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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning 12/01, 2008, and ending 11/30, 2009**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C
BOSTON SECURITIES TRADERS ASSOC INC
111 DEVONSHIRE AL A
BOSTON, MA 02109**D** Employer identification number

16-1641063

E Telephone number**F** Group Exemption Number

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ▶**I** Website: ▶ N/A**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one) — ☒ 501(c) (6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 193,833.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	42,303.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	7,751.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	6	
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	143,779.
EXPENSES	6b	Less: direct expenses other than fundraising expenses	6b	143,636.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	143.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	50,197.
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
ASSETS	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	950.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	4,044.
	16	Other expenses (describe ▶ SEE STATEMENT 1)	16	68,237.
	17	Total expenses (add lines 10 through 16)	17	73,231.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-23,034.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	525,142.
	20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	502,108.	

Part II **Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	520,142.	497,608.
23 Land and buildings		
24 Other assets (describe ▶ SEE STATEMENT 2)	5,000.	4,500.
25 Total assets	525,142.	502,108.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	525,142.	502,108.

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

Form 990-EZ (2008)

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Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 3**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28 **SEE STATEMENT 4**(Grants \$) If this amount includes foreign grants, check here ☐**28 a****29**(Grants \$) If this amount includes foreign grants, check here ☐**29 a****30**(Grants \$) If this amount includes foreign grants, check here ☐**30 a****31** Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ☐**31 a****32** Total program service expenses (add lines 28a through 31a)**32****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
TIMOTHY J CASEY 281 FRANKLIN ST BOSTON, MA 02110	PRESIDENT 2.00	0.	0.	0.
TIMOTHY LOVE 28 STATE STREET BOSTON, MA 02109	VICE PRESIDENT 1.00	0.	0.	0.
GUS PHELPS 281 FRANKLIN STREET BOSTON, MA 02110	VICE PRESIDENT 1.00	0.	0.	0.
CHRIS DORIN 200 CLARENDON STREET BOSTON, MA 02116	SECRETARY 1.00	0.	0.	0.
ALFRED ALOISE 111 DEVONSHIRE ST BOSTON, MA 02109	TREASURER 2.00	0.	0.	0.
LARRY PERUZZI 101 FEDERAL STREET BOSTON, MA 02110	DIRECTOR 1.00	0.	0.	0.
RICHARD GILL 265 FRANKLIN STREET BOSTON, MA 02110	DIRECTOR 1.00	0.	0.	0.
ROBERT HOFEMAN 200 BERKLEY STREET BOSTON, MA 02116	DIRECTOR 1.00	0.	0.	0.
JEFFREY BREAY 260 FRANKLIN STREET BOSTON, MA 02110	DIRECTOR 1.00	0.	0.	0.
JOHN CURLEY ONE BEACON STREET BOSTON, MA 02108	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER CULLINAN 40 ROWES WHARF BOSTON, MA 02110	DIRECTOR 1.00	0.	0.	0.
JOSEPH FERRARA 1 FEDERAL STREET BOSTON, MA 02110	DIRECTOR 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I 40b		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed NONE		

42a The books are in care of **AL ALOISE** Telephone no. **(617) 426-0017**
 Located at **111 DEVONSHIRE STREET BOSTON MA** ZIP + 4 **02109**

b 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)?
 If 'Yes,' enter the name of the foreign country: _____

	Yes	No
42b		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country: _____

42c		X
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43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 ☐ N/A
☐ N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45		X
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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** 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

	Yes	No
46		
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**49a** Did the organization make any transfers to an exempt non-charitable related organization?**b** If 'Yes,' was the related organization(s) a section 527 organization?**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

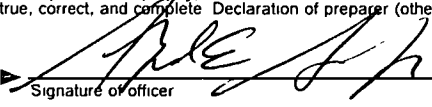
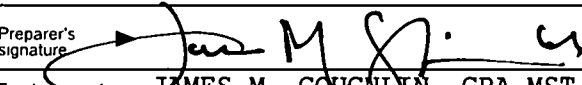
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

Total number of other independent contractors receiving over \$100,000 ▶		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer	4-18-10 Date	
	ALFRED ALOISE Type or print name and title		
Paid Preparer's Use Only	Preparer's signature 	Date 4/4/10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 JAMES M. COUGHLIN, CPA MST PC 700 BEDFORD STREET ABINGTON, MA 02351		Preparer's Identifying Number (See instructions) P00235979 EIN ▶ 04-3477907 Phone no ▶ (781) 792-0300

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

☒ Yes
 ☐ No

BAA

Form 990-EZ (2008)

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 CONFERENCES (event type)	(b) Event #2 HARVEST PARTY (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	124,303.	19,476.		143,779.
	2 Less. Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	124,303.	19,476.		143,779.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	80,630.	16,315.		96,945.
	7 Other direct expenses	46,592.	99.		46,691.
	8 Direct expense summary Add lines 4- through 7 in column (d)				143,636.
	9 Net income summary Combine lines 3 and 8 in column (d)				143.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
DIRECT EXPENSES	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
9 Enter the state(s) in which the organization operates gaming activities. _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If 'No,' Explain ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: ----- -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name: ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____**c** If 'Yes,' enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name: ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ▶ \$ _____

BOSTON SECURITIES TRADERS ASSOC INC

16-1641063

STATEMENT 1
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS	\$	9,465.
DUES		21,400.
INSURANCE		27,157.
MEETINGS		131.
MEMBER DIRECTORY		4,073.
OFFICE EXPENSES		1,461.
WEB SITE		4,550.
TOTAL	\$	68,237.

STATEMENT 2
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
PREPAID EXPENSES AND DEFERRED CHARGES	\$ 5,000.	\$ 4,500.
TOTAL	\$ 5,000.	\$ 4,500.

STATEMENT 3
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO PROVIDE LIFE INSURANCE AND PROFESSIONAL DEVELOPMENT AND AWARENESS OF THE SECURITY TRADERS OF THE GREATER BOSTON AREA. LOCAL MEMBERS MEET WITH PROFESSIONAL PEERS LOCALLY, REGIONALLY, AND NATIONALLY, IN ORDER TO PURSUE AND DISCUSS PROFESSIONAL ISSUES AND COMMON INTERESTS.

STATEMENT 4
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

CONFERENCES, CONVENTIONS AND MEETINGS - THE EXPENSES INCURRED FOR LOCAL ASSOCIATION MEMBERS TO MEET WITH PROFESSIONAL PEERS. LOCALLY, REGIONALLY, AND NATIONALLY, IN ORDER TO PURSUE AND DISCUSS PROFESSIONAL ISSUES AND COMMON INTERESTS.