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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
ASSOCIATED GRANT MAKERSINC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
55 COURT STREET No 520

City or town, state or country, and ZIP + 4
BOSTON, MA 02108

D Employer identification number
04-2457605

E Telephone number
(617) 426-2606

G Gross receipts $ 2,464,488

F Name and address of principal officer
MIKI AKIMOTO
55 Court Street
Boston, MA 02108

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www agmconnect org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1969 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROMOTE AND SUPPORT PHILANTHROPY

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of employees (Part V, line 2a)	**5**	18
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	2,438,973	2,173,249
	9 Program service revenue (Part VIII, line 2g)	336,421	272,422
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,987	18,817
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,802,381	2,464,488
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,129,621	1,092,783
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	847,969	719,597
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 94,842		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	479,628	496,546
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,457,218	2,308,926
	19 Revenue less expenses Subtract line 18 from line 12	345,163	155,562

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,505,732	1,500,319
	21 Total liabilities (Part X, line 26)	263,658	102,683
	22 Net assets or fund balances Subtract line 21 from line 20	1,242,074	1,397,636

Part II Signature Block

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

Sign Here

****** | 2010-07-06
Signature of officer | Date

MIKI AKIMOTO ACTING PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ALEXANDER ARONSON FINNING & CO PC
21 EAST MAIN STREET
WESTBORO, MA 01581

EIN ▶

Phone no ▶ (508) 366-9100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO PROMOTE AND SUPPORT PHILANTHROPY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,278,870 including grants of $ 1,073,383) (Revenue $ 46,329)

SUMMER FUND - SUPPORTS SUMMER PROGRAMS THAT HELP YOUTH TO BECOME MORE PRODUCTIVE CITIZENS AND ENCOURAGE INTERACTION AMONG CHILDREN FROM DIFFERENT BACKGROUNDS/NEIGHBORHOODS

4b (Code) (Expenses $ 200,769 including grants of $) (Revenue $ 19,368)

MEMBER & GRANTMAKER SERVICES - A FLEXIBLE ARRAY OF SERVICES TO HELP STIMULATE INFORMED, THOUGHTFUL DECISIONS AND ACTIONS ON THE PART OF AGM'S GRANTMAKING MEMBERS

4c (Code) (Expenses $ 176,374 including grants of $) (Revenue $ 92,102)

LIBRARY INFORMATION SERVICES - A PUBLIC SERVICE PROGRAM CREATED TO PROVIDE BROAD ACCESS TO RELIABLE INFORMATION ABOUT PHILANTHROPHY

(Code) (Expenses $ 141,885 including grants of $) (Revenue $ 18,919)

DIVERSITY FELLowship - this fellowship program aims to inspire the next generation of philanthropic leaders among people of color by offering training and support to a select group of passionate, emerging professionals It strives to increase the number and proportion of people of color as staff and executives in the field of philanthropy

(Code) (Expenses $ 86,552 including grants of $) (Revenue $ 18,359)

information technology AGM's website provides information AND inter-active forums about grantmaking and related activities AGM Connect is designed to respond to emerging issues and user needs

(Code) (Expenses $ 85,500 including grants of $) (Revenue $ 77,345)

Nonprofit Partners - this program provides access to information and resources to help nonprofit organizations develop their fund development programs We provide support via a variety of skill building workshops, networking opportunities and access to research on grant makers All programs are developed with an ear to the funding community to ensure that we are creating a bridge between grant makers and grant seekers This bridge ensures that we are supporting our main mission of advancing effective philanthropy in the region and supporting our primary members, the grant makers or members There are currently approximately 696 Nonprofit Partners

(Code) (Expenses $ 22,300 including grants of $ 14,400) (Revenue $ 0)

NON PROFIT EFFECTIVENESS FUND - The purpose of the Nonprofit Effectiveness Fund (NEF) is to improve the performance and effectiveness of small- to medium-sized nonprofit organizations in the region NEF supports informational programs, grants scholarships for training programs and sponsors several events during the year

4d Other program services (Describe in Schedule O)

(Expenses $ 336,237 including grants of $ 14,400) (Revenue $ 114,623)

4e **Total program service expenses** ▶ $ 1,992,250

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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 similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part 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 U.S. Information Returns. Enter -0-* if not applicable	**1a**	7		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**	Yes		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
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).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
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				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	23		
b	Enter the number of voting members that are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a material diversion of the organization's assets?				No
6	Does the organization have members or stockholders?			Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

ANN GARCHINSKY DIR OF FINANCE AD
55 court street
BOSTON,MA 02108
(617) 426-2606

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
mary phillips chair	1 30	X		X				0	0	0
mari barrera Vice Chair	1 30	X		X				0	0	0
vahe karlozian treasurer	1 30	X		X				0	0	0
benJAMIN lacy clerk	1 30	X		X				0	0	0
william eaton past chair	1 00	X						0	0	0
anne marie b king At-large member	1 00	X						0	0	0
tyra sidberry AT-LARGE MEMBER	1 00	X						0	0	0
leah bailey director	1 00	X						0	0	0
jeffery bilezikian director	1 00	X						0	0	0
vanessa calderon-rosado director	1 00	X						0	0	0
Byron Champlin Director	1 00	X						0	0	0
CRAIG DUTRA director	1 00	X						0	0	0
kate guedj director	1 00	X						0	0	0
JEFFERY HAYWARD director	1 00	X						0	0	0
CELINA MIRANDA Director	1 00	X						0	0	0
ellen remmer director	1 00	X						0	0	0
sylvia simmons director	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
lois smith director	1 00	X						0	0	0
Patricia Swansey Director	1 00	X						0	0	0
WILLIAM WALCZAK Director	1 00	X						0	0	0
Jean Whitney Director	1 00	X						0	0	0
Miki Akimoto Acting President	40 00			X				94,129	0	9,231
RON ANCRUM PRESIDENT (UNTIL JUNE 09	40 00			X				66,983	0	9,697
1b Total . . . . . ▶								161,112	0	18,928

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 47,800				
	b	Membership dues	1b 562,677				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,562,772				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,173,249			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE FEE	900,099	272,422	272,422		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		272,422			
	3	Investment income (including dividends, interest and other similar amounts)		18,817			18,817
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		2,464,488	272,422	0	18,817

Part IX 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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,092,783	1,092,783		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	180,040	119,541	34,196	26,303
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	428,246	329,778	68,061	30,407
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,450	8,073	2,196	1,181
9 Other employee benefits	38,951	31,247	7,699	5
10 Payroll taxes	60,910	45,494	9,928	5,488
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,154		17,154	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	41,175	19,034	13,456	8,685
12 Advertising and promotion				
13 Office expenses	63,257	36,962	12,831	13,464
14 Information technology				
15 Royalties				
16 Occupancy	169,821	124,400	37,098	8,323
17 Travel	7,525	5,780	1,745	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	171,656	171,164	492	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,188	6,089	3,113	986
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REGISTRATION FEES, DUES	10,618	1,905	8,713	0
b MISCELLANEOUS	5,152	0	5,152	0
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	2,308,926	1,992,250	221,834	94,842
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		631,668	1	146,078
	2	Savings and temporary cash investments		543,886	2	1,014,782
	3	Pledges and grants receivable, net		215,000	3	240,000
	4	Accounts receivable, net		9,773	4	4,683
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		27,555	9	27,114
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 365,808			
	b	Less accumulated depreciation	10b 341,246	34,750	10c	24,562
	11	Investments—publicly traded securities			11	
	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		43,100	15	43,100
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,505,732	16	1,500,319
Liabilities	17	Accounts payable and accrued expenses		65,838	17	37,483
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		197,820	21	65,200
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		263,658	26	102,683
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		266,293	27	246,785
	28	Temporarily restricted net assets		975,781	28	1,150,851
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,242,074	33	1,397,636
	34	Total liabilities and net assets/fund balances		1,505,732	34	1,500,319

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATED GRANT MAKERSINC

Employer identification number
04-2457605

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,858,872	1,794,554	2,020,898	2,438,973	2,173,249	10,286,546
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,858,872	1,794,554	2,020,898	2,438,973	2,173,249	10,286,546
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						160,285
6 **Public Support.** Subtract line 5 from line 4						10,126,261

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,858,872	27,859	2,020,898	2,438,973	2,173,249	10,286,546
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,864	27,859	48,166	26,987	18,817	133,693
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	289,551	328,156	333,961	336,421	277,422	1,565,511
11 **Total support** (Add lines 7 through 10)						11,985,750

12	Gross receipts from related activities, etc (See instructions)	12	1,565,511

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	84 490 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	85 470 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2009.** 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 ☐

b **10%-facts-and-circumstances test—2008.** 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 organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** 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

Explanation
Schedule A, Part II, Line 10, Explanation of Other Income Program Service Fee

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATED GRANT MAKERSINC

Employer identification number
04-2457605

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		161,469	149,675	11,794
d Equipment				
e Other		204,339	191,571	12,768
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,562

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,464,488
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,308,926
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	155,562
4	Net unrealized gains (losses) on investments	4	
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	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	155,562

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2,464,488
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,464,488
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,464,488

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	2,308,926
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	2,308,926
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,308,926

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part IV, Line 2b		Associated grant makers, inc has been designated as a fiscal agent for various collaboratives AGM has no variance power over the disbursement of these funds

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATED GRANT MAKERSINC

Employer identification number
04-2457605

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 84

3 Enter total number of other organizations . . . ▶

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

(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

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 ASSOCIATED GRANT MAKERS, INC REQUIRES GRANTEE PROGRESS REPORTS AS WELL AS MAKING SITE VISITS TO VERIFY ACTIVITIES

Additional Data Return to Form

Software ID:
Software Version:
EIN: 04-2457605
Name: ASSOCIATED GRANT MAKERSINC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACEDONE18 JOHN ELLIOT SQUARE BOSTON,MA 02110	51-0419358	501(C)(3)	6,500				FOR OPERATING AND PROGRAM SUPPORT
AGASSIZ VILLAGE239 BEDFORD STREET 8 LEXINGTON,MA 02421	04-2160531	501(C)(3)	33,500				FOR OPERATING AND PROGRAM SUPPORT
ALLIANCE FOR INCLUSION AND PREVENTION105 CUMMINS HIGHWAY ROSLINDALE,MA 02131	04-3285237	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
ALLSTONBRIGHTON AREA PLANNING143 HARVARD AVENUE ALLSTON,MA 02134	04-2459167	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
AMERICA SCORESNEW ENGLAND SCO150 MT VERNON STREET ROXBURY,MA 02119	04-3482756	501(C)(3)	5,700				FOR OPERATING AND PROGRAM SUPPORT
BELL FOUNDATION60 CLAYTON STREET BOSTON,MA 02122	04-3182053	501(C)(3)	4,440				FOR OPERATING AND PROGRAM SUPPORT
BOSTON ALGEBRA IN MIDDLE SCHOOL26 NIGHTENGALE HALL NORTHEASTERN UNIVERSITY BOSTON,MA 02110	22-3376427	501(C)(3)	10,800				FOR OPERATING AND PROGRAM SUPPORT
BOSTON CATHOLIC SCHOOLS CONNECTS140 COMMONWEALTH AVENUE CHESTNUT HILL,MA 02135	22-2485502	501(C)(3)	5,300				FOR OPERATING AND PROGRAM SUPPORT
BOSTON CENTERS FOR YOUTH & FAMILIES1483 TREMONT STREET BOSTON,MA 02110	04-2602576	501(C)(3)	120,000				FOR OPERATING AND PROGRAM SUPPORT
BOSTON CHINATOWN NEIGHBORHOOD885 WASHINGTON STREET BOSTON,MA 02110	23-7209691	501(C)(3)	37,500				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOSTON SYMPHONY ORCHESTRA INC301 MASSACHUSETTS AVE BOSTON,MA 02110	04-2103550	501(C)(3)	12,050				FOR OPERATING AND PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF BOSTON50 CONGRESS STREET BOSTON,MA 02110	04-2103922	501(C)(3)	11,640				FOR OPERATING AND PROGRAM SUPPORT
BOYS & GIRLS CLUBS OF DORCHESTER35 DEER STREET BOSTON,MA 02110	23-7076465	501(C)(3)	12,360				FOR OPERATING AND PROGRAM SUPPORT
CAMBRIDGE CAMPING ASSOCIATION99 BISHOP ALLEN DRIVE CAMBRIDGE,MA 02139	04-6002073	501(C)(3)	42,630				FOR OPERATING AND PROGRAM SUPPORT
CAMBRIDGE COMMUNITY CENTER INC5 CALLENDER STREET BOSTON,MA 02110	04-2477881	501(C)(3)	12,870				FOR OPERATING AND PROGRAM SUPPORT
CAMP ALLEN INC56 CAMP ROAD BEDFORD,NH 03110	02-6012739	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
CAMP FIRE USA56 ROLLAND STREET NORTH LOBBY BOSTON,MA 02110	04-2104042	501(C)(3)	50,750				FOR OPERATING AND PROGRAM SUPPORT
CAMP STARFISH31 HEATH STREET BOSTON,MA 02130	04-3454511	501(C)(3)	6,120				FOR OPERATING AND PROGRAM SUPPORT
CAPIC100 EVERETT AVE 14 CHELSEA,MA 02150	04-2428915	501(C)(3)	26,280				FOR OPERATING AND PROGRAM SUPPORT
CELEBRITY SERIES OF BOSTON20 PARK PLAZA STE 1032 BOSTON,MA 02110	22-2958508	501(C)(3)	5,400				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMONWEALTH TENANTS ASSOCIATION35 FIDELIS WAY BRIGHTON,MA 02135	04-2697769	501(C)(3)	8,910				FOR OPERATING AND PROGRAM SUPPORT
COMMUNITY ARTS CENTER INC119 WINDSOR STREET CAMBRIDGE,MA 02139	04-2496097	501(C)(3)	6,120				FOR OPERATING AND PROGRAM SUPPORT
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY,MA 02331	04-2103837	501(C)(3)	23,960				FOR OPERATING AND PROGRAM SUPPORT
EAST BOSTON SOCIAL CENTERS68 CENTRAL SQUARE EAST BOSTON,MA 02228	04-2104257	501(C)(3)	33,000				FOR OPERATING AND PROGRAM SUPPORT
EAST END HOUSE INC105 SPRING STREET CAMBRIDGE,MA 02139	04-2104163	501(C)(3)	8,910				FOR OPERATING AND PROGRAM SUPPORT
FEDERATED DORCESTER NEIGHBORHOOD18 SAMOSET STREET DORCESTER,MA 02121	04-2383512	501(C)(3)	36,000				FOR OPERATING AND PROGRAM SUPPORT
FRANKLIN PARK TENANTS ASSOCIATION246 HUMBOLT AVENUE DORCESTER,MA 02121	04-3265319	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
GIRL SCOUTS OF EASTERN MA95 BERKELEY BOSTON,MA 02110	04-2104713	501(C)(3)	15,840				FOR OPERATING AND PROGRAM SUPPORT
HANDI KIDS470 PINE STREET BRIDGEWATER,MA 02324	04-6128271	501(C)(3)	14,700				FOR OPERATING AND PROGRAM SUPPORT
HATTIE B COOPER COMMUNITY CENTER1891 WASHINGTON STREET ROXBURY,MA 02119	04-2173420	501(C)(3)	17,513				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HYDE SQUARE TASK FORCE INCPO BOX 301871 JAMAICA PLAIN,MA 02130	04-3118543	501(C)(3)	9,690				FOR OPERATING AND PROGRAM SUPPORT
INQUILINOS BORICUAS EN ACCION405 SHAWMUT AVENUE BOSTON,MA 02110	23-7102740	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
JORDAN BOYS AND GIRLS CLUB30 WILLOW STREET CHELSEA,MA 02150	04-2103922	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
JUST A START432 COLUMBIA STREET 12 CAMBRIDGE,MA 02139	23-7121174	501(C)(3)	16,300				FOR OPERATING AND PROGRAM SUPPORT
LESLEY UNIVERSITY29 EVERETT STREET CAMBRIDGE,MA 02139	04-2103589	501(C)(3)	5,400				FOR OPERATING AND PROGRAM SUPPORT
MARGARET FULLER NEIGHBORHOOD HOUSE71 CHERRY STREET CAMBRIDGE,MA 02139	04-2103782	501(C)(3)	8,120				FOR OPERATING AND PROGRAM SUPPORT
MASS GENERAL HOSPITAL 73 HIGH STREET CHARLESTOWN,MA 02129	04-2697983	501(C)(3)	17,810				FOR OPERATING AND PROGRAM SUPPORT
MASSACHUSETTS AUDUBON SOCIETY208 SOUTH GREAT ROAD LINCOLN,MA 01773	04-3408662	501(C)(3)	5,580				FOR OPERATING AND PROGRAM SUPPORT
MAZEMAKERS340 DORCESTER STREET SOUTH BOSTON,MA 02127	23-6393377	501(C)(3)	9,120				FOR OPERATING AND PROGRAM SUPPORT
MORGAN MEMORIAL1010 HARRISON AVE ROXBURY,MA 02119	04-2106765	501(C)(3)	18,810				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MYSTIC LEARNING CENTER 530 MYSTIC AVENUE ROOM 103 SOMERVILLE,MA 02145	22-2800993	501(C)(3)	4,000				FOR OPERATING AND PROGRAM SUPPORT
NEW ENGLAND AQUARIUM1 CENTRAL WHARF BOSTON,MA 02110	04-2297514	501(C)(3)	8,193				FOR OPERATING AND PROGRAM SUPPORT
PHILLIPS BROOKS HOUSE ASSOCIATIONHARVARD YARD CAMBRIDGE,MA 02139	04-6046123	501(C)(3)	37,500				FOR OPERATING AND PROGRAM SUPPORT
ROCA INC (PROJECT SOL SUMMER CAMP)101 PARK STREET CHELSEA,MA 02150	22-3223641	501(C)(3)	6,480				FOR OPERATING AND PROGRAM SUPPORT
SALESIAN BOYS & GIRLS CLUB150 BRYON STREET EAST BOSTON,MA 02228	04-2258218	501(C)(3)	10,125				FOR OPERATING AND PROGRAM SUPPORT
SOCIEDAD LATINA1530 TREMONT STREET ROXBURY,MA 02119	04-2678255	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
SOMERVILLE YMCA101 HIGHLAND AVE SOMERVILLE,MA 02143	04-2103853	501(C)(3)	17,820				FOR OPERATING AND PROGRAM SUPPORT
SOUTH BOSTON NEIGHBORHOOD HOUSE21 EAST SEVENTH STREET SOUTH BOSTON,MA 02127	04-2104807	501(C)(3)	40,000				FOR OPERATING AND PROGRAM SUPPORT
SPORTSMEN'S TENNIS CLUB950 BLUE HILL AVENUE DORCESTER,MA 02121	23-7037183	501(C)(3)	7,100				FOR OPERATING AND PROGRAM SUPPORT
ST KATHERINE DREXEL SUMMER PROGRAM175 RUGGLES STREET ROXBURY,MA 02119	20-2729200	501(C)(3)	12,275				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(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)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENACITY INC367 WESTERN AVE BOSTON,MA 02210	04-3452763	501(C)(3)	5,700				FOR OPERATING AND PROGRAM SUPPORT
THE CITY SCHOOL614 COLUMBIA AVE Boston,MA 02110	02-0532247	501(C)(3)	5,400				FOR OPERATING AND PROGRAM SUPPORT
THE WRITER'S EXPRESS INC271 CAMBRIDGE STREET 3RD FLOOR BOSTON,MA 02110	04-3239179	501(C)(3)	5,400				FOR OPERATING AND PROGRAM SUPPORT
TRINITY BOSTON FOUNDATION206 CLARENDON STREET BOSTON,MA 02210	04-2736718	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
UMASS BOSTON100 MORRISSEY BOULEVARD BOSTON,MA 02110	04-6013152	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
UNITED SOUTH END SETTLEMENTS566 COLUMBUS AVE BOSTON,MA 02110	04-2104280	501(C)(3)	16,320				FOR OPERATING AND PROGRAM SUPPORT
UPHAMS CORNER COMMUNITY CENTER500 COLUMBIA AVE DORCESTER,MA 02121	04-2708670	501(C)(3)	13,910				FOR OPERATING AND PROGRAM SUPPORT
WEDIKO CHILDREN'S SERVICES72-74 EAST DEDHAM STREET BOSTON,MA 02110	24-6002778	501(C)(3)	23,060				FOR OPERATING AND PROGRAM SUPPORT
WEST END HOUSE BOYS & GIRLS CLUB105 ALLSTON STREET ALLSTON,MA 02134	04-2105825	501(C)(3)	10,800				FOR OPERATING AND PROGRAM SUPPORT
YMCA OF GREATER BOSTON316 HUNTINGTON AVE BOSTON,MA 02110	04-2103551	501(C)(3)	67,400				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YOUNG MEN'S CHRISTIAN ASSOCIATION820 MASS AVENUE CAMBRIDGE,MA 02139	04-2103960	501(C)(3)	8,520				FOR OPERATING AND PROGRAM SUPPORT
YOUTH ENRICHMENT SERVICES412 MASSACHUSETTS AVENUE BOSTON,MA 02110	04-2509466	501(C)(3)	4,609				FOR OPERATING AND PROGRAM SUPPORT
EXTRAS FOR CREATIVE LEARNING443 WARREN STREET DORCESTER,MA 02121	04-2688287	501(C)(3)	6,505				FOR OPERATING AND PROGRAM SUPPORT
BOSTON UNIVERSITY915 COMMONWEALTH AVE BOSTON,MA 02110	04-2103547	501(C)(3)	4,369				FOR OPERATING AND PROGRAM SUPPORT
ELIZABETH PEABODY HOUSE ASSOCIATION275 BROADWAY SOMERVILLE,MA 02143	04-2104827	501(C)(3)	20,790				FOR OPERATING AND PROGRAM SUPPORT
PUPPET SHOWPLACE THEATRE32 STATION STREET BROOKLINE,MA 02445	04-2546402	501(C)(3)	5,015				FOR OPERATING AND PROGRAM SUPPORT
CURIOUS CREATURES160 MAIN STREET GROVELAND,MA 01834	04-3248910	501(C)(3)	9,545				FOR OPERATING AND PROGRAM SUPPORT
URBAN IMPROV670 CENTRE STREET JAMAICA PLAIN,MA 02130	04-2786576	501(C)(3)	1,900				FOR OPERATING AND PROGRAM SUPPORT
OLD SOUTH MEETING HOUSE310 WASHINGTON STREET BOSTON,MA 02108	04-2104806	501(C)(3)	169				FOR OPERATING AND PROGRAM SUPPORT
NEWTON HISTORY MUSEUM 527 WASHINGTON STREET NEWTON,MA 02458	04-2640984	501(C)(3)	383				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HALE RESERVATION80 CARBY STREET WESTFORD,MA 02090	04-2111550	501(C)(3)	4,522				FOR OPERATING AND PROGRAM SUPPORT
MUSEUM OF FINE ART465 HUNTINGTON AVENUE BOSTON,MA 02115	04-2103607	501(C)(3)	1,160				FOR OPERATING AND PROGRAM SUPPORT
USS CONSTITUTIONPO BOX 1812 BOSTON,MA 02129	04-2505888	501(C)(3)	1,779				FOR OPERATING AND PROGRAM SUPPORT
HISTORIC NEW ENGLAND 141 CAMBRIDGE STREET BOSTON,MA 02114	04-2104937	501(C)(3)	1,050				FOR OPERATING AND PROGRAM SUPPORT
MY TOWNPO BOX 180445 BOSTON,MA 02123	04-3328081	501(C)(3)	885				FOR OPERATING AND PROGRAM SUPPORT
BUTTERFLY PLACE120 TYNGSBORO ROAD WESTFORD,MA 01886	04-2856738	501(C)(3)	742				FOR OPERATING AND PROGRAM SUPPORT
BOSTON CHILDRENS MUSEUM300 CONGRESS STREET BOSTON,MA 02210	04-2103993	501(C)(3)	2,550				FOR OPERATING AND PROGRAM SUPPORT
BOSTON HARBOR ISLANDS ALLIANCE408 ATLANTIC AVENUE BOSTON,MA 03349	04-3268863	501(C)(3)	1,784				FOR OPERATING AND PROGRAM SUPPORT
METROLACROSSE INC150 MT VERNON STREET DORCESTER,MA 02121	04-3482756	501(C)(3)	1,000				FOR OPERATING AND PROGRAM SUPPORT
HUMAN SERVICE FORUM C/O UNITED WAY OF PIONEER VALLEY 184 MILL ST SPRINGFIELD,MA 01108	04-2132680	501(C)(3)	768				FOR OPERATING AND PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(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)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
METROWEST NONPROFIT NETWORKpo box 1661 FRAMINGHAM,MA 01701	04-3266789	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
MOUNT WACHUSETT COMMUNITY COLLEGE444 GREEN STREET GARDNER,MA 01440	04-6002284	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT
TDC31 MILK STREET SUITE 310 BOSTON,MA 02109	04-2441030	501(C)(3)	3,632				FOR OPERATING AND PROGRAM SUPPORT
MASS NONPROFIT NETWORK89 SOUTH STREET SUITE 601 BOSTON,MA 02111	26-0169529	501(C)(3)	5,000				FOR OPERATING AND PROGRAM SUPPORT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ASSOCIATED GRANT MAKERSINC

Employer identification number
04-2457605

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		ASSOCIATED GRANT MAKERS, INC IS A MEMBER ORGANIZATION MEMBERS ARE REQUIRED TO MAKE ANNUAL PAYMENTS FOR THEIR MEMBERSHIP
Form 990, Part VI, Section A, line 7a		MEMBERS WHO HAVE PAID THEIR ANNUAL MEMBERSHIP FEES ARE ENTITLED TO ONE VOTE BOARD MEMBERS ARE NOMINATED BY THEIR PEERS AND ARE VOTED BY MEMBERS DURING THE ANNUAL MEETING
Form 990, Part VI, Section A, line 7b		EVERY MEMBER IS ENTITLED TO ONE VOTE WHEN A QUORUM IS REACHED, BOARD MEMBERS ARE ELECTED BY MAJORITY VOTES FROM MEMBERS MAJORITY VOTES BY MEMBERS ARE ALSO REQUIRED TO AMEND CERTAIN PROVISIONS OF THE BY-LAWS INCLUDING, DETERMINATION OF MEMBERS OF THE CORPORATION, REMOVAL OF DIRECTORS, INDEMNIFICATION OF DIRECTORS & OTHERS AND TRANSACTIONS WITH INTERESTED MEMBERS, DIRECTORS, OFFICERS OR EMPLOYEES, except where a larger majority vote may be required by law, the articles of organization and by-laws
Form 990, Part VI, Section B, line 11		THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS DESIGNATED THE BOARD TREASURER AS THE REVIEWER OF THE FORM 990 THE TREASURER REVIEWS THE FORM 990 AND THEN CONTACTS THE TAX RETURN PREPARER WITH QUESTIONS AND CHANGES ONCE QUESTIONS HAVE BEEN ADDRESSED, THE TREASURER INFORMS THE FINANCE COMMITTEE and then emails the form 990 to all the board members subsequently the treasurer AUTHORIZES THE TAX PREPARER TO ELECTRONICALLY SUBMIT THE FORM 990 TO THE INTERNAL REVENUE SERVICE
Form 990, Part VI, Section B, line 12c		ASSOCIATED GRANT MAKERS, INC REQUIRES AN ANNUAL SIGN OFF FROM OFFICERS, DIRECTORS, AND KEY EMPLOYEES DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT
Form 990, Part VI, Section B, line 15		The Executive Committee reviews the President's or Acting President's performance and sets compensation AFTER COMPLETION OF an annual review by the Chair and Vice Chair Compensation is set based after review of regional non-profit compensation data and keeping in mind AGM's budget parameters as set by the Finance Committee The President and Finance committee set the other EMPLOYEE'S salarieS BASED ON salary surveys that the Council on FoundationS CONDUCTS AND RELATES IT TO OTHER INDIVIDUALS HOLDING SIMILAR POSITIONS IN SIMILAR AGENCIES
Form 990, Part VI, Section C, line 19		ASSOCIATED GRANT MAKERS, INC USES ITS WEBSITE TO PUBLICIZE ITS MISSION STATEMENT, LISTS ITS BOARD MEMBERS, AS WELL AS ITS PROGRAM AND ANNUAL REPORTS OTHER ORGANIZATIONAL DOCUMENTS, INCLUDING 990'S, ARE AVAILABLE UPON A WRITTEN REQUEST THE ORGANIZATIONAL 990 IS ALSO AVAILABLE ON WWW GUIDESTAR COM THE FORM 990 IS ALSO AVAILABLE ON ASSOCIATED GRANT MAKERS'S WEBSITE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493217002020

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ASSOCIATED GRANT MAKERSINC	Form 990 Page 10	04-2457605

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	10,188

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	10,188
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	