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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

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
THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
4 Copley Place No 6th Fl

City or town, state or country, and ZIP + 4
Boston, MA 02116

D Employer identification number
76-0788130

E Telephone number
(617) 587-2300

F Group Exemption Number ▶

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

G Accounting method ☐ Cash ☑ Accrual
Other (specify) ▶

I Website: ▶ N/A

J Tax-Exempt status (check only one)— ☑ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 233,686

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	120,418
	2	Program service revenue including government fees and contracts		2	113,268
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	233,686
Expenses	10	Grants and similar amounts paid (attach schedule)		10	197,777
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	5,210
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)		16	45,014
	17	**Total expenses.** Add lines 10 through 16 ▶		17	248,001
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-14,315
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	47,845
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	33,530

Part II Balance Sheets—If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	47,845	22	33,530
23	Land and buildings		23	
24	Other assets (describe ▶)		24	
25	**Total assets**	47,845	25	33,530
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	47,845	27	33,530

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

What is the organization's primary exempt purpose?
TO OPERATE EXCLUSIVELY FOR CHARITABLE AND EDUCATIONAL PURPOSES, AND TO RECEIVE, ADMINISTER AND DISTRIBUTE FUNDS IN CONNECTION WITH ANY ACTIVITIES RELATED TO THE ABOVE PURPOSES

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

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

28 BOSTONIAN GROUP CHARITABLE FOUNDATION HOSTS AN ANNUAL GOLF TOURNAMENT THE PROCEEDS AFTER ALL DIRECT EXPENSES ARE DONATED TO CHARITABLE AND EDUCATIONAL ORGANIZATIONS PRIMARILY INVOLVED IN MEDICAL RESEARCH, HOMELESSNESS AND CHILD CAUSES (Grants $ 197,777) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	242,791
29 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**29a**	
30 (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**30a**	
31 Other program services (attach schedule) . . . . . . (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	**31a**	
32 Total program service expenses (add lines 28a through 31a) . . . . . ▶	**32**	242,791

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	**(b)** Title and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-.)**	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	*Section 501(c)(7) organizations.* Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	*Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0			
b	*Section 501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No

41 List the states with which a copy of this return is filed ▶ MA

42a The organization's books are in care of ▶ The Organization Telephone no ▶ (617) 587-2300

Located at ▶ 4 Copley Place No 6th Fl Boston, MA ZIP + 4 ▶ 02116

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		No
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
44	Did the organization maintain any donor advised funds? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	44		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If "Yes", Form 990 must be completed instead of Form 990-EZ.*	45		No

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.**
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
NONE				

50(f) Total number of other employees paid over $100,000 . . . . . ▶

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

(a) Name and address of each independent contractor paid more than $100,000	**(b)** Type of service	**(c)** Compensation
NONE		

51(d) Total number of other independent contractors each receiving over $100,000 . . . . . ▶

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

****** — Signature of officer — 2010-11-12 — Date

Philip Litos PRESIDENT — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ James M Philbin	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BRAVER PC 25 CHRISTINA STREET NEWTON, MA 02461			EIN ▶ Phone no ▶ (617) 969-3300

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☑ Yes ☐ No

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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
THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

Employer identification number
76-0788130

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ 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 ")						
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						
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)						
6 **Public Support.** Subtract line 5 from line 4						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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 ")	100,422	134,403	245,807	167,100	120,418	768,150
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	55,443	43,469	49,448	114,198	113,268	375,826
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	155,865	177,872	295,255	281,298	233,686	1,143,976
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	15,000	59,195	151,049	160,000	114,218	499,462
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	12,500	7,500	7,500	10,000	12,000	49,500
c Add lines 7a and 7b	27,500	66,695	158,549	170,000	126,218	548,962
8 **Public Support** (Subtract line 7c from line 6)						595,014

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	155,865	177,872	295,255	281,298	233,686	1,143,976
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)	155,865	177,872	295,255	281,298	233,686	1,143,976

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	52 010 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	53 560 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
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

Additional Data

Software ID:

Software Version:

EIN: 76-0788130

Name: THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JAMES D BLUE II 4 COPLEY PLACE 6TH FLOOR BOSTON,MA 02116	DIRECTOR AND CEO 1 00	0	0	0
PHILIP LITOS 4 COPLEY PLACE 6TH FLOOR BOSTON,MA 02116	DIRECTOR AND PRESIDENT 1 00	0	0	0
JOSEPH D'ARRIGO 4 COPLEY PLACE 6TH FLOOR bOSTON,MA 02116	DIRECTOR AND TREASURER 1 00	0	0	0
PETER PEDRO JR 4 COPLEY PLACE 6TH FLOOR BOSTON,MA 02116	DIRECTOR AND SENIOR VICE PRES 1 00	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

EIN: 76-0788130

Item No.	1
Class of Activity	
Donee's Name	ANSWER HOUSE
Donee's Address	5 G Street BOSTON, MA 02127
Amount (FMV)	40,100
Purpose of Payment to Affiliate	
Relationship	none
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	
Donee's Name	NESCO
Donee's Address	40 HUDSON RD CANTON, MA 02021
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	
Donee's Name	Boston Healthcare for the Homeless
Donee's Address	780 Albany Street BOSTON, MA 02118
Amount (FMV)	33,300
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	
Donee's Name	Cystic Fibrosis Foundation
Donee's Address	220 North Main Street Suite 104 NATICK, MA 01760
Amount (FMV)	6,550
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	
Donee's Name	From The Top
Donee's Address	295 Hungtıngon Ave Suıte 201 BOSTON, MA 02115
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	
Donee's Name	Ride for Kids
Donee's Address	10 Lincoln Rd FOXBORO, MA 02035
Amount (FMV)	31,850
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	
Donee's Name	Ron Burton Training Village
Donee's Address	222 FORBES ST SUITE 207 BRAINTREE, MA 02184
Amount (FMV)	8,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	
Donee's Name	CATHOLIC CHARITIES
Donee's Address	51 SLEEPER ST SUITE 100 BOSTON, MA 02210
Amount (FMV)	4,650
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	
Donee's Name	GIRLS INC
Donee's Address	88 BROAD ST LYNN, MA 01902
Amount (FMV)	4,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	
Donee's Name	BOTTOM LINE
Donee's Address	500 AMORY ST SUITE 3 JAMAICA PLAIN, MA 02130
Amount (FMV)	4,281
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	
Donee's Name	HORIZONS FOR HOMELESS CHILDREN
Donee's Address	1705 COLUMBUS AVE ROXBURY, MA 02119
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	
Donee's Name	ASSOCIATED EARLY CARE & EDUCATION
Donee's Address	95 BERKLEY ST SUITE 306 BOSTON, MA 02116
Amount (FMV)	3,250
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	
Donee's Name	NEW ENGLAND WOMEN'S LEADERSHIP AWARDS
Donee's Address	1135 DORCHESTER AVE DORCHESTER, MA 02125
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	
Donee's Name	HABITAT FOR HUMANITY
Donee's Address	20 MATHEWSON DR WEYMOUTH, MA 02189
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	
Donee's Name	JEWISH FAMILY & CHILDREN'S SERVICES
Donee's Address	1430 MAIN ST WALTHAM, MA 02451
Amount (FMV)	2,600
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	16
Class of Activity	
Donee's Name	FRANCIS OUIMENT SCHOLARSHIP FUND
Donee's Address	300 ARNOLD PALMER BLVD NORTON, MA 02766
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	
Donee's Name	BIG BROTHER BIG SISTER FOUNDATION
Donee's Address	PO BOX 55837 BOSTON, MA 02445
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	
Donee's Name	ROBERT F KENNEDY CHILDREN'S ACTION CORPS
Donee's Address	11 BEACON ST SUITE 200 BOSTON, MA 02108
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	19
Class of Activity	
Donee's Name	MASONIC HEALTH SYSTEM
Donee's Address	88 MASONIC HOME RD CHARLTON, MA 01507
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	20
Class of Activity	
Donee's Name	INNER-CITY SCHOLARSHIP FUND
Donee's Address	260 FRANKLIN ST SUITE 630 BOSTON, MA 02110
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	21
Class of Activity	
Donee's Name	PROJECT BREAD
Donee's Address	145 BORDER ST EAST BOSTON, MA 02128
Amount (FMV)	1,710
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	22
Class of Activity	
Donee's Name	CATHOLIC CHARITIES NORTH
Donee's Address	55 LYNN SHORE DR LYNN, MA 01902
Amount (FMV)	1,700
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	23
Class of Activity	
Donee's Name	DFCI- AN EVENING FOR BRIDGET
Donee's Address	44 Binney St BOSTON, MA 02115
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	24
Class of Activity	
Donee's Name	WHITTIER STREET HEALTH CENTER
Donee's Address	1125 TRREMONT ST ROXBURY, MA 02120
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	25
Class of Activity	
Donee's Name	CARROLL CENTER FOR THE BLIND
Donee's Address	770 CENTRE ST NEWTON, MA 02458
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	26
Class of Activity	
Donee's Name	SERVING PEOPLE IN NEED
Donee's Address	270 UNION ST LYNN, MA 01901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	27
Class of Activity	
Donee's Name	WOMEN'S LUNCH PLACE
Donee's Address	PO BOX 1130 BOSTON, MA 02117
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	28
Class of Activity	
Donee's Name	MEGHAN KUHN MEMORIAL SCHOLARSHIP
Donee's Address	438 Court St Plymouth, MA 02360
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	29
Class of Activity	
Donee's Name	LCHC
Donee's Address	269 UNION ST LYNN, MA 01901
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	30
Class of Activity	
Donee's Name	DEPARTMENT OF CHILDREN & FAMILIES
Donee's Address	24 FARNSWORTH ST BOSTON, MA 02210
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	31
Class of Activity	
Donee's Name	OTHER DONATIONS UNDER 1000 each
Donee's Address	VARIOUS VARIOUS, MA 99999
Amount (FMV)	13,786
Purpose of Payment to Affiliate	
Relationship	None
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

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TY 2009 Other Expenses Schedule

Name: THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

EIN: 76-0788130

Description	Amount
PROGRAM EXPENSES RELATED TO GOLF TOURNAMENT	45,014

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TY 2009 Transfers Personal Benefits Contracts Declaration

Name: THE BOSTONIAN GROUP CHARITABLE FOUNDATION INC

EIN: 76-0788130

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.