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Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

A	For the	2008 cal	endar year, or tax year beginning OCT 1, 2008 and ending	SEP 30, 2009	<u> </u>
_	Check if		C Name of organization	D Employer identific	cation number
	applicabl	e Please use IRS	JEWISH BIG BROTHER & BIG SISTER ASSOC.		
	Addre	ss label or	OF GREATER BOSTON ENDOWMENT FUND, INC.		
늗	lchang Name	type		─	283364
F	lchang lnitial	e	Doing Business As		
느	lreturn Termir	See Specific	Number and street (or P.O. box if mail is not delivered to street address) Room/su	1 - '	
느	ation Amend	Instruc-	333 NAHANTON STREET)965-7055
느	return		City or town, state or country, and ZIP + 4	G Gross receipts \$	<u>216,092.</u>
L	Application pendir		NEWTON, MA 02459	H(a) Is this a group re	
	ponda	FNan	ne and address of principal officer JONATHAN L. SAMEN	for affiliates?	Yes X No
			EE CENTER PLAZA, BOSTON, MA 02108	H(b) Are all affiliates inc	luded? Yes No
	Tax-exe	empt statu	s. X 501(c) (3) ◀ (insert no.)	If "No," attach a	list. (see instructions)
<u>J</u> \	Websit	te: 🕨 NA		H(c) Group exemption	n number 🕨
<u>K</u> .	Type of	organizatio	n: X Corporation	ear of formation: 1992 N	State of legal domicile: MA
Pa	art I	Summa	ary		
0	1	Briefly des	scribe the organization's mission or most significant activities: SEE ATTA	CHED STATEMEN	<u>T</u>
& Governance		-			
Ľ	2	Check this	s box if the organization discontinued its operations or disposed of m	ore than 25% of its assets	 S.
Š	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	9
Ğ	1		f independent voting members of the governing body (Part VI, line 1b)	4	9
တ္			ber of employees (Part V, line 2a)	5	0
ij			ber of volunteers (estimate if necessary)	6	9
Activities			s unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
ĕ		-	ited business taxable income from Form 990-T, line 34	7b	<u> </u>
	"	Net unrea	tred business taxable income norm of orm 330-1, line 34	Prior Year	Current Year
		Cantabut	one and grants (Dort VIII line 1h)	114,726.	136,392.
Revenue	1		ons and grants (Part VIII, line 1h)	114,140.	130,392.
Ver		-	service revenue (Part VIII, line 2g)	262 202	70 700
æ	10	Investmer	nt income (Part VIII, column (A), lines 5 a, and 7d) enue (Part VIII, cplu mn (A), lines 5, 6 d, 8c, 9e, 1 00 and 11e)	263,392.	79,700.
				270 110	016 000
			nue - add lines 8 through 11 (must equal Part VAC bolumn (A), line 12)	378,118.	216,092.
			d similar amoun spaid (Part IX-country (A), lines (3)	325,604.	340,525.
	1		aid to or for members (Part IX, column (A), line		
es	15	Salaries, c	other compensation, employee penetits (Part IX, column (A), lines 5-10)		
Expenses	16 a		nal fundraising f ees (Part IX, column (A), line 11e)		
Š	b	Total fund	raising expenses (Part IX, column (D), line 25)		
ш	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,525.	11,451.
	18	Total expe	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	333,129.	351,976.
	19	Revenue I	ess expenses. Subtract line 18 from line 12	44,989.	<135,884.>
Net Assets or Fund Balances				Beginning of Year	End of Year
Set	20	Total asse	ts (Part X, line 16)	5,703,893.	<u>5,893,472.</u>
¥	21	Total liabil	ities (Part X, line 26)		
캺	22_		s or fund balances. Subtract line 21 from line 20	5,703,893.	<u>5,893,472.</u>
P	art II		ture Block		
		Under penal and complet	ties of perjury, I declare that I have examined this return, including accompanying schedules and statemer te Declaration of preparer (other than officer) is based on all information of which preparer has any knowler	nts, and to the best of my knowledgedge	ge and belief, it is true, correct,
			11/ 00/		10/
Sig	n ,	1.//	Lowell		4/(0
Her	re	▼ ≯Sign	ature of officer	Date '	•
			. HARVEY D. LOWELL, SIGNING OFFICER		<u> </u>
		Туре	or print name and title		
Paid		Preparer's	Date		er's identifying number structions)
		signature	HOWARD L. SPILLER 2006	employed	<u> </u>
	parer's	Firm's name yours if	G SHARKANSKY LLP	EIN ▶	
use	Only	self-employe			
		address, and ZIP + 4	BROCKTON, MA 02301	Phone no. ► (508) 584-2120
Ma	y the IF	RS discuss	this return with the preparer shown above? (see instructions)		X Yes No
	001 12-1		A For Privacy Act and Paperwork Reduction Act Notice, see the separate	nstructions. / / /	Form 990 (2008)
				610	٠ ´ ´

	rt III Statement of I	Program Service	Accomplish	ments (see in	structions)	INC	<u> </u>	OJJO4 Page 2
			7.000mp.io.	11101110 (000 1111	on donor so,			
1	Bnefly describe the organ		17 T A D T T T	שא אאדם פיי	יים באורייים מיו	OF TEWTON	סדם ז	DD/murb
						OF DEMISE	ртс	DRUTHER
	BIG SISTER AS	SSOCIATION	OF GREAT	ER BUSTO	N •			
					 			
								······
2	Did the organization und		program service	es during the year	which were no	ot listed on		
	the prior Form 990 or 990	0-EZ?		•				☐ Yes X No
	If "Yes", describe these r	new services on Sche	dule O.					
3	Did the organization ceas	se conducting, or mak	e significant cha	anges in how it co	onducts, any p	rogram services?		Yes X No
	If "Yes", describe these			_				
4	Describe the exempt pur	-		ganization's three	e largest progra	am services by exp	enses	
•	Section 501(c)(3) and 50				-			
	allocations to others, the	-				_	rarno arra	
	anocations to others, the	total expenses, and i	evenue, n any, n	or each program	service reporte	30		
40	(Codo:	\ (Evpopose \$	258 100	including grants	of ¢ 25	58,100.)(Re	(OD) (O	· · · · · · · · · · · · · · · · · · ·
4a	(Code:							MICN OF
	PROVIDED SUPI		DEMISH	DIG DRUT	HEK DIG	SISTER AS	SOCIA	TION OF
	GREATER BOST	ON.						
			-			·		
				 				
								
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			-					
		-						
			00 405					
4b	(Code) (Expenses \$	82,425.	including grants	of\$) (Re	venue \$)
	<u>SCHOLARSHIPS</u>	PROGRAM						
		-						
								
				·			_	
						·		
								
	·							
4c	(Code:) (Expenses \$		including grants	of \$) (Rev	/enue \$)
		·						
				 				
					·			
			·					
		 			_			
								
4d	Other program services	(Describe in Schedule	0.)				_	·
70	(Expenses \$		grants of \$) (Revenue \$		١	
4-			340,5	25 /44:04:0-				
<u>4e</u>	Total program service e	:Aµerises ► φ	340,3	LJ. [iviust eq.	uairaiti∧, LIN	e 2 <u>5, column (B)</u>)		Form 990 (2008)

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	•		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	Х	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
·	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was	<u> </u>		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		х
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		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
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		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
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	Х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		Х
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
đ	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		X
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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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		X
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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		X
b	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		Х
С	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
		Form	990 (2008)

OF GREATER BOSTON ENDOWMENT FUND, 22-3283364 Form 990 (2008) Part V Statements Regarding Other IRS Filings and Tax Compliance Y<u>es</u> 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 0 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b** 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Х 6a Did the organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization provide goods or services in exchange for any guid pro quo contribution of more than \$75? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f Х g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7a h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: N/A 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations, Enter: N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

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12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

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

Sec	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.	ļ		
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	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	11		X
sec	tion B. Policies		r	ı ———
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	<u>12a</u>	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		.,	
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
40	in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14_		
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 The organization's CEO, Executive Director, or top management official?	45-		v
	Other officers or key employees of the organization?	15a		X
ь	Describe the process in Schedule O. (see instructions)	15b		<u> </u>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
.va	taxable entity during the year?	16a		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA			
 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	d fina	ncial	
-	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion: 🕨	•	
	THOMAS CHEATHAM - (617) 558-6536			
	333 NAHANTON ST, NEWTON, MA 02459		-	

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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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A)	I not compensate a			(6	C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos			.1. A	Reportable	Reportable	Estimated
	hours per week	Individual frustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JONATHAN SAMEN		\vdash		-	ļ					
PRESIDENT	5.00	X	L	_		<u>L</u>	L	0.	0.	0
HAROLD KOTLER										
TREASURER	5.00	X	<u> </u>	_	<u> </u>	<u> </u>	ļ	0.	0.	0
LAWRENCE GREEN								_	_	_
CLERK	5.00	<u> X</u>	ļ		-			0.	0.	0
ALAN BERNON				1			İ			
DIRECTOR	2.00	 X	-		├—	├	_	0.	0.	0
BETSY JACOBS	1 2 00	,							0	•
DIRECTOR JEFFREY SAVIT	2.00	╇	<u> </u>	⊢	├	-	_	0.	0.	0
DIRECTOR	2.00	\			1			0.	0.	0
JOSEPH MORGART	2.00	1			┢	t^-		0.	•	
DIRECTOR	2.00	x	Ì					0.	0.	0
MITCHELL COHEN										
DIRECTOR	2.00	X						0.	0.	0
STEWART COHEN	- · ·								·	
DIRECTOR	2.00	X						0.	0.	0
		_								
		<u> </u>		_						
		<u> </u>								
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Form 990 (2008)

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١,	6	4	Pac	IR (

	 (A) Name and title 	(B) Average		ı	(C Posi	C) ition	1		(D) Reportable	(E) Reportable		Es	(F) tımate	d
		hours per week	director	Institutional trustee	all		Highest compensated add		compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	i s	comp fro orga and	ount on the community of the community o	tion e on ed
							-							
					_					·				
										<u> </u>				
1b	Total								0.		0.			0.
2	Total number of individuals (including thos compensation from the organization	e ın 1a) who re	ceiv	ed m	ore	tha	n \$1	00,0			>			0
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		stee	, key	em/	plo	yee,	or h	nighest compensated en	nployee on		3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab								the organization	•	4		X
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sched	accrue compe	nsat	on f						ces rendered to		5		х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co				nt c	onti	racto	re t	hat received more than	\$100,000 of com	nens		om	
	the organization NONE								(B)	1.00,000 0.001	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(C)		
	Name and business	address							Description of s	ervices	С	ompen		
2	Total number of independent contractors (in 1	l) wh	no re	ecen	ved i	nor	e than \$100,000 in com	pensation				
	from the organization	0			-							Form 9	90 (2)	008)

		(2008) OF GI	REATER BOSTON E	NDOWMENT FUN	D, INC.	22-3283	364 Page 9
Pa	rt VII	II Statement of Reve	nue	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded from
					exempt function revenue	business revenue	tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a	_			
gra	-	Membership dues	1b	_			
ts,	С	Fundraising events	. 1c	_			
ig ja	d	Related organizations	1d 8,122	<u>•</u>			
sim	е	Government grants (contribu		-			
er it	f	All other contributions, gifts, gran					
달히		similar amounts not included abo		<u>•</u>	·		
Contributions, gifts, grants and other similar amounts		Noncash contributions included in lines Total. Add lines 1a-1f	s 1a-1f \$	136,392.			
-		Total. Add lines Ta-11	Business Co				
gy	2 a			<u>540</u>			
و جَ	b						-
S	С						
eva ev	d						
Program Service Revenue	е						
-	f	, ,					
\dashv		Total. Add lines 2a-2f		<u> </u>			
	3	Investment income (including other similar amounts)	j dividends, interest, and	▶ 8,716.			8,716.
	4	Income from investment of ta	ux-exempt bond proceeds	07720.			0,710.
	5	Royalties					
		•	(i) Real (ii) Person	al			
	6 a	Gross Rents					
	b	Less rental expenses					
	C	, ,					
		Net rental income or (loss)	_ 	>			
	7 a		(i) Securities (ii) Other 70,984.				
- 1	h	assets other than inventory Less cost or other basis	10,304.	_			
	Ь	and sales expenses					
	С	Gain or (loss)	70,984.				
l	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	70,984.			70,984.
Other Revenue	8 a	Gross income from fundraisin including \$					-
eve		contributions reported on line					
ᇤ		Part IV, line 18	a				
훈	b	Less: direct expenses	b				
		Net income or (loss) from fund	-	>			
	9 a	Gross income from gaming ad	ctivities. See				
- 1		Part IV, line 19	a			ļ	
		Less: direct expenses Net income or (loss) from gan	b				
		Gross sales of inventory, less	-		-		
	.0 0	and allowances					
	b	Less: cost of goods sold	b				
L		Net income or (loss) from sale	es of inventory				
-		Miscellaneous Revenu	ue Business Co	ode			
	11 a						
	b			 			
	c d				 -		
		Total. Add lines 11a-11d	<u></u>	>			
	12	Total Revenue. Add lines 1h, 2g, 3,	•	216,092.	0.	0.	79,700.
83200 02-02	9-09						Form 990 (2008)

22-3283364 Page 10

Part IX Statement of Functional Expenses

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

	All other organizations must compl				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	258,100.	258,100.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	82,425.	82,425.		
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	<u></u>			
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			· ·	
7	Other salaries and wages			+	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).				
а	Management				
b	Legal _				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other .				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 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.)	0 100		0 100	
a b	ADMINISTRATIVE TRAINING	8,198. 3,253.		8,198. 3,253.	
c					
d					
e					
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	351,976.	340,525.	11,451.	0.
<u>25</u> 26	Joint Costs. Check here If following	331,3700	340,323		
20	SOP 98-2. Complete this line only if the organization		İ	ļ	
	reported in column (B) joint costs from a combined		-		
			}		
	educational campaign and fundraising solicitation	<u> </u>			F 000 (0000

Form **990** (2008)

22-3283364 Page 11

L: <u></u>	,	Building Oliver	(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing		1		
	2	Savings and temporary cash investments	104,820.	2	269,7	719.
	3	Pledges and grants receivable, net		3	2057,	<u></u>
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key	· · · · · · · · · · · · · · · · · · ·	<u> </u>		-
	•	employees, or other related parties. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section				
	•	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete				
		Part II of Schedule L		6		
s	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges	2,494.	9		
	I -	Land, buildings, and equipment: cost basis 10a	-/		-	
	1	Less: accumulated depreciation. Complete				
	-	Part VI of Schedule D 10b		10c		
	11	Investments - publicly traded securities	5,566,165.	11	5,597,8	78.
	12	Investments - other securities. See Part IV, line 11		12	<u> </u>	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	30,414.	15	25,8	75.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,703,893.	16	5,893,4	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20	· -	
S	21	Escrow account liability. Complete Part IV of Schedule D		21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,				
abi		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		25_		
	26	Total liabilities. Add lines 17 through 25	0.	26		0.
		Organizations that follow SFAS 117, check here X and complete				
es		lines 27 through 29, and lines 33 and 34.				
auc	27	Unrestricted net assets	4,898,379.	27	945,5	
Net Assets or Fund Balances	28	Temporanly restricted net assets	805,514.	28	4,947,8	<u>80.</u>
힏	29	Permanently restricted net assets		29		
Ē		Organizations that do not follow SFAS 117, check here and				
P		complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds		30		
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
ě	32	Retained earnings, endowment, accumulated income, or other funds		32		
	33	Total net assets or fund balances	5,703,893.	33	5,893,4	
Da	34	Total liabilities and net assets/fund balances	5,703,893.	34	5,893,4	<u>72.</u>
Га	rt XI	Financial Statements and Reporting			Yes	No
	A	winting mathed wood to process the Form 200s. Cook Assured V	Other		1.00	
1		· · · — — — — — — — — — — — — — — — — —				.
2a		the organization's financial statements compiled or reviewed by an independent a	accountant?	•	2a	X
b		the organization's financial statements audited by an independent accountant?	ocibility for avarageht of the	4.ام.يو.	2b X	
С		es" to lines 2a or 2b, does the organization have a committee that assumes respon		audit,		
2 -		w, or compilation of its financial statements and selection of an independent accouresult of a federal award, was the organization required to undergo an audit or aud	••	ام ۵۰۰۸		<u> </u>
od		result of a rederal award, was the organization required to undergo an audit or aud and OMB Circular A 133?	ms as sectorul in the sing	ie Waa	i 1 1	x
h		PS," did the organization undergo the required audit or audits?			3a 3b	
					5 000 /	2222

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection JEWISH BIG BROTHER & BIG SISTER ASSOC. Employer identification number Name of the organization OF GREATER BOSTON ENDOWMENT FUND, 22-3283364 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete the Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 10 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. d Type III - Other a Type I b Type II c ___ Type III · Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li:	sted in your	(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
	_								
				<u> </u>					
<u> </u>			ļ						
otal									

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

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

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

Provide the following information about the organizations the organization supports.

Schedule A (Form 990 or 990-EZ) 2008

11g(ii)

11q(iii)

h

Schedule A (Form 990 or 990 EZ) 2008 OF GREATER BOSTON ENDOWMENT FUND, INC. 22-3283364 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	787,031.	<u> 256,983.</u>	316,280.	114,726.	136,392.	1,611,412,
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 - 3	787,031.	256,983.	316,280.	114,726.	136,392.	1,611,412.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						<u>496,375.</u>
	Public Support. Subtract line 5 from line 4						1 115 037
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	787,031.	256,983.	316,280.	114,726.	136,392.	1,611,412.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	98,379.	65,163.	51,763.	80,311.	79,700.	375,316.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10	I				<u> </u>	1,986,728.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	. —
Sac	organization, check this box and storection C. Computation of Publ	ic Support Per	rcentage				
				-1 (6)		44	F.C. 1.2 ov
	Public support percentage for 2008 (• • • • • • • • • • • • • • • • • • • •	•	olumn (1))		15	56.12 % 48.40 %
	Public support percentage from 2007 33 1/3% support test - 2008. If the c	•	•	 No. 12 and line 1	.		
108	<u> </u>				14 15 33 17376 01 11	iore, crieck triis box	× and
	stop here. The organization qualifies 33 1/3% support test - 2007. If the control is the control		-	• •	line 15 is 33 1/3%	or more, check the	
	and stop here. The organization qual	_			1116 13 13 33 17376	or more, check in	S DOX
17~	10% -facts-and-circumstances tes			•	13 16a ar 16h a	 and line 1/1 is 100/2 /	or more
178	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					v 1104v tile Organi	L
	10% -facts-and-circumstances tes	•	•		•	7a and line 15 is 1	
ı.	more, and if the organization meets the	_					1070 OI
	organization meets the "facts-and-circ				•		▶ []
18	Private foundation. If the organization		-	•		•	
<u></u>		sia not onconta		., ,		dule A (Form 990	

832022 12-17-08

ection A. Public Support			г	y -		
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants.")						
Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						<u>-</u>
Tax revenues levied for the organ- ization'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 Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
ection B. Total Support		•				
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6	(=)		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	, , , , , , , , , , , , , , , , , , , ,	,,,	1-7
Oa Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income			1			
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, 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)						
3 Total support (Add lines 9, 10c, 11, and 12)			-			
4 First five years. If the Form 990 is for t	he organization'	s first, second. thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	ation,
check this box and stop here	<u> </u>	. ,			(),() - (3 -) - (▶□
ection C. Computation of Public	Support Pe	rcentage	_		·	. F —
5 Public support percentage for 2008 (lin			column (fl)		15	
6 Public support percentage from 2007 S		-		·	16	
ection D. Computation of Invest				·· _	, . _1	
7 Investment income percentage for 200			ne 13 column (fl)		17	
• • • • • • • • • • • • • • • • • • • •			.c 10, coluinii (i <i>j)</i>	•	18	
8 Investment income percentage from 20						
9a 33 1/3% support tests - 2008. If the o	•				*	/ IS NOT
more than 33 1/3%, check this box and	•	•				▶∟
b 33 1/3% support tests - 2007. If the o	_					ind
line 18 is not more than 33 1/3%, chec Private foundation. If the organization		•	•		_	▶⊨

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Name of the organization

JEWISH BIG BROTHER & BIG SISTER ASSOC. OF GREATER BOSTON ENDOWMENT FUND, INC. Employer identification number 22-3283364

Schedule D (Form 990) 2008

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, Iin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
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 advisors in	writing that the assets held in donor ad	vised funds
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• • •	· — —
Pa	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		historically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a c	onservation easement on the last day
	of the tax year.		-
	•		Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by	the organization during the taxable
	year >		, and the second
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, violations	_ , and
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the yea	r >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year $lacktriangle$	·\$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and exper	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	es the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	•	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, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of i	public service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bal	ance sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public serv	ice, provide the following amounts relating to
	these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		. \$
	(ii) Assets included in Form 990, Part X		. • \$ • \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		. \$

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_		TER BOSTON				3283364 Page 2
	t III Organizations Maintaining C					
3	Using the organization's accession and other that apply):	r records, check any	of the following that	at are a significar	nt use of its collection	n items (check all
_	Public exhibition	_		banaa praaram		
a		C		change programs	•	
b	Scholarly research	€	cOther			
С	Preservation for future generations		ala da esta de esta esta esta esta esta esta esta est			5 1301
4	Provide a description of the organization's co					Part XIV.
5	During the year, did the organization solicit of				similar assets	—. —.
Da	to be sold to raise funds rather than to be m					Yes No
Par	Trust, Escrow and Custodial reported an amount on Form 990, Pa		• Complete if organ	ization answered	d "Yes" to Form 990	, Part IV, line 9, or
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other asset	s not included	
	on Form 990, Part X?					└── Yes
b	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table.			
					 	Amount
	Beginning balance	•	•		1c	
	Additions during the year				<u>1d</u>	
е	Distributions during the year .			•	. <u>1e</u>	
f	Ending balance				. <u> 1f </u>	
	Did the organization include an amount on F		21?			☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV					
Par	t V Endowment Funds. Complete		· · · · · · · · · · · · · · · · · · ·	1		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years t	oack (e) Four years back
1a	Beginning of year balance .					
b	Contributions .			_		
С	Investment earnings or losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs .					
f	Administrative expenses					
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the year		as:			
а	Board designated or quasi-endowment		%			
b	Permanent endowment >	%				
С	Term endowment	%				
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ınd admınıstered	for the organization	
	by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?			3b
4	Describe in Part XIV the intended uses of the					
Par	t VI Investments - Land, Building	s, and Equipm	ent. See Form 990	, Part X, line 10		
	Description of investment	(a) Cost or o basis (investr		or other (other)	(c) Depreciation	(d) Book value
1a	Land					
b	Buildings					
	Leasehold improvements					
	Equipment					
	Other					
	. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colu	ımn (B), line 10(c).)			0.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 OF GREATER	BOSTON	ENDOWMENT	FUND,	INC.	22-3283364 Page 3
Part VII Investments - Other Securities.	See Form 990,	Part X, line 12.			
 (a) Description of security or category (including name of security) 	(b) Boo	ok value	C		d of valuation year market value
Financial derivatives and other financial products					
Closely-held equity interests					
Other				·	
	_				
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)	>				
Part VIII Investments - Program Related.		Part X. line 13	-		·
	- ' '			(c) Method	d of valuation
(a) Description of investment type	(a) Bod	ok value	C		year market value
 					
			····	-	
· · · · · · · · · · · · · · · · · · ·					
	+				
<u></u>					
Tetat (Cal (h) aboutd agual Form 000, Bort V and (B) line 10)					
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, li	no 15	<u> </u>		 -	
	a) Description				(b) Book value
	a) bootinpilon				(2,223,333,2
					
				·	
		 			
			-	· · · · · · · · · · · · · · · · · · ·	
					· · · -
					
Total. (Column (b) should equal Form 990, Part X, col (B					<u> </u>
Part X Other Liabilities. See Form 990, Part	X, line 25	(h) A	maunt		
(a) Description of liability		(D) A	mount	_	
Federal income taxes				_	
				_	
				7	
Total. (Column (b) should equal Form 990, Part X, col (B)) line 25)	—		7	
In Part XIV, provide the text of the footnote to the organ		al statements that re	eports the o	rganization's l	sability for uncertain tax positions
under FIN 48.					

Sche	dule D (Form 990) 2008 OF GREATER BOSTON ENDOWM						22-3	3283364	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990					nts			
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1			216	092.
2	Total expenses (Form 990, Part IX, column (A), line 25)		•		2				976.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•	•		3		. –		884
4	Net unrealized gains (losses) on investments				4		_		588.
5	Donated services and use of facilities	•			5				
6	Investment expenses			• •	6				
7	Prior period adjustments		• •	• •	7	_		111	,875.
8	Other (Describe in Part XIV)		•		8				70.00
9	Total adjustments (net). Add lines 4-8		•	•	9			325	463.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	1			10				579.
	t XII Reconciliation of Revenue per Audited Financial State		ts Wi	th Reve	nue p	er R	eturn		
1	Total revenue, gains, and other support per audited financial statements				<u>-</u>		1		680.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.								
а	Net unrealized gains on investments	1	2a	21	3,5	88.			
b	Donated services and use of facilities	.	2b						
C	Recoveries of prior year grants	Ī	2c						
d	Other (Describe in Part XIV)	Ī	2d						
e	Add lines 2a through 2d	_					2e	213	588.
3	Subtract line 2e from line 1	•				•	3		092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•		•		•			
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a						
b	Other (Describe in Part XIV)	Ī	4b						
c	Add lines 4a and 4b	_					4c		0.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	.)					5	216	092.
Pa	t XIII Reconciliation of Expenses per Audited Financial Stat		nts W	/ith Expe	enses	per	Retu		
1	Total expenses and losses per audited financial statements				_		1		976.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				·				
а	Donated services and use of facilities		2a						
b	Pnor year adjustments		2b						
С	Losses reported on Form 990, Part IX, line 25		2c						
d	Other (Describe in Part XIV)		2d						
е	Add lines 2a through 2d						2e		0.
3	Subtract line 2e from line 1						3	351	976.
4	Amounts 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)		4b						
	Add lines 4a and 4b						4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18	8)					5	351	976.
Pa	t XIV Supplemental Information								
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	Part III, I	ines 1	a and 4, Pa	art IV, lı	nes 11	b and 2	b; Part V, line	4; Part
-								 -	
									
						<u></u>			
									
									<u></u>
	_								

SCHEDULE 1			,	1			OMB No 1545-0047	11
(Form 990)		Grants and	Grants and Other Assistance to Organizations,	e to Organizations	ń			
		Govern	Governments, and Individuals in the U.S.	luals in the U.S.			9002	
Department of the Treasury	► Comp	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	on answered "Yes,	," on Form 990, Pa	art IV, lines 21 or 22.		Open to Public	O
- 1	- 1		► Attach to Form 990.	m 990.			Inspection	
Name of the organization JEWISH BIG OF GREATER	BROTHER BOSTON	& BIG SIS ENDOWMENT	FUND, INC.			ш	Employer identification number 22–3283364	nber 64
-			1					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	s to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the select	uo	
	sistance?	•		,	,		X Yes	°N D
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	procedures for monit	oring the use of grant	funds in the United	d States.	ļ			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	o Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" on Form 990, Part I	IV, line 21, for any	
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	1 \$5,000. Check this	box if no one recipier	nt received more th	an \$5,000 Use Pa	art IV and Schedule I-1	(Form 990) if additiona	l space is needed ▶	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	•
JEWISH BIG BROTHER AND BIG SISTER ASSOCIATION OF GREATER BOSTON - 333 NAHANTON ST NEWTON, MA	04-2104354	501(0)3	25.8 100	c			שמטממזום אנמצטממ	
							100 100 1000	
	-							
-								
2 Enter total number of section 501(c)(3) and government organizations	and government or	ganizations						مادا
-1	IIIS							9
LHA FOR PRIVACY ACT AND PAPERWORK REQUEDION ACT NOTICE, SEE THE INSTRUCTIONS FOR FORM 990.	luction Act Notice,	see the Instructions	tor Form 990.				Schedule I (Form 990) 2008	2008

OF GREATER BOSTON ENDOWMENT FUND, INC.

Schedule I (Form 990) 2008

Page 2

22-3283364 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Part III

SCHEDULE O

(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.

2008
Open to Public Inspection

JEWISH BIG BROTHER & BIG SISTER ASSOC. **Employer identification number** Name of the organization <u>22-3283</u>364 OF GREATER BOSTON ENDOWMENT_FUND, FORM 990, PART VI, SECTION A, LINE 10: BOARD OF DIRECTORS AND MANAGEMENT REVIEW FORM 990 FOR ACCURACY AND APPROVE PRIOR TO FILING FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST THE ORGANIZATION USES THE MODIFIED CASH METHOD TO PREPARE FINANCIAL STATEMENTS AND TAX FILINGS THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

Schedule R (Form 990) 2008 2008 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 22-3283364 entity entity End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Total income Exempt Code section 501 (C) 3 9 9 Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) MASSACHUSETTS ▶ See separate instructions. BROTHER & BIG SISTER ASSOC. LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. OF GREATER BOSTON ENDOWMENT FUND, Primary activity Primary activity <u>@</u> 9 YOUTH MENTORING Identification of Related Tax-Exempt Organizations JEWISH BIG BROTHER & BIG SISTER ASSOCIATION OF GTR BOSTON - 04-2104354, 333 NAHANTON JEWISH BIG Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity STREET, NEWTON, MA 02459 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part 11 Part

JEWISH BIG BROTHER & BIG SISTER ASSOC. OF GREATER BOSTON ENDOWMENT FUND, INC.

22-3283364

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

(J) General or månaging partner? Yes No		
(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		
(H) Disproportionate allocations? Yes No		
(G) Share of end-of-year assets		
(F) Share of total Income		
(E) Predominant income (related, investment, unrelated)		
(D) Direct controlling entity		
(C) Legal domicile (state or foreign country)		
(B) Pnmary activity		
(A) Name, address, and EIN of related organization		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A)	(B)	(2)	(Q)	(E)	(F)	(9)	Œ
Name, address, and EIN of related organization	Primary activity	olio (Irect	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
						_	
		•			_		
							_
832 162 12-23-08	26					Schedule R (Form 990) 2008	m 990) 2008

Part V Transactions With Related Organizations

Schedule R (Form 990) 2008

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.			Yes	°N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		12		×
b Gift, grant, or capital contribution to other organization(s)		tb	×	
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		19	X	
e Loans or loan guarantees by other organization(s)		<u>+</u>		×
		<u></u>		
f Sale of assets to other organization(s)		=		×
g Purchase of assets from other organization(s)		-		×
		-		×
		7		×
		<u> </u>		4
j Lease of facilities, equipment, or other assets from other organization(s)		: =		×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		두		×
n Sharing of paid employees		£		×
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		10		×
q Other transfer of cash or property to other organization(s)		5		×
r Other transfer of cash or property from other organization(s)		11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	saction thresholds			
(A) Name of other organization(s)	(B) Transaction	(C) Amount involved	(e nvolve	ס
TEWISH BIS BDOWNER S. BIS STSWED ASSOCIATION OF SWD BOSWON	p p	1 C	0 11 0	6
DIG TROITIEN & DIG DIDIEN ADDOCTATION OF GIN	Q	0.7	7 / 0	
(2) JEWISH BIG BROTHER & BIG SISTER ASSOCIATION OF GTR BOSTON	Q	2	25,8	875.
(6)				
(4)				
(5)				
(9)				
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JEWISH BIG BROTHER & BIG SISTER ASSOC. OF GREATER BOSTON ENDOWMENT FUND, INC.

22-3283364 Page 4

Part VI Unrelated Organizations Taxable as a Partnership

Schedule R (Form 990) 2008

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

הומ אפטוונים מוסומים עו עמווגמוטון. כסס ווסומים עם מוסומים ועם מוסומים ועם מוסומים ועם מוסומים ועם מוסומים ועם							
(A)	(B)		<u>@</u>			<u>©</u>	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	amount in box 20	General or managing partner?
		- 1	Yes No			(Form 1065)	
				_			
							_
			-				
				-			
and the state of t							

Schedule R (Form 990) 2008

FOOTNOTES

STATEMENT

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

THE JEWISH BIG BROTHER & BIG SISTER ASSOCIATION OF GREATER BOSTON ENDOWMENT FUND, INC. WAS ESTABLISHED TO INSURE THE FINANCIAL VIABILITY AND STRENGTH OF JEWISH BIG BROTHER & BIG SISTER ASSOCIATION OF GREATER BOSTON, INC. THROUGH GRANTS TO THE ASSOCIATION FOR SPECIAL PROJECTS.

FORM 990, PART VI - LINE 82B

NO OBJECTIVE BASIS EXISTS TO DETERMINE THE FAIR MARKET VALUE OF THE SIGNIFICANT AMOUNT OF TIME THAT VOLUNTEERS HAVE DONATED TO THE ASSOCIATION.