							
Ē	f	All other progra	om corvice revenue					
Program Serwce Revenue	•	— utilet progra	am service revenue					
<u> </u>	g		s 2a-2f					
	3		ome (including dividen	·	164,652			164,652
	4		mounts)		164,652			164,652
	5							
		,	(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	с	Rental income or (loss)						
	d	, ,	me or (loss)	►				
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	837,581					
		assets other than inventory						
	ь	Less cost or other basis and	871,457					
		sales expenses	-33,876					
	c d	Gain or (loss)	s)		-33,876	-33,876		
	8a	Gross income fi				,		
Other Revenue		events (not incl	luding  reported on line 1c)					
eve		Attach Schedule	G if total exceeds					
÷ Œ	ь		a penses <b>b</b>					
t	, c		loss) from fundraising	Levents ►				
•	9a	Gross income fi See part IV, lin	rom gaming activities					
	b c		penses <b>b</b> (loss) from gamıng actı	vities				
	10a	Gross sales of or returns and allo						
	b c	Net income or (	oods sold <b>b</b> (loss) from sales of inv					
	<u> </u>	Miscellaneous	Revenue	Business Code				
	11a							
	b							
	°							
	d	All other revenu						
	е		s 11a-11d			8		
	12	Total Revenue. 9c, 10c, and 11	Add lines 1h, 2g, 3, 4, le	5,6d,7d,8c, ▶	581,294	-33,876	0	164,652

# Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re				).
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</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				<u> </u>
2	Grants and other assistance to individuals in the U S See Part IV, line 22	192,571	192,571		
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	132,000	111,668		5,686
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	11,459	9,482	1,419	558
10	Payroll taxes	8,948	7,606	895	447
11	Fees for services (non-employees)				
а	Management				
b	Legal	16,987		16,987	
C	Accounting	21,442		21,442	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees	288		288	
g	Other				
12	Advertising and promotion				
13	Office expenses	17,681	12,730	1,768	3,183
14	Information technology				
15	Royalties				
16	Occupancy	8,976	6,462	898	1,616
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,400	11,808	1,640	2,952
23	Insurance	4,735	3,922	583	230
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	FUNCTIONS AND RELATED E	336,733	336,733		_
ь	Section 481a cash to ac	121,687	·	121,687	
c	A nnual member dinner an	70,876			70,876
d	Postage	10,127	2,532	1,012	6,583
e	Miscellaneous	3,710			3,710
f	All other expenses	2,365		2,365	
25	Total functional expenses. Add lines 1 through 24f	976,985	695,514	185,630	95,841
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				·

Part X	Balance	Sheet

					(A) Beginning of year			<b>B)</b> of year
	1	Cash—non-interest-bearing			130,287	1	Ella	184,209
	2	Savings and temporary cash investments			2,976,810	2		3,287,109
	3	Pledges and grants receivable, net			2,570,010	3		0,207,100
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees,		mnlovees or		-		
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			5			
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of S			6			
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
sts.	9	Prepaid expenses and deferred charges			9			
Assets	10a	Land, buildings, and equipment cost basis	10a	530,000				
_	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	345,136	201,689	10c		184,864
	11	Investments—publicly traded securities	<u> </u>		2,837,562	11		1,760,473
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	of		12			
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.			13			
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule			29,990			6,661
		D		0.470.000	15		F 400 040	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			6,176,338 59,417			5,423,316 58,487
	17	Accounts payable and accrued expenses .			104,195	17		53,599
	18	Grants payable			104, 195	18		55,599
	19 20	Deferred revenue				19		
92		Tax-exempt bond liabilities				20		
≝	21 22	Escrow account liability Complete Part IV of Schedule D	•	•				
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			100 010	25		110.000
	26	Total liabilities. Add lines 17 through 25			163,612	26		112,086
ce s		Organizations that follow SFAS 117, check here ► 🔽 and complete through 29, and lines 33 and 34.	ete lin	es 2/				
Balance	27	Unrestricted net assets			3,108,861	27		2,589,250
	28	Temporarily restricted net assets			393,092	28		365,748
Fund	29	Permanently restricted net assets			2,510,773	29		2,356,232
		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	lete					
s or	30	Capital stock or trust principal, or current funds				30		
set	31	Paid-in or capital surplus, or land, building or equipment fund .			31			
Assets	32	Retained earnings, endowment, accumulated income, or other fun		32				
Net	33	Total net assets or fund balances		6,012,726	33		5,311,230	
<u>z</u>	34	Total liabilities and net assets/fund balances			6,176,338	34		5,423,316
Pa	rt XI	Financial Statements and Reporting						
		· · · ·					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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DLN: 93493169012000

Employer identification number

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

THE H	JNDRE	D CLUB OF MA	SS INC					04	-2374190	<b>1</b>			
Pai	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo						
				ation because it is (Please		-							
1	$\Gamma$	A church, o	onvention of ch	nurches, or association of ch	nurches de	escribed in	Section 1	L70(b)(1)(	(A)(i).				
2	$\sqcap$	A school d	escribed in <b>Sec</b> t	tion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E )							
3	Γ	A hospital	or a cooperativ	e hospital service organizati	ion descril	bed in <b>Sec</b>	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedu	le H )		
4	$\Gamma$	A medical	research organı	zatıon operated ın conjunctı	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the		
		hospital's i	name, city, and	state									
5	$\Gamma$	Anorganiz	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	by a gove	ernmental	unıt desc	rıbed ın		
		Section 170	D(b)(1)(A)(iv).	(Complete Part II )									
6	$\Gamma$	A federal, s	tate, or local g	overnment or governmental	unıt descr	ribed in <b>Se</b>	ction 170	(b)(1)(A)	(v).				
7	굣	Anorganiz	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental ι	ınıt or fron	n the gene	eral public	:	
		described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)								
8	$\sqcap$	A commun	ity trust describ	oed in <b>Section 170(b)(1)(A)</b>	(vi) (Com	nplete Par	tII)						
9		An organiz	ation that norm	ally receives (1) more than	331/3% 0	fits supp	ort from c	ontribution	ıs, membe	rship fees	s, and gro	SS	
		receipts fro	eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of										
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )											
10	$\sqcap$	An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )											
11 e	  -	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 III c Type III - Functionally Integrated d Type III - Other								.Check her			
f	'	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or d a written determination fro	more publ	licly supp	orted orga	nızatıons (	described	ın sectior	n 509(a)(	1) or	
g		check this Since Augu following pe	ıst 17, 2006, h	as the organization accepte	d any gift	or contrib	utıon from	any of the	<u>!</u>			ı	
				rindirectly controls, either	alone or to	gether wi	th persons	describe	d ın (ıı)		Yes	No	
		and (III) be	low, the governi	ng body of the the supported	d organiza	tion?				11g	(i)		
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(	(ii)		
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) al	bove?				11g(	iii)		
h		Provide the	following inform	mation about the organizatio	ns the org	ganızatıon	supports				•		
Supp		ame of (ii) EIN ported nization		ported (described on lines 1-9		organız col (i) your go	(iv) Is the organization in col (i) listed in your governing document?		inization i) of your	on organization i		(vii) A mount of support?	
					Yes	No	Yes	No	Yes	No			
Total													

# Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	8 of Part I.)				
P	ublic Support		<u> </u>					
Cal	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	524,636	487,336	495,815	477,337		450,518	2,435,642
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	524,636	487,336	495,815	477,337		450,518	2,435,642
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line 4							2,435,642
T	otal Support				-		-	
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	524,636	174,984	495,815	477,337		450,518	2,435,642
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	141,350	174,984	204,972	285,258		164,652	971,216
9 10	Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in							
	Part IV )							2 406 959
11	Total Support (Add lines 7 through 10)	<u> </u>						3,406,858
12	Gross receipts from related activities, etc	(See instruction:	s)			12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here  omputation of Public Support Perce		st, second, third	l, fourth, or fifth	tax year as a 5(	01(c)(		<b>▶</b> ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 co	lumn (f))		14		71.490 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		74.810 %
	a 33 1/3% Test - 2008. 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% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this							
17a	box and <b>stop here.</b> The organization qualifies as a publicly supported organization  10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the							
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organizations to the control of the control	n did not check ances" test, che	a box on line 13 ck this box and	3, 16a, 16b, or : <b>stop here.</b> Expl	17a ar Iain in	nd line 15 Part IV ho	
18	the organization meets the "facts and circu <b>Private Foundation.</b> If the organization did instructions							►□

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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% Tests - 2007.** 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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

#### **Facts and Circumstances Test**

The organization's public support percentage exceeds 10% for 2007

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

**Supplemental Financial Statements** 

	me of the organization : HUNDRED CLUB OF MASS INC		Employer identifica	ation numbe	er
	THOMBRED CLOB OF FIRST INC		04-2374190		
Pa	rt I Organizations Maintaining Donor A			s. Comple	te if the
	organization answered "Yes" to Form 99	1			
_		(a) Donor advised funds	(b) Funds and	other accou	nts
1	Total number at end of year				
2	Aggregate Contributions to (during year)				
3	Aggregate Grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	radvised	☐ Yes	∏ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beimpermissible private benefit?		nay be	☐ Yes	☐ No
Pa	tt III Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990, Part I'	V, line 7.	
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat  Preservation of open space		• •	·	a
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form o	fa conservation ea	sement	
			Held at	the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easemen	ts	2b		
С	Number of conservation easements on a certified h	nistoric structure included in (a)	2c		
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d		
3	Number of conservation easements modified, transf	erred, released, extinguished, or terminated	by the organization	during	
	the taxable year 🕨				
4	Number of states where property subject to conserv	vation easement is located 🕨			
5	Does the organization have a written policy regardin enforcement of the conservation easements it holds		ions, and	☐ Yes	∏ No
6	Staff or volunteer hours devoted to monitoring, inspe	ecting and enforcing easements during the y	ear ►		
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the yea	r <b>►</b> \$		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of secti	on	┌ Yes	┌ No
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of		•		

# Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

the organization's accounting for conservation easements

· **\$** 

(ii) Assets included in Form 990, Part X

**-** \$

- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- a Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D

Organizations Maintaining Coll	<u>ections of Art, H</u>	<u>ıstorı</u>	<u>cai ireas</u>	sures, or Otne	i Sillillai Asse	ets (co	ontinued <sub>.</sub>
Using the organization's accession and other ritems (check all that apply)	ecords, check any of	the fol	lowing that	are a significant u	se of its collectio	n	
Public exhibition	d	Γ	Loan or ex	change programs			
Scholarly research	e	Γ	Other				
Preservation for future generations							
Provide a description of the organization's coll- Part XIV	ections and explain h	ow the	y further the	e organization's ex	empt purpose in		
5 , ,						Yes	┌ No
				ganızatıon answ	ered "Yes" to F	orm 9	90,
<u> </u>	•		•				
Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermedia	ry for c	ontributions	s or other assets 1		Yes	┌ No
If "Yes," explain why in Part XIV and complete	the following table						
					A moi	unt	
Beginning balance				1c			
Additions during the year				1d			
Distributions during the year				1e			
Ending balance				1f			
Did the organization include an amount on Form	n 990, Part X, line 2:	ر ۲			Г	Yes	┌ No
If "Yes," explain the arrangement in Part XIV							
t V Endowment Funds. Complete if	the organization a	ารwer					
		<b>(b)</b> Prior	Year (c)	Two Years Back (d)	Three Years Back (	e)Four Y	ears Back
Beginning of year balance	2,622,794						
Contributions							
Investment earnings or losses	-86,810						
Grants or scholarships							
Other expenditures for facilities	111,670						
· -	-						
· —	2.424.314						
,							
board designated or quasi-endowment.	7 000 70						
remanent endowment F							
Term endowment P							
	ion of the organizatio	n that	are held and	d administered for	the	Ves	No
-					3a(i)	103	No
					3a(ii)		No
					3b	İ	
Describe in Part XIV the intended uses of the	organization's endow	ment fu	ınds				
t VI Investments—Land, Buildings,	and Equipment.	See I	orm 990,	Part X, line 10.			
Description of investment			a) Cost or othersiss (investmen		(c) Depreciation	( <b>d)</b> Bo	ook value
					(c) Depreciation	( <b>d</b> ) Bo	ook value
Description of investment					(c) Depreciation		
Description of investment				nt) basis (other)	(c) Depreciation		
Description of investment				nt) basis (other)	(c) Depreciation		ook value 184,864
	Using the organization's accession and other ritems (check all that apply)  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collegart XIV  During the year, did the organization solicit or assets to be sold to raise funds rather than to tase to be sold to raise funds rather than to tase to be sold to raise funds rather than to tase to be sold to raise funds rather than to tase to be sold to raise funds rather than to tase to be sold to raise funds rather than to tase funds rather than to take funds rather than than that the possess organization by  (i) unrelated organizations	Using the organization's accession and other records, check any of items (check all that apply)  Public exhibition Scholarly research Preservation for future generations  Provide a description of the organization's collections and explain heart XIV  During the year, did the organization solicit or receive donations of assets to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as par it is asset to be sold to raise funds rather than to be maintained as part it is asset to be sold to raise funds rather than to be maintained as part it is asset to be sold to raise funds rather than to be maintained as part it is asset to be sold to raise funds rather than to be maintained as part it is asset to be sold as maintained as part it is asset to be maintained as part it is asset to be sold and condition  and condition a	Using the organization's accession and other records, check any of the folitems (check all that apply)  Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how the Part XIV During the year, did the organization solicit or receive donations of art, his assets to be sold to raise funds rather than to be maintained as part of the Part IV, line 9, or reported an amount on Form 990, Part X  Is the organization an agent, trustee, custodian or other intermediary for cincluded on Form 990, Part X?  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  **Endowment Funds.** Complete if the organization answers and programs are contributions.  Investment earnings or losses —86,810  Grants or scholarships ——97 190 %  Permanent endowment	Using the organization's accession and other records, check any of the following that items (check all that apply)  Public exhibition  Scholarly research  Preservation for future generations  Provide a description of the organization's collections and explain how they further the Part XIV  During the year, did the organization solicit or receive donations of art, historical trea assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization assets to be sold to raise funds rather than to be maintained as part of the organization for the organization of the organi	Using the organization's accession and other records, check any of the following that are a significant ustems (check all that apply)  Public exhibition Scholarly research Preservation for future generations  Provide a description of the organization's collections and explain how they further the organization's expart XIV  During the year, did the organization solicit or receive donations of art, his torical treasures or other sim assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  IV Trust, Escrow and Custodial Arrangements. Complete if the organization answer part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets included on Form 990, Part X, line 21.  If "Yes," explain why in Part XIV and complete the following table  Beginning balance  Additions during the year  Ending balance  Did the organization include an amount on Form 990, Part X, line 21?  If "Yes," explain the arrangement in Part XIV  TV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21.  Beginning of year balance  Quement Year (b)Prior Year (c)Two Years Back (d)  Grants or scholarships  Other expenditures for facilities and programs  Administrative expenses  End of year balance  2,424,314  Provide the estimated percentage of the year end balance held as  Board designated or quasi-endowment   97 190 %  Term endowment   10 600 %  Permanent endowment funds not in the possession of the organization that are held and administered for organization by  (i) unrelated organizations  (ii) related organizations  Cities of the related organizations of the organization sendowment funds not in the possession of the organization that are held and administered for organization by organization sendowment funds not in the po	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Scholarly research Preservation for future generations Preservation for future generations Provide a description of the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  If Yes, explain the organization and explain how they further the organization's exempt purpose in Part XIV During the year, did the organization object or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  If Yes, explain the organization and explain how they further the organization answered "Yes" to Fart IV, line 9, or reported an amount on Form 990, Part X, line 21.  If Yes, explain why in Part XIV and complete the following table  If Yes, explain why in Part XIV and complete the following table  If Yes, explain why in Part XIV and complete the following table  If Yes, explain why in Part XIV and complete the following table  If Yes, explain the arrangement in Part XIV  he intended uses of the organization answered "Yes" to Form 990, Part IV, line 10.  If Yes, explain the arrangement in Part XIV the Intended uses of the organization that are held and administered for the organization by the explaint of the organization in the possession of the organization that are held and administered for the organization by the rea	Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)  Public exhibition Scholarly research Public exhibition Scholarly research Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV  During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  Trust, Escrow and Custodial Arrangements. Complete if the organization anawered "Yes" to Form 9 Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  Is the organization an agent, trustee, custodian or other intermediary for ontributions or other assets not included on Form 990, Part X, line 21.  If "Yes," explain why in Part XIV and complete the following table  Frives," explain why in Part XIV and complete the following table  If "Yes," explain whe arrangement in Part XIV  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21?  Freshold the organization include an amount on Form 990, Part X, line 21.  Freshold the organization include an amount on Form 990, Part X, line 21.  Freshold the organization inc

184,864

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	581,294
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	976,985
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-395,691
4	Net unrealized gains (losses) on investments	4	-427,492
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	121,687
9	Total adjustments (net) Add lines 4 - 8	9	-305,805
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-701,496
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		•
1	Total revenue, gains, and other support per audited financial statements	1	153,802
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		·
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-427,492
3	Subtract line <b>2e</b> from line <b>1</b>	3	581,294
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	581,294
Part	<b>XIII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses	per F	leturn
1	Total expenses and losses per audited financial statements	1	855,298
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	855,298
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	121,687
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	976,985

#### Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part V, Line 4	Endowment Funds	The intended use of the Organization's Endowment Funds is to provide benefits to the surviving spouses and dependents of law enforcement officers and firefighters who have lost their lives in the line of duty during the year
Part XI, Line 8 - Other Adjustments		SECTION 481A CASH TO ACCRUAL ADJUSTMENT
Part XIII, Line 4b - Other Adjustments	1	SECTION 481A CASH TO ACCRUAL ADJUSTMENT FROM FORM 3115 121687

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OMB No 1545-0047

Employer identification number

DLN: 93493169012000

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

THE HUNDRED CLUB OF MAS						04-2374190	
<ol> <li>Does the organization m the selection criteria use</li> <li>Describe in Part IV the organization m</li> <li>Part II Grants and Other Form 990, Part</li> </ol>	aintain records to sed to award the grain organization's proceether Assistance	nts or assistance? edures for monitoring the e <b>to Governments</b> a ny recipient that rece	of the grants or assista 		ibility for the grants or as <b>tes.</b> Complete if the of	rganization answere	d "Yes" on
						. ▶ □	
1(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
2 Enter total number of second anizations		· · · · · · ·			•		
3 Enter total number of oth			· · · · · · ·				hedule I (Form 990) 2008

Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	on Form 990,	Part IV, line 2	2.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Lump-sum distributions to widows	20	100,000			
Memorial fund distributions payable to widows	0	53,599			
Financial assistance to children of widows for summer camp, counseling, and college tuition	10	35,972			
Holiday savings bonds	12	3,000			

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

Ident if ier	Return Reference	Explanation

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As Filed Data -

DLN: 93493169012000

OMB No 1545-0047

Schedule J (Form 990)

**Compensation Information** 

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

2008

Department of the Treasury Internal Revenue Service

Compensated Employees
► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization THE HUNDRED CLUB OF MASS INC **Employer identification number** 

04-2374190

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel		Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N	•	,, ,	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		,	2		
3	Indicate which, if any, of the following the organizationg organization's CEO/Executive Director Check all t		у			
	Compensation committee		Written employment contract			
	Independent compensation consultant	<u> </u>	Compensation survey or study			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part V I	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	empensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pi	rovide tl	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	, lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes,"		, ,	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III	•	·			N.o.

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

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

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

(A) Name		(B) Breakdown o	f W-2 and/or 1099-MI:	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN T LYNCH	(ı) (ıı)							
C RICHARD CARLSON	(I) (II)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### Part III Supplemental Information

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

Ident if ier	Ret urn Ref erence	Explanation
Supplemental Information	Part III	John Lynch, a Director for the Organization, is the Managing Director and Shareholder of Davis, Malm, & D'Agostinem P C and they provide legal services to the Hundred Club in the amount of \$16,987 C Richard Carlson is a Director for the Organization and is an Account Executive with UBS and the investment manager of the Hundred Club's marketable securities

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DLN: 93493169012000

# OMB No 1545-0047

Open to Public Inspection

#### Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

**Transactions with Interested Persons** 

► Attach to Form 990 or Form 990-EZ. ► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization

Employer identification number

THE HUNDRED CLUB OF MASS INC						4-237	7410	<b>1</b>			
Part I Excess Benefit Transact To be completed by organization					(4) organiz	zatıor	ns or	ıly).	' Pari	· V. Juna	40h
								90-62			rected?
1 (a) Name of disqualifie	d person	1	<b>(b)</b> Des	cript	ion of transa	ection				Yes	No
									-		
2 Enter the amount of tax imposed on section 4958						earui	nder <b>F</b>	\$			
3 Enter the amount of tax, If any, on III	ne 2, abo	ove, reimbursed	by the organization .				•	\$			
Part II Loans to and/or From											
To be completed by organiza			s" on Form 990, Part	: IV, I	ine 26, or Fo	orm 9'	90-E	Z, Part (f		e 38a 	
(a) Name of interested person and		an to or n the	(c)O riginal principal			(e)		Appr	oved	1	/rıtten
purpose	1	zation?	amount	(d)E	Balance due	defa	ult?	by bo		agree	ment?
	То	From				Yes	No	Yes	No	Yes	No
		•									
	+										
	+			+						+	
Total			🕨 🕏	•						•	
Part III Grants or Assistance B				200	Deat IV las	- 27					
To be completed by orga			ed "Yes" on Form ' Detween Interested pe								
(a) Name of interested person			ne organization	213011	( <b>c)</b> A m	ount c	of gra	nt or ty	pe of	assista	nce
Part IV Business Transactions											
To be completed by orga			ed "Yes" on Form s	990,	Part IV, lin	ie 28	a, 28	sb, or	-	(a) Ch	ring of
(a) Name of interested name		<b>b)</b> Relationship tween interested	(c) A mount o	f	(4) D					organiz	
(a) Name of interested person	F	person and the	transaction		(d) Descr	iption	ortr	ansacti	lon	rever	1
John T Lynch	BOAL	organization RD MEMBER	16	087	Director Ly	nch is	3 m3	naging		Yes	<b>No</b> No
John F Lynch	اکاما	ND MEMBER		, 507	director of [	Davis,	Malr	n &			
					D'Agostine perform leg				.		
					Hundred Cl		VICES	101 1110			
C Richard Carlson	ВОАГ	RD MEMBER		288	Director Ca				nt		Νo
					executive w investment						
					Hundred Cl		_				
					securities				_		

## OMB No 1545-0047

Inspection

# **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** 

▶ Attach to Form 990. To be completed by organizations to provide additional information for

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

Name of the organization THE HUNDRED CLUB OF MASS INC **Employer identification number** 

04-2374190

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		TWO OF THE BOARD MEMBERS ARE FATHER AND SON

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The organization has members

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The members of the organization elect all 11 seats

ldentifier	Return Reference	Explanation		
Form 990, Part VI, Section A, line 7b		The Articles of Organization of the Corporation empowers the Board of Directors with the absolute discretion with respect to determining the selection of recipients and the amounts of gifts and contributions. No decisions of the Board of Directors are reviewable by or have to be approved by the Members. Certain rights are reserved for the Members by statute, the Articles of Organization or the Bylaws, such as the election of Directors, amendment of the Articles of Organization or the Bylaws.		

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 8b		There were no committee with the power to act on behalf of the governing board until they were formed in December 2008, the first meeting occurred in 2009

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Prior to filing form 990 the completed form is distributed to the board of directors

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Each year the directors receive, review and are required to sign a conflict of interest policy

ldentifier Return Reference		Explanation			
Form 990, Part VI, Section B, line 15		The compensation committee does not have a CEO, Executive Director or key employees that they will need to be approve. However, the committee does approve the only two employees compensation even though it is not required			

ldentifier	Return Reference	Explanation				
Form 990, Part VI, Section C, line 18		The organization was incorporated in 1959, prior to form 1023 and therefore did not file with the IRS for tax exempt status. The organization did receive a determination letter from the IRS. This document and the 990 are available for inspection upon request.				

ldentifier Return Reference		Explanation			
Form 990, Part VI, Section C, line 19		The organization will make its governing documents, conflict of interest policy and financial statements available to the public upon request			

Identifier	Return Reference	Explanation
990, X1, 2c		The Organization's audit committee currently is responsible for the oversight of the audit of the financial statements and selection of an independent accountant

Identifier	Return Reference	Explanation			
990, X, COLUMN (A)	CHANGE IN ACCOUNTING METHOD	THE BALANCES SHOWN IN COLUMN A HAVE BEEN CHANGED TO REFLECT THE ACCRUAL BALANCES AS OF DECEMBER 31, 2007 THE 2007 FORM 990 AND THE PREVIOUSLY REPORTED DECEMBER 31, 2007 BALANCES WERE SHOWN ON THE CASH BASIS THE ORGANIZAITON HAS COMPLETED FORM 3115 - application for change in accounting method, TO CHANGE ACCOUNTING METHODS FROM CASH TO ACCRUAL A COPY OF FORM 3115 HAS BEEN ATTACHED TO THIS RETURN			

Identifier Return Reference		Explanation		
Form 990, page 1, section B	Amended Return	An error was discovered during an internal payroll audit performed at the Organization's own request during 2010. The internal audit revealed that during the year ended December 31, 2008, a bonus of \$10,000 w as paid to one employee and a bonus of \$5,000 w as paid to another employee. These bonus amounts were not reported in the quarterly or year-end payroll tax filings for 2008. During 2010, the Organization filed amended 2008 941-X, W-3c and W-2c forms. The tax implications of this change are immaterial to the 2008 financial results as a whole and have been recorded as an expense in 2010, the year the expense was incurred. The 2008 Form 990 is being amended to reclassify the bonuses paid to the correct salary line on Page 2 of the Form 990.		

Form **3115** (Rev December 2003)

Department of the Treasury Internal Revenue Service OMB No 1545-0152

Aı	polication	for	Change	in	<b>Accounting</b>	Method
	-					

Name of filer (name of parent corporation if a consolidated group) (see instructions)	Identification number (see instructions)
	04-2374190
	Principal business activity code number (see instructions)
THE HUNDRED CLUB OF MASS, INC.	
Number, street, and room or suite no. If a P.O. box, see the instructions	Tax year of change begins (MM/DD/YYYY) 1/01/2008
17 GLOUCESTER STREET	Tax year of change ends (MM/DD/YYYY) 12/31/2008
City or town, state, and ZIP code	Name of contact person (see instructions)
BOSTON, MA 02115	JOHN LYNCH
Name of applicant(s) (If different than filer) and identification number(s) (see instruction	
	617-589-3820
If the applicant is a member of a consolidated group, check this bo	x
If Form 2848, Power of Attorney and Declaration of Representative	ve, is attached, check this box
Check the box to indicate the applicant.	Check the appropriate box to indicate the type
Individual Cooperative (Se	of accounting method change being requested. (see instructions)
Corporation Partnership	(See Instructions)
Controlled foreign corporation S Corporation	Depreciation or Amortization
(Sec 957) Insurance Co. (S	Sec 816(a)) Financial Products and/or Financial Activities of
10/50 corporation (Sec. 904(d)(2)(E)) Insurance Co. (S	Sec 831) Financial Institutions
Qualified personal service Other (specify)	Other (specify)
corporation (Sec. 448(d)(2))	CASH TO ACCRUAL METHOD
X Exempt organization. Enter Code section ► 501(c)(3)	
Caution: The applicant must provide the requested information to be	e eligible for approval of the requested accounting method change. The
	counting method change such as an attached statement. The applicant
must provide all information relevant to the requested accounting m	ethod change even if not specifically requested by the Form 3115
Part I Information For Automatic Change Request	Yes No
1 Enter the requested designated accounting method change	ge number from the List of Automatic Accounting
Method Changes (see instructions). Enter only one meti	
instructions If the requested change is not included in that list,	check "Other," and provide a description
► (a) Change No 34 (b) Other Description ►	
2 Is the accounting method change being requested one for	which the scope limitations of section 4.02 of Rev
Dress 2002 0 (or its supersonal) de met emple?	V
If "Yes," go to Part II.	A
3 Is the tax year of change the final tax year of a trade or b	pusiness for which the taypaver would be required to
take the entire amount of the section 481(a) adjustment into ac	
If "Yes," the applicant is not eligible to make the change under	
Note: Complete Part II below and then Part IV, and also Schedules	
Part II Information For All Requests	Yes No
4a Does the applicant (or any present or former consolidated	
the applicable tax year(s)) have any Federal income tax return(s	
If you answered "No," go to line 5.	) dilder examination (see instructions)
<b>b</b> Is the method of accounting the applicant is requesting to	change an issue (with respect to either the applicant
or any present or former consolidated group in which the	
year(s)) either (i) under consideration or (ii) placed in suspense	
Signature (Sec Under penalties of perjury, I declare that I have examined this application	: INSTRUCTIONS)  1. including accompanying schedules and statements, and to the best of my
knowledge and belief, the application contains all the relevant facts relating	n, including accompanying schedules and statements, and to the best of my to the application, and it is true, correct, and complete. Declaration of preparer edge.
Filer	Preparer (other than filer/applicant)
a, sc X	2, ~ ~
	Observation of traditional necessities the conditional date
Signature aliti date	Signature of individual preparing the application and date
Norman Knight, President	
	ROSANNA DIFILIPPO, CPA, MST
Name and title (print or type)	Name of individual preparing the application (print or type)
	MOODY, FAMIGLIETTI & ANDRONICO, LLP
	Name of firm preparing the application

the computation for each component If more than one applicant is applying for the method change on the same application, attach a list of the name, identification number, principal business activity code (see instructions),

If the section 481(a) adjustment is an increase to income of less than \$25,000, does the applicant elect to take

and the amount of the section 481(a) adjustment attributable to each applicant.

group, a consolidated group, a controlled group, or other related parties?

If "Yes," attach an explanation

26

27

Χ

Form 3115 (Rev 12-2003) Page 4

# Schedule A - Change in Overall Method of Accounting (If Schedule A applies, Part I below must be completed.) Part I Change in Overall Method (see instructions)

1 Enter the following amounts as of the close of the tax year preceding the year of change. If none, state "None" Also, attach a statement providing a breakdown of the amounts entered on lines 1a through 1g.

		Amount
а	Income accrued but not received	29,990
b	Income received or reported before it was earned. Attach a description of the income and the legal	
	basis for the proposed method	0
C	Expenses accrued but not paid	-151,677
	Prepaid expenses previously deducted	
е	Supplies on hand previously deducted and/or not previously reported	
f	Inventory on hand previously deducted and/or not previously reported Complete Schedule D, Part II	
	Other amounts (specify) ▶	
h	Net section 481(a) adjustment (Combine lines 1a-1g.)	-121,687.00
	***************************************	

Attach copies of the profit and loss statement (Schedule F (Form 1040) for farmers) and the balance sheet, if applicable, as of the close of the tax year preceding the year of change. On a separate sheet, state the accounting method used when preparing the balance sheet. If books of account are not kept, attach a copy of the business schedules submitted with the Federal income tax return or other return (e.g., tax-exempt organization returns) for that period. If the amounts in Part I, lines 1a through 1g, do not agree with those shown on both the profit and loss statement and the balance sheet, explain the differences on a separate sheet.

#### Part II Change to the Cash Method For Advance Consent Request (see instructions) N/A

Applicants requesting a change to the cash method must attach the following information:

- 1 A description of inventory items (items whose production, purchase, or sale is an income-producing factor) and materials and supplies used in carrying out the business
- 2 An explanation as to whether the applicant is required to use the accrual method under any section of the Code or regulations

#### Schedule B - Change in Reporting Advance Payments (see instructions)

- If the applicant is requesting to defer advance payment for services under Rev. Proc. 71-21, 1971-2 C.B. 549, attach the following information:
- a Sample copies of all service agreements used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the service agreement that require the taxpayer to perform services
- **b** If any parts or materials are provided, explain whether the obligation to provide parts or materials is incidental (of minor or secondary importance) to an agreement providing for the performance of personal services.
- c If the change relates to contingent service contracts, explain how the contracts relate to merchandise that is sold, leased, installed, or constructed by the applicant and whether the applicant offers to sell, lease, install, or construct without the service agreement.
- d A description of the method the applicant will use to determine the amount of income earned each year on service contracts and why that method clearly reflects income earned and related expenses in each year
- e An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See section 3.11 of Rev. Proc. 71-21
- 2 If the applicant is requesting a deferral of advance payments for goods under Regulations section 1 451-5, attach the following information
- a Sample copies of all agreements for goods or items requiring advance payments used by the applicant that are subject to the requested change in accounting method. Indicate the particular parts of the agreement that require the applicant to provide goods or items.
- **b** A statement providing that the entire advance payment is for goods or items. If not entirely for goods or items, a statement that an amount equal to 95% of the total contract price is properly allocable to the obligation to provide activities described in Regulations section 1.451-5(a)(1)(i) or (ii) (including services as an integral part of those activities).
- c An explanation of how the method the applicant will use to determine the amount of gross receipts each year will be no less than the amount included in gross receipts for purposes of its books and records. See Regulations section 1.451-5(b)(1).

Form 3115 (Rev 12-2003)

#### Schedule C - Changes Within the LIFO Inventory Method (see instructions)

N/A

#### Part I General LIFO Information

Complete this section if the requested change involves changes within the LIFO inventory method. Also, attach a copy of all Forms 970, Application To Use LIFO Inventory Method, filed to adopt or expand the use of the LIFO method.

- 1 Attach a description of the applicant's present and proposed LIFO methods and submethods for each of the following items:
  - a Valuing inventory (e.g., unit method or dollar-value method).
- **b** Pooling (e.g., by line or type or class of goods, natural business unit, multiple pools, raw material content, simplified dollar-value method, inventory price index computation (IPIC) pools, etc.).
- c Pricing dollar-value pools (e.g., double-extension, index, link-chain, link-chain index, IPIC method, etc.).
- **d** Determining the current year cost of goods in the ending inventory (e.g., most recent purchases, earliest acquisitions during the year, average cost of purchases during the year, etc.).
- 2 If any present method or submethod used by the applicant is not the same as indicated on Form(s) 970 filed to adopt or expand the use of the method, attach an explanation
- 3 If the proposed change is not requested for all the LIFO inventory, specify the inventory to which the change is and is not applicable.
- 4 If the proposed change is not requested for all of the LIFO pools, specify the LIFO pool(s) to which the change is applicable
- 5 Attach a statement addressing whether the applicant values any of its LIFO inventory on a method other than cost. For example, if the applicant values some of its LIFO inventory at retail and the remainder at cost, the applicant should identify which inventory items are valued under each method.
- 6 If changing to the IPIC method, attach a completed Form 970 and a statement indicating the indexes, tables, and categories the applicant proposes to use.

#### Part II Change in Pooling Inventories

N/A

- 1 If the applicant is proposing to change its pooling method or the number of pools, attach a description of the contents of, and state the base year for, each dollar-value pool the applicant presently uses and proposes to use.
- 2 If the applicant is proposing to use natural business unit (NBU) pools or requesting to change the number of NBU pools, attach the following information (to the extent not already provided) in sufficient detail to show that each proposed NBU was determined under Regulations section 1 472-8(b)(1) and (2).
- a A description of the types of products produced by the applicant If possible, attach a brochure
- b A description of the types of processes and raw materials used to produce the products in each proposed pool.
- c If all of the products to be included in the proposed NBU pool(s) are not produced at one facility, the applicant should explain the reasons for the separate facilities, indicate the location of each facility, and provide a description of the products each facility produces.
- **d** A description of the natural business divisions adopted by the taxpayer. State whether separate cost centers are maintained and if separate profit and loss statements are prepared.
- e A statement addressing whether the applicant has inventories of items purchased and held for resale that are not further processed by the applicant, including whether such items, if any, will be included in any proposed NBU pool
- f A statement addressing whether all items including raw materials, goods-in-process, and finished goods entering into the entire inventory investment for each proposed NBU pool are presently valued under the LIFO method. Describe any items that are not presently valued under the LIFO method that are to be included in each proposed pool.
- g A statement addressing whether, within the proposed NBU pool(s), there are items both sold to unrelated parties and transferred to a different unit of the applicant to be used as a component part of another product prior to final processing.
- If the applicant is engaged in manufacturing and is proposing to use the multiple pooling method or raw material content pools, attach information to show that each proposed pool will consist of a group of items that are substantially similar. See Regulations section 1.472-8(b)(3).
- If the applicant is engaged in the wholesaling or retailing of goods and is requesting to change the number of pools used, attach information to show that each of the proposed pools is based on customary business classifications of the applicant's trade or business. See Regulations section 1 472-8(c)

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c Only for applicants requesting an automatic change. Attach the statement required by section 10.01(4) of the Appendix

of Rev. Proc. 2002-9 (or its successor).

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Part III Method of Cost Allocation (Complete this part if the requested change involves either property subject to section 263A or long-term contracts as described in section 460 (see instructions).)

#### **Section A - Allocation and Capitalization Methods**

N/A

Attach a description (including sample computations) of the present and proposed method(s) the applicant uses to capitalize direct and indirect costs properly allocable to real or tangible personal property produced and property acquired for resale, or to allocate and, where appropriate, capitalize direct and indirect costs properly allocable to long-term contracts. Include a description of the method(s) used for allocating indirect costs to intermediate cost objectives such as departments or activities prior to the allocation of such costs to long-term contracts, real or tangible personal property produced, and property acquired for resale. The description must include the following:

- 1 The method of allocating direct and indirect costs (i.e., specific identification, burden rate, standard cost, or other reasonable allocation method).
- 2 The method of allocating mixed service costs (i.e., direct reallocation, step-allocation, simplified service cost using the labor-based allocation ratio, simplified service cost using the production cost allocation ratio, or other reasonable allocation method).
- 3 The method of capitalizing additional section 263A costs (i.e., simplified production with or without the historic absorption ratio election, simplified resale with or without the historic absorption ratio election including permissible variations, the U.S. ratio, or other reasonable allocation method)

Section B - Direct and Indirect Costs Required To Be Allocated (Check the appropriate boxes in Section B showing the costs that are or will be fully included, to the extent required, in the cost of real or tangible personal property produced or property acquired for resale under section 263A or allocated to long-term contracts under section 460. Mark "N/A" in a box if those costs are not incurred by the applicant. If a box is not checked, it is assumed that those costs are not fully included to the extent required. Attach an explanation for boxes that are not checked.)

		Present method	Proposed method
1	Direct material		
2	Direct labor		
3	Indirect labor		
4	Officers' compensation (not including selling activities)		
5	Pension and other related costs		
6	Employee benefits		
7	Indirect materials and supplies		
8	Purchasing costs		
9	Handling, processing, assembly, and repackaging costs		
10	Offsite storage and warehousing costs		
11	Depreciation, amortization, and cost recovery allowance for equipment and facilities placed in		
	service and not temporarily idle		
12			
13	Rent		
14	Taxes other than state, local, and foreign income taxes		
15	Insurance		
16	Utilities		
17	Maintenance and repairs that relate to a production, resale, or long-term contract activity		
18	Engineering and design costs (not including section 174 research and experimental		
	expenses)		
19	Rework labor, scrap, and spoilage		
20	Tools and equipment		
21	Quality control and inspection		
22	Bidding expenses incurred in the solicitation of contracts awarded to the applicant		
23	Licensing and franchise costs		
24	Capitalizable service costs (including mixed service costs)		
25	Administrative costs (not including any costs of selling or any return on capital)		
26	Research and experimental expenses attributable to long-term contracts		
27	Interest		
28	Other costs (Attach a list of these costs.)		

	Method of Cost Allocation (see instructions) (continued)	N/A	
	edule C - Other Costs Not Required To Be Allocated (Complete Section C only if the applied for these costs.)	icant is requesti	ng to change its
11001	55 (6) (1) (6) (6) (6) (7)	Present method	Proposed method
1	Marketing, selling, advertising, and distribution expenses		
2	Research and experimental expenses not included on line 26 above		
3	Bidding expenses not included on line 22 above	 	
4	General and administrative costs not included in Section B above		
5	Income taxes		
6	Cost of strikes		
7	Warranty and product liability costs		
8	Section 179 costs		
9	On-site storage		
10	Depreciation, amortization, and cost recovery allowance not included on line 11 above		
11	Other costs (Attach a list of these costs.)		
SCII	edule E - Change in Depreciation or Amortization (see instructions)		
unde	See the List of Automatic Accounting Method Changes in the instructions for information rections 56, 167, 168, 197, 1400I, 1400L, or former section 168. Do not file Form 3115 with election revocations (see instructions)  Is depreciation for the property determined under Regulations section 1.167(a)-11 (CLADR)?  If "Yes," the only changes permitted are under Regulations section 1.167(a)-11(c)(1)(iii)  Is any of the depreciation or amortization required to be capitalized under any Code section (e.2004).	g., section	ain late elections  Yes No
	263A)?  If "Yes," enter the applicable section ▶  Has a depreciation or amortization election been made for the property (e.g., the election und		Yes No
3	168(f)(1))?  If "Yes," state the election made ▶		Yes No
4 a	To the extent not already provided, attach a statement describing the property being changed type of property, the year the property was placed in service, and the property's use in the income-producing activity.		
h	If the property is residential rental property, did the applicant live in the property before renting it?		Yes No
c	Is the property public utility property?		Yes No
5	To the extent not already provided in the applicant's description of its present method, expl		
	under the applicant's present method (e.g., depreciable property, inventory property, supp		
	1.162-3, nondepreciable section 263(a) property, property deductible as a current expense, etc.)	·	
6	If the property is not currently treated as depreciable or amortizable property, provide the	facts supporting	ng the proposed
	change to depreciate or amortize the property		-
7	If the property is currently treated and/or will be treated as depreciable or amortizable	property, provid	de the following
	information under both the present (if applicable) and proposed methods.		
	information under both the present (if applicable) and proposed methods.		
a	The Code section under which the property is or will be depreciated or amortized (e.g., section 16	88(g)).	

c The facts to support the asset class for the proposed method

d The depreciation or amortization method of the property, including the applicable Code section (e.g., 200% declining balance method under section 168(b)(1)).

or under section 1400L, the applicable asset class from Rev. Proc. 83-35, 1983-1 CB. 745, for each asset depreciated under former section 168 (ACRS), an explanation why no asset class is identified for each asset for which an asset class has not

e The useful life, recovery period, or amortization period of the property

f The applicable convention of the property.

been identified by the applicant.

#### The Hundred Club of Mass, Inc.

#### EIN: 04-2374190 Attachment to Form 3115

#### Page 1 - Type of Accounting Method Change

Change to the accrual method of accounting.

#### Page 3 - Part II, Question 13

The applicant is nonprofit organization whose primary purpose is to provide benefits to the surviving spouses and dependents of police, court, and fire personal employed by the Commonwealth of Massachusetts, or by a county, city, town, or other political subdivision or agency thereof.

#### Page 3 - Part IV, Question 25 - §481 Adjustment:

481(a) Adjustment

(\$121,687)

Amounts represent the account balances in the respective accounts as of December 31, 2007.

#### Form 3115 Attachment Schedule A - Part I

The Hundred Club of Mass, Inc.		EIN: 04-2374190
Line 1a-h (481(a) Adjustment Calculation) Income accrued but not received		29,990
Expenses accrued but not paid Accounts payable & accrued expenses Benefits payable	(47,482) (104,195)	(151,677)
Net Section 481(a) adjustment		(121,687)

## Line 3 - Method of Accounting

The accounting method used for the preparation of the 12/31/2007 tax return was cash.

December 31				2008				2007
	Unrestricted General	Temporarily Restricted	Permanently Restricted James B. Crockett Memorial	F	ted I	Temporarily Restricted	Permanently Restricted James B. Crockett Memorial	- -
Assets	nana	Nim I	rung	1 Oral	rund	rana	runa	Iotal
Cash		ı •	<del>\$}</del> '	184,209	\$ 130,287 \$	<del>€5</del>	9	130,287
Accrued Interest and Dividends Receivable	5,513	1,148	•	6,661	20,773	9,217	•	29,990
Investments Endowment	2,258,668 14,483	364,600 53,599	2,356,232	2,623,268 2,424,314	2,807,703 6,931	383,875 105,090	2.510.773	3,191,578 2.622.794
Property, Net of Accumulated Depreciation	184,864		. 1	184,864	201,689	1	-	201,689
Total Assets	\$ 2,647,737 \$	419,347 \$	2,356,232 \$	5,423,316	\$ 3,167,383 \$	498,182 \$	2,510,773 \$	6,176,338
Liabilities and Net Assets								
	i d			1		1		
Accounts Fayable and Accrued Expenses Benefits Pavable	\$ 58,487	53,599	±9- 1 1 59-	58,487	\$ 58,522 \$	895 \$	<del>€7</del>	59,417
Total Liabilities	58,487	53,599	t	112,086	58,522	105,090	, , ,	163,612
Net Assets:								
Unrestricted	2,589,250	1	1	2,589,250	3,108,861	ı	ı	3,108,861
Temporarily Restricted	1	365,748	ı	365,748	r	393,092	1	393,092
Permanently Restricted	1	-	2,356,232	2,356,232	ŀ	•	2,510,773	2,510,773
Total Net Assets	2,589,250	365,748	2,356,232	5,311,230	3,108,861	393,092	2,510,773	6,012,726
Total Liabilities and Net Assets	\$ 2,647,737 \$	419,347 \$	2,356,232 \$	5,423,316	\$ 3,167,383 \$	498,182 \$	2,510,773 \$	6,176,338

For the Years Ended December 31				2008				2007
	Unrestricted General Fund	Temporarily Restricted Fund		Total	Unrestricted General Fund	Temporarily Restricted Fund	Fund	Total
Revenue, Losses and Other Support: Members' Contributions	\$ 77,098	\$ 364,600	ι <del>9</del>	\$ 441,698	\$ 87,807	\$ 383,875 \$	<del>\$3</del>	471,682
Interest and Dividends	104,990	59,662		164,652	137,412	110,775	t	248,187
Other Contributions	8,820	1	•	8,820	5,655	1	f	5,655
Net Realized and Unrealized Loss on Investment	(306,827)	1	(154,541)	(461,368)	(74,274)	ı	(15,772)	(90,046)
Net Assets Released From Time Restrictions	451,606	(451,606)	ī	•	506,876	(206,876)	•	•
Total Revenue, Losses and Other Support	335,687	(27,344)	(154,541)	153,802	663,476	(12,226)	(15,772)	635,478
Expenses:	A E 3 O S			V 13 307	707 627			707 627
Dentein Fayments and Aeiated Costs Member Fundraising Costs	95,841			95,841	76.860	1 1		76.860
General and Administrative Costs	63,943	ı	ı	63,943	59,371	1	1	59,371
Total Expenses	855,298	1		855,298	812′668	1		899,718
Decrease in Net Assets	(519,611)	(27,344)	(154,541)	(701,496)	(236,242)	(12,226)	(15,772)	(264,240)
Net Assets at Beginning of Year	3,108,861	393,092	2,510,773	6,012,726	3,345,103	405,318	2,526,545	6,276,966
Net Assets at End of Year	\$ 2,589,250	\$ 365,748	\$ 2,356,232	\$ 5,311,230	\$ 3,108,861 \$	\$ 393,092 \$	2,510,773 \$ 6,012,726	6,012,726

For the Years Ended December 31							2008							2007
	7	Benefit						Д	Benefit					
	-	Program	2	Member	General and	pu		Pr	Program	Member		General and		
	3,	Services	Fur	Fundraising	Administrative	ıtive	Total	Š	Services	Fundraising		Administrative		Total
Functions and Related Expenses	₩.	351,733	€9	70,876	<del>60</del>	<del>(S)</del>	422,609	€9	369,381	<del>\$</del>	53,857 \$	ı	₩.	423,238
Salaries and Related Benefits		117,678	•	6,922	13	13,844	138,444		116,612	w	8,478	13,899		138,989
Lump-Sum Payments - General Fund		100,000		•			100,000		97,500		ı	,		97,500
Lump-Sum Payments - Memorial Fund		53,599		1		,	53,599		104,195		ı	ı		104,195
Office Expense, Postage and Miscellaneous		15,262		13,475	6,	2,781	31,518		15,819	υ·	6,791	2,846		28,456
Payments to Children of Fallen Heros:														
Scholarship Aid		33,413		•		1	33,413		31,045			ı		31,045
U.S. Savings Bonds		3,000		1			3,000		4,300		t	ı		4,300
Summer Camp		1,759					1,759		4,101			1		4,101
Counseling		800		•			800		1,600		1	1		1,600
Professional Fees		•		1	38	38,717	38,717		1		ı	33,416		33,416
Depreciation Expense		11,808		2,952	⊣	1,640	16,400		11,768	1.4	2,942	1,635		16,345
Memorial Fund Administrative Fee		1		,	9	6,063	6,063		1		ı	6,580		6,580
Occupancy		6,462		1,616		868	8,976		7,166		1,792	995		9,953
	₩.	695,514	€9	95,841	\$ 63	63,943 \$	855,298	↔	763,487	\$ 76	\$ 098'92	59,371	€9	899,718