

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# ACGF 06/10/2010 1 50 PM Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2008 Open to Public Inspection

Α	For the 2008	3 calendar y	ear, or tax year beginning $11/01/08$ , and ending $10/31/09$		
В	Check if applicab Address change	e Please	C Name of organization Advisors Charitable Gift Fund	•	oyer identification number
$\equiv$	Name change	print or	Doing Business As	<u> 01-</u>	-0782573
Ħ	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)  Room/suite		none number
H		See Specific	4A Gill Street		1-970-5020
믬	Termination	Instruc-	City or town, state or country, and ZIP + 4  Woburn  MA 01801-1721	G Gross rece	eipts \$ 2,464,972
ᆜ	Amended return			∐(a) le thie	a aroun roturn for
	Application pend	mu i	e and address of principal officer  omas Forese Jr.	affiliate	a group return for es? Yes X No
			Gill Street	H(b) Are all	l affiliates
		l l	burn MA 01801		attach a list. (see instructions)
	Tax-exempt s		501(c) ( <b>3</b> ) <b>4</b> (insert no ) 4947(a)(1) or 527		,
J				H(c) Group	exemption number
ĸ	Type of organiza	ation X Co	poration Trust Association Other L Year of formation 20	003	M State of legal domicile MA
F	Part I	Summa	ry		
	1 Briefl	ly describe t	ne organization's mission or most significant activities		
	To	promo	te charitable giving.		
ž					
Пa					
ě	2 Chec	k this hov	If the organization discontinued its operations or disposed of more than 25% of its assets.		
ၓ	1		members of the governing body (Part VI, line 1a)	3	9
∞5				4	3
Ë		•	endent voting members of the governing body (Part VI, line 1b)	<del></del>	
Activities & Governance			employees (Part V, line 2a)	5	
Ac			volunteers (estimate if necessary)	6	
			ated business revenue from Part VIII, line 12, column (C)	7a	
	b Net u	unrelated bu	siness taxable income from Form 990-T, line 34	7b	0
			Prior Yes		Current Year
			- J	4,401	967,896
3	9 Prog	ram service	revenue (Part VIII, line 2g)		
Revenue	10 Inves	stment incor	ne (Part VIII, Column (Å), Jines 3, 4, and 7d)	3,510	-336,959
œ	11 Othe	r revenue (f	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total	revenue—	add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,870	0,891	630,937
			ar amounts paid (Part IX, column (A), lines 1-3)	2,277	1,180,405
			or for members (Part IX, column (A), line 4)		
	45 Solo:	•	ompensation, employee benefits (Part IX, column (A), lines 5–10)		· <u>-</u> · .
benses	16a Drofe		draising fees (Part IX, column (A), line 11e)		<del></del>
ē	h Total		expenses (Part IX, column (D), line 25)		
Ex		_		3,276	77,437
_	17 0000	•	4 051	5,553	
		•	a Fal	5,338 5,338	-626,905
	19 Reve	enue less <u>e</u> x	penses Subtract line 18 from line 12 T, 513  Beginning o		End of Year
ts o	20 Total	l nanata /Da		5,555	3,638,876
\sse	20 Total	•		6,463	14,796
Net Assets or	21 Total		a,	9,092	3,624,080
				<u>, , , , , , , , , , , , , , , , , , , </u>	5,024,000
	Part II		re Block		
		Under pena	ities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and Lis true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prej	to the best o parer has ar	of my knowledge
		L	$\Lambda \cdot \Lambda R m$		1/2/12
	gn		Jana D. Magan		<u> </u>
He	ere	-	ire of officer	Date	•
		<b>B</b> —	vid B. Morgan Vice Presiden	<u>ال</u>	
		Type o	r print name and title		I photographic sections of
_	"T	Preparer's	Date Check	ıf	Preparer's identifying number (see instructions)
_	aid	signature	6/10/10 self- employ	red 🕨 L	]
	eparer's		Northeast Retirement Services	EIN	▶ 04-2686260
Us	se Only	Firm's name	45 Cill St	Phone	<del></del>
		if self-emplo address, an	7,00),	no D	781-970-5020
_	uraba (DO 1			110	Yes No
_	y the IRS dis	SCUSS THIS TO	eturn with the preparer shown above? (see instructions)  I Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2008)
DΑ	A FOR Priva	acy Act and	Paperwork Reduction Act Houce, see the separate instructions.		_ (

Part III	Statement of Program Serv	ice Accomplishments (see instruction	ns)	
	describe the organization's mission:			
то р	romote charitable gi	ving.		
2 Did th	e organization undertake any significant p	rogram services during the year which were not lis	sted on	
the pr	nor Form 990 or 990-EZ?			Yes X No
	s," describe these new services on Sched			<u> </u>
	=	significant changes in how it conducts, any progr	am	П., <b>Б</b>
servic	es? s," describe these changes on Schedule C	•		Yes X No
		<ul> <li>each of the organization's three largest program</li> </ul>	services by expenses	
		nd section 4947(a)(1) trusts are required to report		
alloca	tions to others, the total expenses, and re-	venue, if any, for each program service reported		
4a (Code			.80,405 ) (Revenue \$	)
		120 charitable organizat		
		n, culture, religion, so	Clai	
serv	ices and overcoming	povercy.		
45 (0-4-		unalisation annual of C	Course f	
4b (Code	e ) (Expenses \$	including grants of \$	) (Revenue \$	,
4c (Code	e ) (Expenses \$	including grants of \$	) (Revenue \$	)
			<del></del>	
4d Other	program services (Describe in Schedule	0)		
	<del></del>		Revenue \$	)
4e Total	program service expenses > \$	1,180,405 (Must equal Part IX, Line	25, column (B) )	Form <b>990</b> (2008)
				Form 33U (2008)

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	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		ŀ	
	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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
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		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	44	v	
• •	Parts VI, VII, IX, or X as applicable	11	<u> </u>	
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	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17_		X
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		<u> </u>
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	77	X
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	X	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	23		x
24a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
	\$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		24b		
С	The state of the s			
	to defease any tax-exempt bonds?	24c		
d		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			v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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
	Substantial contributor, or to a person related to such an individual. It is es, complete scriedule L, Fart III		990	/2008)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
28	Duning 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,"			l
	complete Schedule L, Part IV	28b	<u> </u>	X
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		X
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		ŀ	
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	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)

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	۱ ۱	ſ			
	U.S. Information Returns. Enter -0- if not applicable	1a				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			. 1	
	gaming (gambling) winnings to prize winners?			1c		X
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				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y	,		-	-
	this return?		_	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?		-	4a		X
b	If "Yes," enter the name of the foreign country		1			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık				
	and Financial Accounts.			-1	-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		-	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	1?	-	5b		X
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		
6a	Did the organization solicit any contributions that were not tax deductible?		}	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
	gifts were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that	n	-			x
_	\$75?		-	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		}	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					х
	required to file Form 8282?	ایہا	}	7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7 <u>d</u>				
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personant part of the set of	onai		7.0	-	X
	benefit contract?	,	-	7e		X
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b> </b>	7f 7g		X
g			-	<i>'</i> y		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	•		7h		x
8	required?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section.	on				
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsor		Ì			
	organization, have excess business holdings at any time during the year?	iiig		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		х
b	Did the organization make a distribution to a donor, donor advisor, or related person?		Ī	9b		х
10	Section 501(c)(7) organizations. Enter.		ļ			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					}
-	amounts due or received from them.)	11b				[
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Form	990 (2008) Advisors Charitable Gift Fund 01-07825	73		F	Page 6
	rt VI Governance, Management, and Disclosure (Sections A, B, and C reques		out policies i	not	uge v
	required by the Internal Revenue Code.)				
<u> 5ec</u>	tion A. Governing Body and Management			T.,	T
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			Yes	No
	circumstances, processes, or changes in Schedule O. See instructions				
1a		<sub>1a</sub> 9			
b		la   9 lb   3		-	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	10   3			]
-	any other officer, director, trustee, or key employee?		2	ĺ	x
3	Did the organization delegate control over management duties customarily performed by or under the direct	•	-	<del>                                     </del>	<u> </u>
•	supervision of officers, directors or trustees, or key employees to a management company or other person?		3	ļ	x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990		4		x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	Was mea	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	<b>.</b>	•		
	of the governing body?		7a		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	
b	Each committee with authority to act on behalf of the governing body?		8b	х	
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 chapter	·s,			
	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 organization	ions			
	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	d at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		11		х
Sec	tion B. Policies				
				Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give				
	nse to conflicts?		12b	X	<u> </u>
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	X	
13	Does the organization have a written whistleblower policy?		13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?		14	X	<u> </u>
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 deci-	sion			_
а	The organization's CEO, Executive Director, or top management official?		15a	X	<u> </u>
b	Other officers or key employees of the organization?		15b	X	
	Describe the process in Schedule O (see instructions)		ļ		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguare	d	-		
	the organization's exempt status with respect to such arrangements?		16b	L.,	L
	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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c	c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply				
	Own website Another's website Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of interest			
_	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of the			

4A Gill Street

MA 01801

781-970-5020

Woburn

organization > David Morgan

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 <a href="mailto:compensated">compensated employees</a>, and former such persons

Name and Title  Thomas Fores	hours per week	Individual trustee or director		Officer	Key employee	hat ap Highes	Form	Reportable compensation from	Reportable compensation from related	Estimated amount of other
Thomas Fores			tee		loyee	Highest compensated employee	)er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
President	e, Jr.							0	0	0
David B. Mor	gan									
Treasurer								o	0	0
Janet M. Rab	bitt									<del></del>
Clerk								0	0	0
Richard P. C	hapman, Jr.									
Director								0	0	0
Ronald D. De	an				Γ					
Director								0	0	0
Thomas Fores	e, Jr.									
Director						丄		.0	0	0
William S. H	ogan									
Director							<u> </u>	0	0	0
Richard E. H	olbrook								_	
Director						<u> </u>		0	0	0
	oksey Kessler	1								
Director			_	<u> </u>	ļ	_	L	_0	0	0
Joseph F. Ma	cDonough									•
Director	<del> </del>		_	├	_	₩	-	0	0	0
Maurice H. R	ichaedson							o	o	0
Director	Yves	-	-	├	-	+-	-			
David A. St.	ives	1					Ì	o	0	0
Director	<del></del>		├	-	╁	+	├	0		
		$\vdash$		├	$\vdash$	+	╁			<u> </u>
		ĺ								
	<del></del>	$\vdash$	<del> </del> -	$\vdash$	+	$\top$	$\vdash$			
		$\vdash$	T	$\vdash$	$t^-$	$\dagger$		·	<del></del>	
							1			
			T -	$\vdash$	T	$\top$				
				1	1		1			

	A. Officers, Directors, Trus	Tees	, 10			yees,	, and	T	improyees (continuea)			
(A) Name and title	(B) Average	Posi	tion (	() check	C) all th	nat ap	ply)	(D) Reportable	(E) Reportable		(F) mated	ı
,	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amo comp fro orgai and	ount of ther ensation m the nization related	on n
		<u> </u>										
						:						
	ividuals (including those in	la) w	ho re	eceiv	ed m	nore	<b>▶</b> than	\$100,000 in reportable con	pensation from the			
organization ▶ 0			<del>-</del>								Ye	s No
	n list any <b>former</b> officer, dire a? If "Yes," complete Sched							ee, or highest compensated		3		x
4 For any individual list the organization and individual	sted on line 1a, is the sum of d related organizations grea	f rep	ortat an \$	ole co 150,	ompe 0003	ensat P If "Y	ion a 'es,"	and other compensation fro complete Schedule J for su	m uch	4		x
5 Did any person liste	ed on line 1a receive or accr o the organization? If "Yes,"									5		х
Section B. Independen						-1	-t	stars that recoved more than	- 6400 000 of		-	
1 Complete this table compensation from		nsate	ea inc		naei	II COI	T			ı	- 10	<u> </u>
	Name and business address							Descrip	(B) tion of services		Compe	C) ensation
<del></del>			•			_						
<del></del>						_						<del></del>
				_					<del> </del>		_	
							<del> </del>					
2 Total number of ind	lependent contractors (inclu	dına i	those	e in 1	) wh	o rec	eive	ed more than \$100,000 in			-	_
compensation from											0	90 (200

<u>Pa</u>	rt V	III Statement of Rev	enue	<del></del>					
		,				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
સ જ	1a	Federated campaigns	1a				10101110		312, 313, 01 314
ant		Membership dues	1b						
ρĒ		·							
a g		Fundraising events	1c						
<u>.</u>	d	Related organizations	1d						
Sign	0	Government grants (contributions)	10	·					
ξĒ	f	All other contributions, gifts, grants,							
흔히		and similar amounts not included above	1f	967,8	<u> 396</u>				
티	g	Noncash contributions included in lines 1	a-1f \$						ļ
C	<u>h</u>	Total. Add lines 1a-1f				967,896		<del></del>	ļ
Program Service Revenue Contributions, gifts, grants				Busn	Code		·		
Ne	2a								
&	b			[ "					
ic	С							<u> </u>	
ě	d							<u> </u>	
E	e								
E E	f	All other program service revi	enue						<del>                                     </del>
옵	g		Si iuc		<b>•</b>				
$\dashv$	3	Investment income (including	duudond	e interest and					
	,	other similar amounts)	arvideria	s, interest, and	•	87,121			87,121
		Income from investment of ta		hand areas do	-	07,122		<del></del>	07,121
	4		x-exemp	bona proceeds				<del></del>	
	5	Royalties			<u> </u>	-			<del> </del>
	_	(ı) Real		(II) Personal					
	6a	Gross Rents							
	b	Less rental exps							
	С	Rental inc or (loss)					÷		-
	_d	Net rental income or (loss)			<u> </u>		·		
	/a	Gross amount from sales of assets (i) Securit	ies	(II) Other					
		other than inventory 1,405	9,955						
	b	Less cost or other		· · · · · · · · · · · · · · · · · · ·			·		
		basis & sales exps 1,834	1,035						
	С		1,080						
	d	Net gain or (loss)			•	-424,080	-424,080		
		Gross income from fundraising ev	ents [			-	·•		
0		(not including \$	ا ۵۰۰۰						
ne l		of contributions reported on line 1	۱ ۱						
) N		See Part IV, line 18							
F	<b>.</b>		a b						
Other Revenue		Less direct expenses					-		
0		Net income or (loss) from fun		events					
	ya	Gross income from gaming activit							
	_	See Part IV, line 19	a						
		Less direct expenses	ρ[					<del></del>	
		Net income or (loss) from gar		/ities					
	10a	Gross sales of inventory, less	•						
		returns and allowances	a						
	b	Less cost of goods sold	b				_		ļ
	С	Net income or (loss) from sale	es of inve	entory					<u> </u>
		Miscellaneous Reven			Code			:- <del></del> _	= .
	11a								
	b								
	С								
	d	All other revenue			_				
		Total. Add lines 11a-11d		<u> </u>	<b></b>				
	12	Total Revenue. Add lines 1h	2a 3 4	5 6d 7d 8c	-		<del></del>	<del></del>	<del>                                     </del>
		9c, 10c, and 11e	, <sub>~9</sub> , o, ¬	, 0, 00, 70, 00,	•	630,937	-424,080	C	87,121
	Щ	50, 100, and 11E					,000		

#### Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 1,180,405 1,180,405 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees f 77,437 77,437 g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) b C d 0 f All other expenses 1,257,842 1,180,405 77,437 25 Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ıf followina SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

fundraising solicitation

_P	art .	X Balance Sneet					
		•	(A) Beginning of year	ĺ	( <b>8</b> ) End of y	ear	
	1	Cash—non-interest bearing	27,649	1			406
	2	Savings and temporary cash investments		2		<u>- , , , , , , , , , , , , , , , , , , ,</u>	
	3	Pledges and grants receivable, net		3	<del></del>		
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, truste	ees kev	$\rightarrow$			
		employees, or other related parties Complete Part II of Sched		5			
	6	Receivables from other disqualified persons (as defined unde		$\neg$			
	Ĭ	4958(f)(1)) and persons described in section 4958(c)(3)(B) C	l t				
		Part II of Schedule L		6	_		
Ø	7	Notes and loans receivable, net		7			
šet	8	Inventories for sale or use		8			
Assets	9	Prepaid expenses and deferred charges		9			
	10a		0a				
	l b						
			ОБ	10c			
	11	Investments—publicly traded securities	3,506,371	11	3,63	0,0	<del>)</del> 10
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1,535	15		1,4	460
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,535,555	16	3,63		
	17	Accounts payable and accrued expenses	4,263	17		2,5	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	<del></del>	20	-		
S	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, ke	ev				
iā		employees, highest compensated employees, and disqualified	· ·				
Ë		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parti	ies	23			
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D	2,200	25		2,2	200
	26	Total liabilities. Add lines 17 through 25	6,463	26			796
S	<u> </u>		and				
nces		complete lines 27 through 29, and lines 33 and 34.		ļ			
an	27	Unrestricted net assets	3,529,092	27	3,62	4,0	080
Balar	28	Temporarily restricted net assets	<del></del>	28			
豆	29	Permanently restricted net assets		29		-	
Ë		Organizations that do not follow SFAS 117, check here	• [				
or Fund	ļ	and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds		30	-		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund	1	31			
SS	32	Retained earnings, endowment, accumulated income, or other		32			
ž	33	Total net assets or fund balances	3,529,092	33	3,62	4,0	080
ž	34		3,535,555	34	3,63		
P	art						
					<u>ب</u> لے۔۔۔۔	Yes	No
1		ccounting method used to prepare the Form 990:				ļ	l
2		/ere the organization's financial statements compiled or reviewe			2a		X
ı		Pere the organization's financial statements audited by an indepe			2b	X	<del></del> -
•		"Yes" to lines 2a or 2b, does the organization have a committee			1 1		l
		he audit, review, or compilation of its financial statements and se			2c	Х	
3	a A	s a result of a federal award, was the organization required to ur	ndergo an audit or audits as set forth in				
		e Single Audit Act and OMB Circular A-133?			3a		X
	b <u>lf</u>	"Yes," did the organization undergo the required audit or audits'	?		3b		
					Earn, '	990	12000

#### SCHEDULE A

(Form 990 or 990-EZ)

## **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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Advisors Charitable Gift Fund

Employer identification number 01-0782573

	-4.1	Dana	on for Dublic	Charles C	Status /All arganizat	iona mu	24.00	malata	thin n	a = 1 /a	:		1		
	ırt (				Status (All organizat				this p	aπ.) (s	ee ins	structio	ons)		_
	orgai		•		it is (Please check only or	-									
1	Н	A church, cor	vention of church	es, or assoc	ciation of churches describ	ed in <b>sect</b>	ion 1	70(b)(1)( <i>A</i>	A)(i).						
2	Н	A school desc	cribed in section 1	170(b)(1)(A	)(ii). (Attach Schedule E)										
3	Ц	A hospital or	a cooperative hosp	pital service	organization described in	section 1	70(b)	(1)(A)(iii).	. (Attach	Schedu	le H)				
4	Ш	A medical res	earch organization	n operated	in conjunction with a hospi	tal describ	ed ın	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
	_	city, and state	•												
5	Ш	An organization	on operated for the	e benefit of	a college or university owr	ned or ope	ated	by a gove	rnmenta	ıl unıt de	scribed	ın			
	_	section 170(	b)(1)(A)(iv). (Com	plete Part II	1)										
6		A federal, sta	te, or local govern	ment or gov	vernmental unit described	ın section	170(I	b)(1)(A)(v	).						
7		An organization	on that normally re	eceives a su	ibstantial part of its suppor	t from a go	vemi	mental un	it or fron	n the gei	neral pu	blic			
		described in s	section 170(b)(1)(	( <b>A)(vi)</b> . (Coi	mplete Part II )										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )														
9	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross														
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its														
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses														
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)														
10	$\Box$		•		clusively to test for public			-	a)(4). (se	e instru	ctions)				
11	П	-	<del>-</del>		clusively for the benefit of,										
		-	•	•	d organizations described i	-				-		tion			
		•	•	•	e type of supporting organi										
		a Type		Type II	c Type III–Fun		•		d	一ĭ	e III–Otl	her			
0				••	nization is not controlled di	•	-		or more						
•	ш	-		_	nd other than one or more							tion			
			ection 509(a)(2)			<b>,</b>	F F								
f				ritten deterr	mination from the IRS that	it is a Type	l. Tv	pe II. or T	voe III s	upportin	α				
•		•	check this box				· ·, · <b>,</b>	po, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		9				
~		-		ornanizatio	on accepted any gift or con	itabilition fr	om ar	ny of the							ш
g		following per		, organizatio	m doocptod any girt or our		u.	.,							
		• •		directly con	trols, either alone or togetl	har with ne	renne	describe	d in (ii)					Yes	No
		• • •	-	•	the supported organization			describe	G ()				11g(i)	163	-140
			•			1								_	<del>                                     </del>
		• • • • • • • • • • • • • • • • • • • •	member of a pers			,							11g(ii)		<del> </del>
١.		• •	•		escribed in (i) or (ii) above?								11g(iii	<u>//</u>	L
h		Provide the t	ollowing information	on about the	e organizations the organiz	ation supp	опѕ								
(i)		e of supported	(ii) EIN		(iii) Type of organization	1		organization		ou notify		ls the	(VII) Am		
	org	janization	ļ		(described on lines 1–9 above or IRC section			sted in your document?	-	nization in of your	organizat	zed in the	sup	роп	
					(see instructions))	"	· · · · · · · · · · · · · · · · · · ·	dodamon.		port?		5?			
						١	'es	No	Yes	No	Yes	No			
													_		
				-							{		<del>-</del>		
				_											
			ł			1									
										-	<del> </del>				
		_									<u> </u>				
			<del></del>		<del>                                     </del>					<del> </del>	-	$\vdash$			
Tota	1_							<u> </u>	L _	L					

Advisors Charitable Gift Fund Schedule A (Form 990 or 990-EZ) 2008 01-0782573 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 33 1/3 % support 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 33 1/3 % support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

18

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box or	n line 9 of Parl	i I.)			
Sec	tion A. Public Support						
	lendar 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")	100,000	355,881	2,777,802	2,884,401	967,896	7,085,980
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5	100,000	355,881	2,777,802	2,884,401	967,896	7,085,980
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 Add lines 7a and 7b					,	
8	Public support (Subtract line 7c from	100,000	355,881	2,777,802	2,884,401	967,896	
	line 6)						7,085,980
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	100,000	355,881	2,777,802	2,884,401	967,896	7,085,980
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	123	7,251	39,698	108,927	66,222	222,221
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			į			
С	Add lines 10a and 10b	123	7,251	39,698	108,927	66,222	222,221
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,	100,123	363,132	2,817,500	2,993,328	1,034,118	
	and 12)	L					7,308,201
14	First five years. If the Form 990 is for the c	•	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	)	
500	organization, check this box and stop here ction C. Computation of Public Su					<del></del>	
15					<del></del>	15	96.9593 %
	Public support percentage for 2008 (line 8,		-	))		16	98.5652 %
16 Sec	Public support percentage from 2007 Sche etion D. Computation of Investme					10	30.3032 70
17	Investment income percentage for 2008 (Iir			olumn (fi)		17	3.0407 %
18	Investment income percentage from 2007 S					18	1.4348 %
19a	33 1/3 % support tests—2008. If the organ			4, and line 15 is mor	re than 33 1/3 %. a		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2007. If the organ	ox and <b>stop here.</b> Th	ne organization qua	alifies as a publicly s	supported organization	tion	<b>▶</b> X
~	line 18 is not more than 33 1/3 %, check th						▶ □
20	Private foundation. If the organization did						▶

Schedule A (Form 990 or 990-EZ) 2008 Advisors Charitable Gift Fund

01-0782573

Page 4

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

#### 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

2008

Open to Public

Inspection

Name of the organization

Employer identification number

Ac	dvisors Charitable Gift Fund		01-0	782573	
	rt   Organizations Maintaining Donor Advised Fun				
	the organization answered "Yes" to Form 990, P	(a) Donor advised funds	(b)	Funds and other ac	counts
1	Total number at end of year	53	<u> </u>		0
2	Aggregate contributions to (during year)	967,896			
3	Aggregate grants from (during year)	1,180,405			
4	Aggregate value at end of year	3,630,010			
5	Did the organization inform all donors and donor advisors in writing that the				
	funds are the organization's property, subject to the organization's exclusi			X Yes	☐ No
6	Did the organization inform all grantees, donors, and donor advisors in wi				
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor or other		_	_
	Impermissible private benefit?			X Yes	No
<u>Pa</u>	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Pa	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check al	that apply)			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	area	
	Protection of natural habitat	Preservation of certified historic str	ucture		
	Preservation of open space				
2	Complete lines 2a–2d if the organization held a qualified conservation cor	tribution in the form of a conservation ease	ement		
	on the last day of the tax year.			<del></del> _	
				Held at the End	of the Year
a	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b	<del></del>	<del></del>
C .	Number of conservation easements on a certified historic structure includ		2c	<del></del>	
a	Number of conservation easements included in (c) acquired after 8/17/06		2d	-	
3	Number of conservation easements modified, transferred, released, extin	guisned, or terminated by the organization t	auring		
4	the taxable year	ated •			
4 5	Number of states where property subject to conservation easement is loc Does the organization have a written policy regarding the periodic monitor				
3	enforcement of the conservation easements it holds?	mg, mspection, violations, and		Yes	□ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing east				
8	Does each conservation easement reported on line 2(d) above satisfy the			<b>-</b> -	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	·		Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, ai	nd		
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements that descri	bes		
	the organization's accounting for conservation easements.	<del> </del>			
Pa	organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	imilar A	ssets.	
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 6.		<del></del>	
_					
1a	If the organization elected, as permitted under SFAS 116, not to report in				
	art, historical treasures, or other similar assets held for public exhibition, e		olic service	<b>?</b> ,	
	provide, in Part XIV, the text of the footnote to its financial statements that	describes triese items			
<b>b</b>	If the organization elected, as permitted under SFAS 116, to report in its i	avanua statement and halance sheet work	s of art		
b	historical treasures, or other similar assets held for public exhibition, educ				
		ation, or research in furtherance or public s	iei vice,		
	provide the following amounts relating to these items  (i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$	
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		_	<u> </u>	
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial dain inrovide	the -	~ <del>-</del> -	
-	following amounts required to be reported under SFAS 116 relating to the				
а	Revenues included in Form 990, Part VIII, line 1		•	s	
b	Assets included in Form 990, Part X		•	š — — -	
		·		·	
For F	Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Fo	rm 990) 2008

Schedule D (Form 990) 2008

**b** Buildings

d Equipmente Other

c Leasehold improvements

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

Schedule D (Form 990) 2008 Advisors Charitable Gi	ft Fund	01-0782573	Page 3
Part VII Investments—Other Securities. See Form 990			
` (a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	market value
Financial denvatives and other financial products			
Closely-held equity interests			
Other			
			·
			<del></del>
<i> </i>			
	_		
	<u>.</u>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		.=	
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-year	market value
		<u>-</u> .	
			.=
	<del> </del>		
			·
			<del></del>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13 )		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15.	**	· · ·	
(a) Description	<del></del>		(b) Book value
	·····		<del> </del>
			·
			<del></del>
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25		<u> </u>	
(a) Description of liability	(b) Amount		
Federal income taxes	2,200		
Deposit	2,200		
	<del> </del>		
	<del>                                     </del>	-	
	2 200		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	2,200	<del>1</del>	<u> </u>
In Part XIV, provide the text of the footnote to the organization's financial stater	nents that reports the organi	ization's liability for	
uncertain tax positions under FIN 48			

che	dule D (Form 990) 2008 Advisors Charitable Gift Fund	01-0782573	<u> </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Fina	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	630,937
2	Total expenses (Form 990, Part IX, column (A), line 25)	Ĺ	2	1,257,842
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-626,905
4	Net unrealized gains (losses) on investments		4	721,893
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	721,893
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	94,988
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements V	Vith Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements		1	1,352,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments 2a	721,893	- 1	
ь	- · · · · · · · · · · · · · · · · · · ·			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV)		1	
	Add lines 2a through 2d		2е	721,893
3	Subtract line 2e from line 1	į.	3	630,937
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ		
_	Investment expenses not included on Form 990, Part VIII, line 7b	1		
a	Other (Describe in Part XIV)  4b	<del></del>		
	Add lines 4a and 4b	·	4c	
_	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	l l	5	630,937
5 D:	Int XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Pe		
	<del></del>	With Expenses per Re		1,257,842
1	Total expenses and losses per audited financial statements	ŀ	1	1,231,642
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	ı	
a	Donated services and use of facilities 2a			
	Prior year adjustments 2b	<del></del>	1	
С	Losses reported on Form 990, Part IX, line 25	·		
d		<u> </u>		
θ	Add lines 2a through 2d	<u> </u>	2e	1 0== 010
3	Subtract line 2e from line 1	,	3	1,257,842
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b		l	
þ	Other (Describe in Part XIV)		- 1	
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	<u></u>	5	1,257,842
_	rt XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ai	nd 4, Part IV, lines 1b		
ind :	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b			
_				
_				
				_
_				
_				

Schedule D (F	orm 990) 200	<u>8 Ad</u>	viso:	rs Ch	arit	able	Gi:	ft_F	und		01	<u>L-07</u>	825	73					Page 5
Schedule D (F	Suppler	nental li	nforma	tion (cor	ntinued)														
							-					_							
<del>-</del>										 			_		_			_	
										 								-	
										 			-		-			_	<del>-</del> -
										 			-		_			_	
										 			_		_				
										 			_		_			_	
										 			-		_			_	
·										 			_		_				
										 					_			_	
<b>-</b>										 			_		_			_	
								_											
	·									 	_		_				_	_	
										 			_		_			_	
										 			_		_			_	
	·									 			_		_			_	
										 			-		_			_	
										 			_		_				
		- <b>-</b> -						- <b>-</b>		 			_		_			_	
						- <b>-</b>				 			_		_			_	
										 				_		_			
										 	_ —				_			_	
		- <b>-</b> -								 			_		_			_	
							- <b>-</b>			 			_		_			_	
										 	_		_		_			_	
				<del>-</del> - ·			<b>–</b> –			 			_		_			_	
										 			_		_			_	
										 			_		_			_	
												-							
										 			_		_			_	
										 _		_	_		_			_	
- <b>-</b>	· — —	- · <del></del>				. –				 			_			_			

_
_
٤
ဗ
0
4
0
=
ò
Ð.
₹
Š
⋍
മ
8
_
ш.
杰
ဗ္ဗ
O
~
•

**SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

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

▶ Attach to Form 990.

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Advisors Charitable Gift Fund

General Information on Grants and Assistance

Part

Employer identification number

01-0782573

Open to Public Inspection 2008

OMB No 1545-0047

**≗** □

X Xes

the se	the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of g	ice? intoring the use of g	grant funds	rant funds in the United States				A Yes
-	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	vernments an	d Organ	izations in the Un	ited States. Comp	lete if the organism	anization answers	vered "Yes" on
	Form 990, Part IV, line 21, for any recipient that received more tital Part IV and Schedule I-1 (Form 990) if additional space is needed	cipient tnat rel if additional s	ceived ri pace is r	lore iriair \$3,000. needed	כוופכע ווווא מסע זו זו	o one recipiei	וו ופרפועפט וווו	ne tilali ¢0,000. Ose ▶
-	(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
Various	:			000 01				Arts, culture
Various				76,127				Educational
Various				78,800				Animal related
Various				73,650				Disease/disorders
Various				5,500				Food, nutrition
Various				18,750				Housing/shelter
Various				48,609				Youth development
Various				713,224				Philanthropy
Various				61,000				Public affairs
2 Enter	Enter total number of section 501(c)(3) and government organizations	organizations				i		

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

4 03 PM
4
2
3
3
90
_
S
¥

SCHEDULE 1-1

(Form 990)

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service		► Attach to Form Part II and	Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	al information for Form 990).			Open to Public Inspection
					   	Emp	Employer identification number
Day 1 Continuation of Grants and Other Assistance to Governments and Organizations in the U.S.	Assistance to	Fund	and Organization	ons in the U.S.	(Schedule I (Form 990)	Part	-0102313
	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	420	(h) Purpose of grant or assistance
Various			91,245				Religious/spiritual
		;					
5 Enter total number of Section 501(c)(3) and powernms	arnment organizations					•	

<sup>2</sup> Enter total number of Section 501(c)(3) and government organizations

Schedule I-1 (Form 990) 2008

<sup>3</sup> Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule 1-1 (Form 990) 2008 Advisors Charitable Gift Fund Part II Continuation of Grants and Other Assistance to Individual	citable Gift Frence to Indiv	iduals in the U.S. (Sche	01-0782573 s in the U.S. (Schedule I (Form 990), Part III.)	(111.)	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					Schedule I-1 (Form 990) 2008

## 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

Name of the organization

Advisors Charitable Gift Fund

Employer identification number 01-0782573

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 A process is in place which enables the organization's governing body to review a copy of the Form 990 prior to it being filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Compliance with the Organization's conflict of interest policy is reviewed

by management on a regular and consistent basis.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The compensation process for the Organization's top official includes an
independent review using comparability data with contemporaneous
substantiation.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The compensation process for the Organization's other officers includes an independent review using comparability data with contemporaneous substantiation.

SCHEDULE R	Related Organ	Related Organizations and Unrelated Partnerships	nrelated Partnei	ships	-	OMB No 1545-0047
Department of the Treasury	<ul> <li>Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.</li> <li>See separate instructions.</li> </ul>	organizations that answered "Yes ► See separate instructions.	ered "Yes" to Form 990 ructions.	, Part IV, line 33, 34, 35,	, 36, or 37.	Open to Public Inspection
Name of the organization	Advisors Charitable Gift Fund		:		Employer identific 01-0782573	Employer identification number 01-0782573
Part I Identific	Identification of Disregarded Entities					
a N	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identific	Identification of Related Tax-Exempt Organizations					
Na.	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	(F) Direct controlling entity
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  DAA	990.			Sche	Schedule R (Form 990) 2008

	(J) General or managing partner?		
•	Code V—UBI , amount in box 20 of Schedule K-1 (Form 1065)		Percentage ownership
			Share of end-of-year assets
	(H) Disproportionate alloc 2 Yes No		end to
	Share of end-of-year assets		Share of total income
	Share of total income		(E) Type of entity (C corp. S corp, or frust)
	Predominant income (related, investment, unrelated)		(D) Direct controlling entity
ırtnership	(D) Direct controlling entity	orporation or	Legal domicile (state or foreign country)
s a Pa	Legal domicile (state or foreign country)	S a Cc	
ns Taxable a	(B) Primary activity	ns Taxable a	(B) Primary activity Retirement
Identification of Related Organizations Taxable as a Partnership	(A) Name, address, and EIN of related organization	Identification of Related Organizations Taxable as a Corporation or Trust	Northeast Retirement Services, Inc. 4A Gill Street Woburn 04-2686260
_,	Name, ad related		Name, address, and Northeast Retire 4A Gill Street Woburn 04-2686260
Part III		Part IV	Northe 4A Gil. Woburn 04-268

01-0782573

Page 3

ŝ

Yes

× × ×

**9** 4 7 <u>4</u> ×

19 두 ×

×

× × × ×

<del>\*</del>

Ę

무

×

ę 10

×

×

19

Amount involved

type (a-r)

<u>ပ</u>

× ×

#

Schedule R (Form 990) 2008 Advisors Charitable Gift Fund

Organizations
Related
With
<b>Transactions</b>
art V

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity b Gift, grant, or capital contribution to other organization(s)
  - c Gift, grant, or capital contribution from other organization(s)
    - d Loans or loan guarantees to or for other organization(s)
      - e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- 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)
  - Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

		Amo
ansaction thresholds	(8)	Transaction
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 tra	(A)	Name of other organization(s)

(4)		
	(4)	
į		
(9)	(5)	

9

ACGF 06/04/2010 4 03 PM

Schedule R (Form 990) 2008 Advisors Charitable Gift Fund

Part VI

01-0782573

Page 4

Unrelated Organizations Taxable as a Partnership

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

Schedule R (Form 990) 2008 Yes No (H) General or managing partner? amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI (F)
Disproportionate
allocations? Yes No (E) Share of end-of-year assets (D)
Are all partners section 501(c)(3) organizations? Yes No (C) Legal domicile (state or foreign country) (B) Primary activity (A) Name, address, and EIN of entity

ACGF Advisors Charitable Gift Fund

01-0782573

Federal Statements

6/4/2010 4:01 PM

FYE: 10/31/2009

## **Tax-Exempt Dividends from Securities**

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code
Dividends and interest	\$ 66,222		14	
Total	\$ 66,222			

### **Advisors Charitable Gift Fund**

Name Address

Richard P. Chapman, Jr. 107 Upland Road

Brookline, MA 02146

Ronald D. Dean 100 Talmuth Avenue

Haverhill, MA 01830

Thomas Forese, Jr. 5 Martin Louis Way

Stoneham, MA 02180

William S. Hogan 87 Montague Road

Westhampton, MA 01027

Richard E. Holbrook 43 Vinebrook Road

Medfield, MA 02052

Dr. Diane Cooksey Kessler 325 Parker Street

Newton Centre, MA 02459

Joseph F. MacDonough 14 Pinecrest Drive

Westboro, MA 01581

Maurice H. Richardson 27 Upland Road

Brookline, MA 02445

David A. St. Yves 5 Hutt Forest Lane

East Taunton, MA 02178

## FINANCIAL STATEMENTS

October 31, 2009 and 2008

With Independent Auditors' Report

4A Gill Street, Woburn, Massachusetts, 01801

October 31, 2009

## Officers and Directors

Officers		
Chairman	Richard E. Holbrook	
Vice Chairman	Richard P. Chapman, Jr.	
Treasurer	Ronald D. Dean	

DIRECTORS				
Richard P. Chapman, Jr., Chairman of the Board Brookline Bank	Richard E. Holbrook, Chairman of the Board Eastern Bank			
Ronald D. Dean, Chairman of the Board Watertown Savings Bank	Dr. Diane Cooksey Kessler			
Thomas Forese, Jr., President Northeast Retirement Services, Inc.	Joseph F. MacDonough, Executive Vice President Avidia Bank			
William S. Hogan, Jr., Chairman of the Board Easthampton Savings Bank	Honorable Maurice H. Richardson (Retired)			
David A. St. Yves, Partner Parent, McLaughlin and Nangle				

4A Gill Street, Woburn, Massachusetts, 01801

October 31, 2009

#### President

Thomas Forese, Jr.

#### **Executive Committee**

Richard E. Holbrook, Chairman

Ronald D. Dean

Richard P. Chapman, Jr.

William S. Hogan, Jr.

Joseph F. MacDonough

Audit Committee

David St. Yves, Chairman

Diane Kessler

Maurice H. Richardson

#### BERRY, DUNN, MCNEIL & PARKER



#### INDEPENDENT AUDITORS' REPORT

The Board of Directors
Advisors Charitable Gift Fund, Inc.

We have audited the statement of net assets of Advisors Charitable Gift Fund, Inc. (the Fund) as of October 31, 2009 and the related statements of changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Fund's management. Our responsibility is to express an opinion on these financial statements based on our audit. The financial statements for the Fund as of and for the year ended October 31, 2008 were audited by other auditors whose report, dated May 26, 2009, expressed an unqualified opinion on those statements.

We conducted our audit in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Fund as of October 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with U.S. generally accepted auditing standards.

Portland, Maine

February 26, 2010

Berry, Dunn, McKeil; Parker

#### **Statements of Net Assets**

## October 31, 2009 and 2008

## **ASSETS**

	<u>2009</u>	2008
Investments	\$ 3,630,010	\$ 3,506,371
Other assets Cash and cash equivalents Prepaid expenses	7,406 1,460	27,649 1,535
Total other assets	8,866	29,184
Total assets	\$ <u>3,638,876</u>	\$ <u>3,535,555</u>
LIABILITIES AND NET	ASSETS	
Liabilities Due to NBS	e 2.200	¢ 2200
Accrued expenses	12,596	4,263
Total liabilities	14,796	6,463
Net assets Unrestricted net assets	\$ <u>3,624,080</u>	\$ <u>3,529,092</u>
Liabilities Due to NRS Accrued expenses  Total liabilities  Net assets	\$ 2,200 12,596 14,796	\$ 2,20 4,26 6,46

## Statements of Changes in Net Assets

## Years Ended October 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Changes in unrestricted net assets		
Revenues, gains and losses		
Contributions	\$ 967,896	\$ 2,884,401
Administrative fees	20,899	38,523
Investment gain (loss)		
Interest and dividends	66,222	108,927
Realized gain distributions	-	106,750
Net realized losses on sale of investments	(424,080)	(267,710)
Net unrealized appreciation (depreciation)	<u>721,893</u>	(1,461,508)
Net investment gain (loss)	364,035	<u>(1,513,541</u> )
Total revenues, gains and losses	1,352,830	1,409,383
P.		
Expenses	1 100 405	1 272 277
Grants	1,180,405	1,272,277
Management fees	20,388	36,895
Administrative expenses	<u>57,049</u>	46,381
Total expenses	1,257,842	1,355,553
Change in unwestricted not access	94,988	53,830
Change in unrestricted net assets	24,200	23,630
Net assets, beginning of year	3,529,092	3,475,262
The abbets, regiming of year		
Net assets, end of year	\$ <u>3,624,080</u>	\$ <u>3,529,092</u>

The accompanying notes are an integral part of these financial statements.

### **Statements of Cash Flows**

## Years Ended October 31, 2009 and 2008

		<u>2009</u>		<u>2008</u>
Cash flows from operating activities Change in unrestricted net assets Adjustments to reconcile change in net assets to net cash (used)	\$	94,988	\$	53,830
provided by operating activities  Net realized gains distributions		_		(106,750)
Net realized losses from sale of investments		424,080		267,710
Net unrealized (appreciation) depreciation on investments		(721,893)		1,461,508
Decrease (increase) in				
Accrued income		-		5,870
Prepaid expenses		75		(1,535)
Increase (decrease) in accrued expenses	_	8,333	_	<u>(15,684</u> )
Net cash (used) provided by operating activities	_	(194,417)	_	1,664,949
Cash flows from investing activities				
Proceeds from sales of investments		1,409,955		892,192
Purchase of investments	_	(1,235,781)	_	<u>(2,687,828)</u>
Net cash provided (used) by investing activities	_	174,174	_	(1,795,636)
Net decrease in cash and cash equivalents		(20,243)		(130,687)
Cash and cash equivalents, beginning of year	_	27,649	_	158,336
Cash and cash equivalents, end of year	<b>\$</b> _	7,406	\$_	27,649

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

#### Nature of the Foundation

Advisors Charitable Gift Fund, Inc. (the Fund) was created to promote and engage in charitable giving in the areas of education, culture, religion, health science, low-income housing and economic development, social services and overcoming poverty. The Fund also educates donors about the benefits of charitable giving to facilitate and simplify charitable giving by the public consistent with the foregoing purposes, reserving full control, ownership and discretion over donations.

#### 1. Summary of Significant Accounting Policies

#### **Basis of Presentation**

The Fund is required under U.S. generally accepted accounting principles (GAAP) to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Fund had no temporarily or permanently restricted net assets at October 31, 2009 and 2008.

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Cash and Cash Equivalents

The Fund maintains its cash in a bank deposit account which, at times, may exceed federally insured limits. The Fund has not experienced any losses in such account and believes it is not exposed to any significant risk with respect to this account. The Fund considers all highly liquid investments with original maturities of three months or less at the time of purchase to be cash equivalents.

### **Investment Valuation and Income Recognition**

Investments are stated at fair value, with the difference between cost and fair value being included in unrealized gains or losses. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of investments are recorded on a trade date basis. Realized gains or losses on investments sold are calculated using the average cost method.

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

#### **Income Taxes**

The Fund is a not-for-profit corporation and is recognized as income tax exempt under Section 501(c)(3) of the Internal Revenue Code (the Code).

#### Risks and Uncertainties

The Fund provides for various investment options in actively managed funds. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the various risk factors, in the near term, could materially affect the amounts reported in the financial statements.

#### 2. Funding of the Fund and Description of Expenses

#### **Funding a Donor Account**

Gifts may be received from individuals, corporations, partnerships, trusts, other donor advised fund accounts or estates. Receipt of contributions by the Fund may be limited from time to time by government rules and law. The effective date of a charitable gift is the date the Fund has effective control of the asset contributed. A Donor Account may be funded from multiple sources. The minimum gift accepted by the Fund is established by the Directors and may change from time to time. The minimum gift is \$5,000. There is no maximum gift limit set by the Fund. After a Donor Account is established, additional contributions may be made in amounts of \$500 or more.

The following gifts are accepted:

- Cash
- Securities, i.e., publicly traded stocks, bonds and mutual funds
- Annuities
- Bequests
- Charitable gift annuity residuums
- Charitable remainder trust assignments
- Charitable lead trust assignments
- Life insurance beneficiary designations
- Retirement plan distributions and beneficiary designations including traditional IRA (Individual Retirement Accounts)

All gifts, including the gift of property, to the Fund are irrevocable and nonrefundable. The assets of a Donor Account are a portion of the Fund's endowment and property of the Fund.

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

#### Fees and Expenses

#### Grants

The Fund recognizes an expense for grants to be paid, once they have been authorized by the donor and management under the methods approved by the Directors for payment. Approved grants are recorded when the recipient organization meets all conditions set forth by management.

#### Expenses Associated with Gifts

Some gifts incur transaction costs. For instance, publicly traded stock is typically sold upon receipt. In addition, a donor may incur expenses prior to the gifting of an asset. The gift of restricted securities may require legal and appraisal services. These costs are borne by the donor.

#### **Donor Accounting Services**

A Donor Account is assessed a fee for the administration of the Fund and record keeping accounts. A donor with multiple Donor Accounts is assessed a fee for each account based on the assets in that account.

Initial (minimum) annual fee \$140	
\$20,000 through \$499,999	0.85% of average daily balance
\$500,000 through \$999,999	0.70% of average daily balance
\$1 million through \$2,499,999	0.50% of average daily balance
\$2.5 million and greater	0.40% of average daily balance

Each fee is prorated quarterly and withdrawn from Donor Accounts on the last day of each month.

### Custody and Investment Expense

Custody of the Fund's endowment is maintained by a trust company. Custody expenses are passed through to the Donor Account. The endowment may be invested in one or more mutual funds. Mutual funds charge for investment and financial expertise.

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

#### 3. Donor-imposed Restriction

A Donor may be an individual, corporation, partnership, trust, other donor advised fund account or estate. A Donor can:

- Advise the Fund on the investment of his/her account's assets;
- Advise the Fund on the granting of his/her account's assets to qualified public nonprofits;
- Appoint a successor to advise the Fund on the investment and granting of the funds in his/her accounts; and
- Name a charitable beneficiary (a qualified public nonprofit) for receipt of the assets of his/her
  account upon death or in the event that the named successor is unable to fulfill his or her
  responsibility.

The Fund's directors administer the program. Improper use of the Fund such as use of the Fund in a manner that is inconsistent with regulations found in Sections 170(b)(1)(A)(iv) and 501(c)(3) of the Code can cause a Donor's ability to advise the Fund to be restricted or ended.

#### 4. Investments

A summary of investments at fair value at October 31 follows:

	<u>2009</u>	<u>2008</u>
Cash and cash equivalents	\$ 452,021	\$ 485,999
Fixed income	5,596	8,493
Equity securities	550,197	1,151,081
Money market mutual funds	535,967	392,111
Corporate bond mutual funds	48,165	45,820
Balanced mutual funds	275,619	176,862
Fixed income mutual funds	377,928	228,758
Equity mutual funds	<u>1,384,517</u>	1,017,247
	n 2 (20 010	Ф 2 506 2 <b>7</b> 1
	\$ <u>3,630,010</u>	\$ <u>3,506,371</u>

#### 5. Fair Value Measurements and Disclosures

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820 Fair Value Measurements and Disclosures, defines fair value, establishes a framework for measuring fair value in accordance with GAAP, and expands disclosures about fair value measurements.

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

FASB ASC 820-10-20 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820-10-20 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1: Quoted prices (unadjusted) or identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Fund's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets measured at fair value on a recurring basis are summarized below.

Fair value measurements at October 31, 2009, using:

		Quoted Prices in Active Markets for Identical Assets (Level 1)		Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Cash and cash equivalents	\$ 452,021	\$	452,021	\$ -	\$ -	
Fixed income	5,596		-	5,596	-	
Equity securities	550,197		550,197	-	-	
Money market mutual funds	535,967		535,967	-	-	
Corporate bond mutual funds	48,165		48,165	-	-	
Balanced mutual funds	275,619		275,619	-	-	
Fixed income mutual funds	377,928		377,928	-	-	
Equity mutual funds	1,384,517		1,384,517	-	-	

#### **Notes to Financial Statements**

#### October 31, 2009 and 2008

#### 6. Related Party Transactions

The Fund is a philanthropic holding vehicle for donor advised funds that are taken as a tax deduction in the year given and can accumulate to be granted out in the future. Northeast Retirement Services, Inc. (NRS), a related party through common management control, has a contract with the Fund for the providing of services. Deposits in the amount of \$2,200 were paid by NRS on behalf of the Fund and are payable on demand. As of October 31, 2009 and 2008, no amount of the deposits have been repaid to NRS.

Administrative fees for the years ended October 31, 2009 and 2008 were \$14,366 and \$13,728, respectively. As of October 31, 2009 and 2008, the Fund also owed NRS administrative fees in the amount of \$3,909 and \$4,263, respectively. These fees are included in accrued expenses.

#### 7. Subsequent Events

Subsequent events are events or transactions that occur after the statement of net assets date, but before financial statements are available to be issued. Recognized subsequent events are events or transactions that provide additional evidence about conditions that existed at the statement of net assets date, including the estimates inherent in the process of preparing financial statements. Nonrecognized subsequent events are events that provide evidence about conditions that did not exist at the statement of net assets date, but arose after that date. Management has evaluated subsequent events through February 26, 2010, the date the October 31, 2009 financial statements were available for issuance, and no events occurred requiring recognition or disclosure.

## Form 8868

Department of the Treasury

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

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this bottling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (12)	on page 2	of this form).	
Part 1	plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee		ilea Form 8868.	
	on required to file Form 990-T and requesting an automatic 6-month extension—check	•	and complete	
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns.	7004 to red	quest an extension of	
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howey if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed ar ore details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file:	ver, you ca s 990-BL, ( ad signed p	annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form	
Type or	Type or Name of Exempt Organization Em			
print	Advisors Charitable Gift Fund, Inc	01	0782573	
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.  4A Gill Street			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Woburn, MA 01801			
Check type	of return to be filed (file a separate application for each return):			
☑ Form 99			Form 4720	
☐ Form 99	0-BL		Form 5227	
☐ Form 99	00-EZ		Form 6069	
☐ Form 99	00-PF		Form 8870	
Telephone  If the org  If this is f for the who	s are in the care of ▶ David Morgan  No. ▶ ( 781 ) 970-5020 FAX No. ▶ ( 781 ) 376  anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box ▶ □ . If it is for part of the group, check this box he names and EINs of all members the extension will cover.		If this is	
	uest an automatic 3-month (6 months for a corporation required to file Fo	rm 000-T)	extension of time	
until _ for the ► □	June 15 , 20_10 , to file the exempt organization return for the organization organization's return for: calendar year 20 or			
2 If this	tax year is for less than 12 months, check reason:   Initial return   Final return	☐ Change	in accounting period	
3a If this less a	x, 3a	\$		
<b>b</b> If this payme	3b	\$		
c Balan depos	d,			
	n). See instructions.	30		
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 84 t instructions.	53-EO and	I Form 8879-EO	

Form 8	B868 (Hev	4-2009)			Page 2
Note.	. Only co	iling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and complete Part II if you have already been granted an automatic 3-month extension on a previous iling for an Automatic 3-Month Extension, complete only Part I (on page 1).	heck th ly filed F	is box . ▶ Form 8868.	• 🗆
Par	t II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copies	needed).	
Type print	or		Employer identification number		
File by the extended due date for filing the return See instructions		Number, street, and room or suite no If a P O box, see instructions.	IRS use	only	
		City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
Chec	ck type	of return to be filed (File a separate application for each return):			
	orm 990			Form 6069	
	orm 990			Form 8870	
□ F	orm 990			· · · · · · · · · · · · · · · · · · ·	
STOR	P! Do no	t complete Part II if you were not already granted an automatic 3-month extension on a p	revious	ly filed Form	8868.
				<u></u>	
Tel	enhone	are in the care of ▶			
		nization does not have an office or place of business in the United States, check this box			
				16 46 16 11	
		r a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ▶ ☐ . If it is for part of the group, check this box			
		names and EINs of all members the extension is for.	🗆	and attach a	a
		st an additional 3-month extension of time until, 20		_	_
5	For cale	endar year, or other tax year beginning, 20, and ending		, 2	.0
6 7		ax year is for less than 12 months, check reason:  Initial return  Final return  Contact the extension			
8a		application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, y nonrefundable credits. See instructions.	8a	\$	
b	If this a				
	amoun	paid previously with Form 8868.	8b	\$	
С		Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	
		Signature and Verification			
		of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the , and complete, and that I am authorized to prepare this form	best of m	ny knowledge and	d belief,
Signat	ture ▶	Savid B Mara Title Treasurer	Date ▶	3/10/10	o

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