

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



ACGF 06/02/2011 10 57 AM 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

2009 Open to Public Inspection

 A	For the 200	9 calendar ye	ear, or tax year	beginning 11,	/01/09 , and endu	ng 10/	/31/1	0				
_	Check if applicat	Please use IRS	C Name of organ	nization	rs Charitable G	ıft Fun	ıd		ı) Emplo	yer identifi	ication number
$\overline{\Box}$	Name change	label or print or	l n n	is As						01-	07825	73
	Initial return	type. See	1	street (or PO box if mail is no	ot delivered to street address)			Room/suit	e E		one number -970-	
	Termination	Specific	24					L				2,061,394
\Box	Amended return	Instruc- tions	Woburn	n, state or country, and Z		L-1721			<u> </u>	G Gross recei	pis s	2,001,394
님		E 11	e and address of				· · · · · ·			H(a) is this a	group return	for
ш	Application pen	uniy j		rese Jr.						affiliate		Yes X No
			Gill S						1	H(b) Are all a include	affiliates	Yes No
_		Wo	burn		<u>MA 01801</u>	<u> </u>				If "No,"	attach a list ((see instructions)
_	Tax-exempt		_——	3) ◄ (insert no)	4947(a)(1) or	527						
<u>J</u>			und.org								exemption nur	
		tation X Co		ust Association	Other -		L	Year of form	ation 20	03	M State of le	egal domicile MA
ᅸ	Part I	Summa										
		-	_	n's mission or most s								
ė	T	o bromo	te charit	table giving	•							
В												
Activities & Governance												
Ó	2 Chec	ck this box		-	ed its operations or dispo	sed of more	than 25%	6 of its ne	t assets	1 - 1	0	
98	3 Num	_	•	the governing body (F	•	463				3	9	
ities	4 Num	•	-	=	erning body (Part VI, line	10)				4		
Ϋ́	5 Tota		employees (Pa							6		
ĕ				timate if necessary)	/III, column (C), line 12					7a		
	1	-		income from Form 9						7b		0
	D Net	um cialed bu	SINCSS (AXADIC	income nom rom s	750-1, 11110 04				Prior Year		Cur	rrent Year
đ	8 Cont	tributions and	d grants (Part	VIII, line 1h)					967	,896		725,120
Revenue	9 Prog	ram service	revenue (Part	VIII, line 2g)								
ěve	10 Inve	stment incor	ne (Part VIII, c	column (A), lines 3, 4,	, and 7d)				<u>-336</u>	,959		95,722
IZ.	11 Othe	er revenue (F	Part VIII, colum	nn (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)							
_					Part VIII, column (A), line	12)				,937		820,842
			•	ııd (Part IX, column (A					.,180	,405		814,301
	l l			s (Part IX, column (A)								
es	15 Sala				Part IX, column (A), lines 5	5–10) ■ 10 (CCC)						
Expenses	16a Prote			Part IX, column (A), li	U 1777 R 17 77 H	:IVEU						
Exp	D lota			art IX, column (D), line	u 1		က္တ		77	,437		77,569
_	17 Out			nn (A), lines 11a–11d		3 2011	Ŏ	1	, 257			891,870
				act line 18 from line 1	A CONTRACTOR OF THE PARTY OF TH	.	RS-OSC	<u> </u>		,905		-71,028
5	Se	511d5 1555 57	poness casa	<u> </u>		a. U			ng of Curre	nt Year		d of Year
Net Assets or	20 Tota	l assets (Pa	rt X, line 16)		L OGDE	_Ird. U		3	3 <u>,638</u>		3	,929,903
et A	일 21 Tota	•	Part X, line 26)					<u></u>		,796		27,410
				Subtract line 21 from li	ine 20				624	,080	3	,902,493
_!	Part II		re Block									
		Under pena and belief, if	ities of perjury, I it is true, correct.	declare that I have exam and complete_Declarate	mined this return, including action of preparer (other than off	companying s icer) is based	schedules a on all infor	ind stateme mation of w	ents, and to which prepa	the best of arer has any	my knowled knowledge	dge :
= ==:	gn	.	12.20	B Ma		,					נאבא.	,
•	-		ure of officer	N. Illon	7m					Date	<i>911/1</i>	
	ere		avid B.	Morgan	J	•	Vice	Pres	ident		,	
9			or print name and			 -						
5							Date		Check if			's identifying number
Pa	aid	Preparer's signature				İ		2/11	self- employed	4 🏲	(see instr	uctions)
	reparer's			Northeast	Retirement S	Service		-/	стрюуе	EIN ►	04	-2686260
Ų	se Only	Firm's name if self-emplo		4A Gill St						Phone	<u> </u>	
3		address, an		Woburn, MA		4					781-	970-5020
Ma	y the IRS di	scuss this re	eturn with the r	oreparer shown above						,		Yes No
Fo	r Privacy A				the separate instructio	ns.						Form 990 (2009)
DA		•									~	- n

Statement of Program Service Accomplishments

	D 0			
1	Briefly describe	tne	organizations	mission

To promote charitable giving.

Did the organizat	tion undertake any significant pr	ogram services during the year which were not lis	ted on				
the prior Form 99	90 or 990-EZ?			-	Yes	X	No
If "Yes," describe	e these new services on Schedu	ile O					
Did the organizat	tion cease conducting, or make	significant changes in how it conducts, any progra	am				
services?				L	Yes	X	No
If "Yes," describe	e these changes on Schedule O						
Describe the exe	empt purpose achievements for	each of the organization's three largest program s	ervices by expenses				
Section 501(c)(3)	i) and 501(c)(4) organizations ar	nd section 4947(a)(1) trusts are required to report	the amount of grants and				
allocations to oth	ners, the total expenses, and rev	renue, if any, for each program service reported					
<u> </u>			14.001				
in the are	eas of education	n, culture, religion, so					
(Code) (Expenses \$	including grants of \$) (Revenue \$		_		
	the prior Form 9 If "Yes," describe Did the organiza services? If "Yes," describe Describe the exe Section 501(c)(3 allocations to oth (Code The fund in	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedul Did the organization cease conducting, or make services? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for Section 501(c)(3) and 501(c)(4) organizations are allocations to others, the total expenses, and revice (Code) (Expenses \$ 850 The fund made grants to 5 the fund made grants to	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any prograservices? If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program's Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report allocations to others, the total expenses, and revenue, if any, for each program service reported (Code) (Expenses \$ 814,301 including grants of \$ 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 (Code) (Expenses \$ 814,301 including grants of \$ 814,301) (Revenue \$ The fund made grants to 120 charitable organizations in the areas of education, culture, religion, social	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O 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 (Code) (Expenses \$ 814,301 including grants of \$ 814,301) (Revenue \$ 1.00 charitable organizations in the areas of education, culture, religion, social)	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes If "Yes," describe these changes on Schedule O 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 (Code) (Expenses \$ 814,301 including grants of \$ 814,301) (Revenue \$ 1.00 charitable organizations in the areas of education, culture, religion, social)	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O 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 (Code) (Expenses \$ 814,301 including grants of \$ 814,301) (Revenue \$ 1.00 charitable organizations in the areas of education, culture, religion, social

4c (Code) (Expenses \$	including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O) including grants of \$ 814,301) (Revenue \$

4e Total program service expenses ▶

					Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					
	complete Schedule A			1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		1	2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to					
	candidates for public office? If "Yes," complete Schedule C, Part I		,	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		1			
	Schedule C, Part II		ļ	4		<u> </u>
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		ĺ	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		ļ	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
	complete Schedule D, Part III			8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part					
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		-			
	complete Schedule D, Part IV		ļ	9		_ <u>X</u> _
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or		ł	. 1		
	quasi-endowments? If "Yes," complete Schedule D, Part V		}	10		<u> </u>
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		i		.,	
	VII, VIII, IX, or X as applicable			11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, Part VI		j			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		j			
_	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		}	ł	1	
_	Did the organization report an amount for other assets related 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				İ	
	the organization's liability for uncertain tax positions under FIN 482 If "Yes," complete Schedule D, Part X					
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete					
•	Schedule D, Parts XI, XII, and XIII		ľ	12	х	
2A	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	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<u> </u>	-	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?		ľ	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		Ī			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ĺ			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			_15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		1			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		ļ	16		X
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		_X_
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		<u> </u>
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		<u>X</u>
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20		<u>_x</u>
				Form	990	(2009)

Form 990 (2009) Advisors Charitable Gift Fund 01-0782573 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 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 Х 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 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 lines X 24b through 24d and complete Schedule K If "No," go to line 25 24a 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 X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 990-EZ? If "Yes," complete Schedule L, Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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? X If "Yes," complete Schedule L, Part III 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV 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 direct or indirect owner? If "Yes," complete Schedule L, X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, X 37 Part VI

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

Form 990 (2009)

X

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

	rt V Statements Regarding Other IRS Filings and Tax Compliance	.575		P	'age :
<u>Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1		res	No
ıa	U.S. Information Returns. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report		-		
C	gaming (gambling) winnings to prize winners?	table	1c		x
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	} ''	_	-
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	L	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		2.0	-	
	Instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	W/			
Ja		, y	22		x
h	this return? If "You" hourst filed a Form 900 T for this year? If "No " provide an explanation in Schedule O		3a 3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	hordy	30		ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other aut				
	over, a financial account in a foreign country (such as a bank account, securities account, or other finan	ciai			v
_	account)?		4a		X
Ь	If "Yes," enter the name of the foreign country	_1.			ļ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba	HK			
c -	and Financial Accounts				.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-0	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		^
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing	_		
C-	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
L	organization solicit any contributions that were not tax deductible?	0.5	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	Of	C.L		}
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	do			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	lus	70		
	and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		70		
С	required to file Form 8282?		7c		i
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70	_	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers				
C	benefit contract?	onai	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	7	7f		
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 a	s			
	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		ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	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				
а	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				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				ŀ
	amounts due or received from them)	11b			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	041?	12a		

Part VI

Form 990 (2009) Advisors Charitable Gift Fund

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

	Schedule O. See Instructions.					
<u>Sec</u>	tion A. Governing Body and Management				1	1
10	Fator the number of voting members of the governing body	ا اء	9		Yes	No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent	1a 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with					
2				2		x
3	any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct			-	+	<u> </u>
3				3		x
4	supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	2		4	+	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	•		5	+	X
6	Does the organization have members or stockholders?			6	+	X
7a	Does the organization have members of stockholders, or other persons who may elect one or more members			-	-	1
7 4	of the governing body?			7a		x
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	+	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			10	+	1
Ü	the year by the following					
-	The governing body?			8a	x	
a b	Each committee with authority to act on behalf of the governing body?			8b	X	
9				00	1	
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			9		x
500	tion B. Policies (This Section B requests information about policies not required by the Int	ornal				1 2
	renue Code)	Ciliai				
1100	chide Gode)				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a	1.63	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			100	+	
	affiliates, and branches to ensure their operations are consistent with those of the organization?			106		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			100	+	1
••	form?			11	1	x
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990				+	+
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	1
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			120	+	
	rise to conflicts?			126	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			129	 	
·	describe in Schedule O how this is done			120	x	
13	Does the organization have a written whistleblower policy?			13	X	†
14	Does the organization have a written document retention and destruction policy?			14	X	1
15	Did the process for determining compensation of the following persons include a review and approval by			14	+	1
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official			15a	x	
b	Other officers or key employees of the organization			15b		
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			100	+	
16a						
104	with a taxable entity during the year?			16a		x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			100	†	
	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?			165		
Sec	ction C. Disclosure					٠
17	List the states with which a copy of this Form 990 is required to be filed MA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	v)				
	available for public inspection. Indicate how you make these available. Check all that apply	,,				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t				
19	policy, and financial statements available to the public	•				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
₽ U	organization David Morgan AA Gill Street					
W	oburn MA 0180)1		781-9	70-5	5020

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization (A)	(B)	-		(0	>)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director		Officer		Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Thomas Forese, Jr	•							0	0	
David B. Morgan				_						
-			ľ	l				o	o	0
Treasurer Janet M. Rabbitt			_			-				
Clerk								ol	o	0
Richard P. Chapma	n .Tr	├─				H				
Director	11, 01.							o	0	0
Ronald D. Dean		 		\vdash	┢	t T				
Director								ol	0	O
Thomas Forese, Jr		_		┢┈	_	<u> </u>				
Director]							o	0	O
William S. Hogan		_								
Director								o	0	0
Richard E. Holbro	ok									
Director				İ				0	0	C
Dr. Diane Cooksey	Kessler	-								
Director	1							0	0	O
Joseph F. MacDonc	ugh									
Director								0	0	C
Maurice H. Richae	dson									
Director		L			L	_	<u> </u>	0	0	C
David A. St. Yves										
Director					L			0	0	C
	l									
		L_	_	<u> </u>	<u>_</u>					
		1		1						
		<u> </u>	ļ	<u> </u>	L					_ <u> </u>
	L	<u> </u>	ļ		<u> </u>	 	<u> </u>			
			[İ		1	-			
		ļ	_	<u> </u>	! —	_	ļ			
	1					1				

<u>rai</u>	t VII. Section	n A. Unicers	, Directors, Trus	tees	, re	y Em	ibio	ees,	, and	nignest Compensated E	inployees (continued)			
	(A) Name and Tit	le	(B) Average hours per	Ь.,	. —	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation	Est	(F) mated ount of	
	•		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	ther ensatior m the nization related nizations	
												-		
		-												
					<u> </u>				,					
		<u>-</u>												
		. <u></u>				ļ 								_
									Ĺ					
	Total								<u> </u>	<u> </u>		<u>L</u>		
2	Total number of in reportable compe	•	-		to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in	_		
3										ee, or highest compensated			Yes	
4		l listed on line	e 1a, is the sum o	f rep	ortat	ole co	ompe	ensat	tion a	and other compensation from		3	 	X
5	ındıvıdual									unrelated organization for		4	+	X
	services rendered			com	plete	Sch	edul	e J f	or su	uch person		5		<u> </u>
Sect 1		ole for your fiv	e highest compe	nsate	ed in	depe	nder	nt co	ntrad	ctors that received more tha	n \$100 000 of	-		
	compensation fro		(A) d business address							Descrip	(B) otion of services		(C) Compen	sation
									_					
									_					
										 				
2	Total number of a more than \$100,0							l to th	nose	listed above) who received	····	_	0 0	<u> </u>

Form 990 (2009) Advisors Charitable Gift Fund

	rt VI	II Staten	nent of Reve	nue						i age o
<u>, , a</u>		Otaten	ient of Neve	<u>nuc</u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated cam Membership di Fundraising ev Related organi Government grants (All other contribution and similar amounts Noncash contribution Total. Add line	ues rents zations (contributions) s, gifts, grants, not included above ns included in lines 1a-	1a		5,120	725,120			
gram Service Revenue	2a b c d				Bu	sn Code				
Prog	f	All other progra Total. Add line	am service rever	ue		_				
:	3	Investment income from in	ome (including d			nd 🕨	114,452			114,452
	5 6a b c	Royaltres Gross Rents Less rental exps Rental inc or (loss) Net rental inco	(i) Real		(II) Perso	nal				
	b	Gross amount from sales of assets other than inventory Less cost or other basis & sales exps Gain or (loss)		,822	(II) Oth		-18,730	10, 720		
Other Revenue	b	(not including \$ of contributions in See Part IV, line Less direct ex	om fundraising evel reported on line 1c) 18	a b	events	•	-10,730	-18,730		
	b	See Part IV, line Less direct ex	penses	a b						
	10a b	Gross sales of returns and all Less cost of g Net income or		a b s of inve	ntory	▶ sn Code	;			
	11a b c	All other reven				0340				
	е	Total. Add line		ns		>	820,842	-18,730	0	114,452

Form 990 (2009)

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,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	814,301	814,301		
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				· · · · · · · · · · · · · · · · · · ·
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes				
11 a	Fees for services (non-employees) Management	ļ			
	Legal				
	Accounting				
	Lebbying				
	Professional fundraising services See Part IV, line 17				
f	Investment management fees				· · · · · · · · · · · · · · · · · · ·
g	Other	77,569		77,569	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	···································			
22	Depreciation, depletion, and amortization				
23	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)	<u> </u>			
a b					
c		· · · · · · · · · · · · · · · · · · ·			-
d					
e					<u> </u>
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	891,870	814,301	77,569	
26	Joint costs. Check here ▶	,			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	<u> </u>			

			(A)		(B)
			Beginning of year		End of year
	1 `	Cash—non-interest bearing	7,406	1	7,467
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		_3	
1	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of	[[į	
		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	
Assets	7 ·	Notes and loans receivable, net		_ 7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	3,630,010	11	3,921,006
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,460	15	1,430
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,638,876	16	3,929,903
	17	Accounts payable and accrued expenses	12,596	17	25,210
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			'- '-
豆		employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L	ļ	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	2,200	25	2,200
	26	Total liabilities. Add lines 17 through 25	14,796	26	27,410
ç		Organizations that follow SFAS 117, check here ▶ X and			
Balances		complete lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets	3,624,080	27	3,902,493
Ba	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here ▶			
느		and complete lines 30 through 34.			
0 0	30	Capital stock or trust principal, or current funds		30	
ě	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
\ss	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund	33	Total net assets or fund balances	3,624,080	33	3,902,493
Š	34	Total liabilities and net assets/fund balances	3,638,876	34	3,929,903

Form **990** (2009)

orm	990 (2009) Advisors Charitable Gift Fund 01-0782573		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 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?	2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O	1 1		
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 separate 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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Advisors Charitable Gift Fund

Employer identification number 01-0782573

Pa	rt I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	art) Se	e ins	tructio	ns		
he c	rgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only on	e box)							
1	Ň			ciation of churches described in			.)(ı).						
2	Ħ		nbed in section 170(b)(1)(A										
3	H			e organization described in section	on 170(b)(1)(A)(iii).							
4	H			in conjunction with a hospital des				(A)(iii). I	Enter th	e hospiti	al's name.		
•	ш	city, and state		••• •• •• •• •• •• •• •• •• •• •• ••			` ' ' '	,		•			
5		•		a college or university owned or	operated I	ov a gove	romenta	l unit de:	scribed	ın			
J	ш)(1)(A)(iv). (Complete Part II		· · · · · · · · · · · · · · · ·	-, - 3							
6	\Box			· / vernmental unit described in sec	tion 170(t)(1)(A)(v	١.						
7	H			ubstantial part of its support from				the aer	eral nu	hlic			
′	Ш	•			a govenn	nemar an	. 01 11011	ine ger	iciai pa	0110			
			ection 170(b)(1)(A)(vi). (Co		١								
8				O(b)(1)(A)(vi). (Complete Part II		stributions	momb	orobio fo	oc and	arocc			
9	X			more than 33 1/3 % of its suppo									
				ot functions—subject to certain ex						ILS			
		• • • • • • • • • • • • • • • • • • • •		unrelated business taxable inco			i tax) iii	Jili busii	162262				
			-	, 1975 See section 509(a)(2). (0									
10	\square			clusively to test for public safety					, the				
11				clusively for the benefit of, to pe									
				d organizations described in sec						uon			
				e type of supporting organization			r	_					
	_	a Type		c Type III–Functiona			d [e IIIOth	ner			
ө				nization is not controlled directly									
		persons other	than foundation managers a	and other than one or more public	ciy suppon	ea organi	zations	iescribe	a in sec	แดก			
			ection 509(a)(2)	-									
f		If the organiza	ation received a written deteri	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III si	upporting	9				
		-	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	on from ar	ny of the							
		following per											
		(i) A person	who directly or indirectly cor	ntrols, either alone or together wi	th persons	describe	d ın (ıı)					Yes	No
		and (III) b	elow, the governing body of	the supported organization?							11g(ı)		
		. ,	member of a person describe								11g(II)	<u> </u>	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(m)	L	
h		Provide the f	ollowing information about th	e supported organization(s)									
(ı)	Nam	e of supported	(II) EIN	(iii) Type of organization	(IV) Is the c	-	(v) Did y			s the	(VII) Am		
	org	ganization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?	col (ı)	ization in of your	organizat (i) organi	zed in the	supp	оп	
				(see instructions))	governing		supr	ort?		5 ?			
					Yes	No	Yes	No	Yes	No			
						<u></u>						• •	
					<u> </u>	ļ							
					1								
					-	ļ							
						-							
					 								
Tota	ıl				<u> </u>		<u> </u>	<u> </u>					

Schedule A, (Form 990 or 990-EZ) 2009 Advisors Charitable Gift Fund 01-0782573 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 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 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

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

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

Schedule A (Form 990 or 990-EZ) 2009

18

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

	tion A. Public Support		# \ 0000	() 0007 T		4 1 0000	
Cal	endar 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")	355,881	2,777,802	2,884,401	967,896	725,121	7,711,101
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	355,881	2,777,802	2,884,401	967,896	725,121	7,711,101
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				1		
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year						
-	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						7,711,101
	tion B. Total Support	() 0005	#12000	. \ 0007		() 0000	(O.T.)
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	355,881	2,777,802	2,884,401	967,896	725,121	7,711,101
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,251	39,698	108,927	66,222	83,574	305,672
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	7,251	39,698	108,927	66,222	83,574	305,672
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	363,132	2,817,500	2,993,328	1,034,118	808,695	8,016,773
14	First five years. If the Form 990 is for the		econd, third, fourth,	or fifth tax year as	a section 501(c)(3)	▶ □
	organization, check this box and stop here			_			
				<u>-</u> .	 	15	96 19%
15 46	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche			"		16	96 96%
<u>16</u> Sec	tion D. Computation of Investme						23 20 70
17	Investment income percentage for 2009 (In			lumn (f))		17	4 %
18	Investment income percentage from 2008			·-··· \-//		18	3 %
19a	33 1/3 % support tests—2009. If the orga			I, and line 15 is mo	ore than 33 1/3 %, a	\	
	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the orga	ox and stop here. Th	ne organization qua	lifies as a publicly s	supported organiza	tion	▶ X
b	line 18 is not more than 33 1/3 %, check th						• •

Schedule A (Form 990 or 990-EZ) 2009 Advisors Charitable Gift Fund

01-0782573

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ▶ 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 Open to Public

Inspection

Name of the organization

Employer identification number

7.4	dvisors Charitable Gift Fund		01-0	782573
	rt I Organizations Maintaining Donor Advised Fun	de or Other Similar Funds or Ac		
Pa	the organization answered "Yes" to Form 990, P	art IV line 6	Counts	. Complete ii
	the organization and to to to to the control of	(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and of year	65		0
1	Total number at end of year	725,120		
2	Aggregate contributions to (during year)	814,301		
3	Aggregate grants from (during year)	3,921,006		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the			₹
	funds are the organization's property, subject to the organization's exclusi			X Yes _ No
6	Did the organization inform all grantees, donors, and donor advisors in wr			
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		X Yes No
	purpose conferring impermissible private benefit?		000 D-	
<u>Pa</u>	rt II Conservation Easements. Complete if the orga		990, Pa	art IV, line /
1	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo		area
	Protection of natural habitat	Preservation of certified historic str	ructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservati	ion	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		<u> 2a</u>	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed 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, extin	guished, or terminated by the organization	during	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	ated •		
5	Does the organization have a written policy regarding the periodic monito	ring, 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	g conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	nts in its revenue and expense statement, a	nd	
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	ibes	
	the organization's accounting for conservation easements	<u>. </u>		
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to	Historical Treasures, or Other S Form 990. Part IV. line 8	imilar A	ssets.
	If the organization elected, as permitted under SFAS 116, not to report in		vorks of	
Та	art, historical treasures, or other similar assets held for public exhibition,			S
	provide, in Part XIV, the text of the footnote to its financial statements tha			•
.	If the organization elected, as permitted under SFAS 116, to report in its		s of art	
D	historical treasures, or other similar assets held for public exhibition, educ			
		sation, or research in farther affect of public s		
	provide the following amounts relating to these items			\$
	(i) Revenues included in Form 990, Part VIII, line 1			<u>*</u> – – – – –
_	(ii) Assets included in Form 990, Part X	ther similar assets for financial asia, provid-	e the	"
2	If the organization received or held works of art, historical treasures, or o		e uie	
	following amounts required to be reported under SFAS 116 relating to the	ese items		r
а			P	•
b	Assets included in Form 990, Part X		•	\$

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds

Yes	No
	Yes

Part VI	investments—Land, Bu	ildings, and Equipment.	See Form 990, Part	X, line 10	
	Description of investment	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
		(investment)	basis (other)	depreciation	
1a Land					
b Building	gs				
c Leaseh	old improvements				
d Equipm	nent				
e Other			<u> </u>		

Schedule D (Form 990) 2009

	orm 990) 2009 Advisors Charitable		01-0782573	Page 3
Part VII	Investments—Other Securities. See Form			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
inancial deriv	vatives			
losely-held e	equity interests		_	· · · · · · · · · · · · · · · · · · ·
ther		_		
		_	· · · · · · · · · · · · · · · · · · ·	
. – – -				
. – – –				
			······································	
· – – -		-		
	- 	-		
. – – -	 			
otal. (Colum	in (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments—Program Related. See Forn			
	(a) Description of investment type	(b) Book value	(c) Method of	valuation
			Cost or end-of-year	ar market value
	nn (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X, line			
	(a) Description	on		(b) Book value
-			, <u>- ,</u>	
 		 		· · · · · · · · · · · · · · · · · · ·
· · · · · ·				<u> </u>
otal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 15)		· · · · · · · · · · · · · · · · · · ·	
Part X	Other Liabilities. See Form 990, Part X, lin	ne 25		
	(a) Description of liability	(b) Amount		· · ·
ederal incon	ne taxes			
Depos:		2,200		

2,200

Total. (Column (b) must 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

 \blacktriangleright

che	dule D (Form 990) 2009 Advisors Charitable Gift Fund	<u>01-078257:</u>	3	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Fin	ancial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	820,842
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	891,870
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-71,028
4	Net unrealized gains (losses) on investments		4	349,441
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 through 8		9	349,441
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	278,413
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Rev	enue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements		1	1,170,283
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			4
а	Net unrealized gains on investments	349,441	ľ	
b	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
d				
	Add lines 2a through 2d		2e	349,441
3	Subtract line 2e from line 1	}	3	820,842
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	}	-	020,042
			4.0	
	Add lines 4a and 4b	-	4c 5	820,842
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Int XIII Reconciliation of Expenses per Audited Financial Statements With Ex	monoco nor B	_	
		cheuses her ke	I	891,870
1	Total expenses and losses per audited financial statements	}	1	891,870
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a			
	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIV)		_	
0	Add lines 2a through 2d	<u> </u>	2e	001 070
3	Subtract line 2e from line 1	}-	3	891,870
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
þ	Other (Describe in Part XIV)			
	Add lines 4a and 4b	ļ	4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	l	5	891,870
_	rt XIV Supplemental Information			
Comp	plete 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		
ınd 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also	complete		
hıs p	part to provide any additional information			
				
				-
		– – – –		

Schedule D (Fo	rm 990) 2009	Advisors	Charitable	Gift Fund	01-0782573	Page 5
Part XIV	Suppleme	Advisors ental Information	n (continued)			
	•					
						- -
-						
					 	
	 -					
_ 		_ 				
	- ·	- - -				
_						
				- -		
	. – – –					
	. – – –					
					_	
				. 		
	·					_

_
₹
29
S
9
τ-
-
_
0
20
a
0
06/02
0
ш
ഗ
Ō
ACGF

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Advisors Charitable Gift Fund

General Information on Grants and Assistance

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

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

OMB No 1545-0047 2009

Open to Public Inspection .

Employer identification number 01-0782573

1 Does	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ne amount of the grace?	rants or ass	sistance, the grantees' in the United States	eligibility for the grants	or assistance, and	ס	X Yes	Š
<u> 75</u>	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 \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an ecipient that resist additional s	d Organizations ceived more that pace is needed	izations in the Ur nore than \$5,000. needed	ited States. Com Check this box if	plete if the org no one recipie	janization ansv int received me	I Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed ■	
-	(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
Various				37,800				Arts, culture	
Various	51			121,950				Educational	
Various	81			153,337				Health-general	
Various	18			33,100				Disease/disorders	
Various	18			24,555				Housing/shelter	
Various	15			8,500				Public safety	
Various	18			39,250				Youth development	
Various	18			40,000				Philanthropy	i
Various	15			110,820				Public affairs	
2 Fote	Enter total number of section 501(c)(3) and government organizations	organizations						•	

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009 Advisors Charitable Gift Fund 01-0782573

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 Part IV and Schedule I-1 (Form 990) if additional space is needed

			and a second second			
٣	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
						:
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I,	line 2, and any other additi	onal information.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

selection criteria used to award the grants in order to monitor the use of The Organization has established procedures in place to substantiate the amounts of the grants, the grantee's eligibility for the grants, and the grant funds. Schedule I (Form 990) 2009

_
_
Q.
-
\mathbf{a}
59
ഗ
0
•
_
•
_
•
-
-
0
$\bar{}$
7.4
-
⋈
$\dot{\sim}$
$\mathbf{\mathcal{L}}$
-
ò
×
·
11
9
n
$\overline{}$
<i>(</i>)
\sim
~
٠,

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Continuation Sheet for Schedule I (Form 990)

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

OMB No 1545-0047 2009

Open to Public Inspection

Name of the organization Advisors Charita	Charitable Gift	Fund				Emp 01	Employer identification number 01-0782573
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	r Assistance to	5 Governments	and Organizatio	ons in the Unite	d States (Sche	dule I (Form 990)	Part II.)
(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
Various			240,739				Religious/spiritual
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990	see the Instructio	ins for Form 990					Schedule I-1 (Form 990) 2009

Schedule I-1 (Form 990) 2009 Advisors Char	Advisors Charitable Gift Fund	and 01-0782573	82573	1100	Page 2
(a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of value (f) Method o	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	rimv, appraisar, omer)	
					Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

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

Internal Revenue Service Name of the organization

Department of the Treasury

Advisors Charitable Gift Fund

Employer identification number

01-0782573

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Compliance with the Organization's conflict of interest policy is reviewed by management on a regular and consistent basis.

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

Form 990, Part VI, Line 15b - Compensation Process for Officers The compensation process for the Organization's other officers includes an independent review using comparability data with contemporaneous substantiation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Σ
⋖
59
0
-
~
_
0
Q
Q
9
6
0
ш
G
Ö
◂

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Direct controlling entity (f) Direct controlling $\boldsymbol{arepsilon}$ Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) 01-0782573 (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) (b) Primary activity (b) Primary activity Advisors Charitable Gift Fund (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity Name of the organization Part II Part

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

Schedule R (Form 990) 2009

entity

Part IV Identification of Related Organizations Taxable as a Comparation of Nature State of S	because it had one or more related organizations treated as a partnership during the tax year.)	rganizations tre	ated as a partner	rship during the t	ax year.)				
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization largeted as a Corporation or Trust (Complete if the organization and trust during the tax year) (a) (b) (c) (c) (c) (c) (c) (c) (c	(a) Name, address, and EIN of related organization	(b) Primary activity of de (s)	(c) (d) Legal Direct controllin omicile entity state or	Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate an	(i) Code V—UBÍ mount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Par need to resting the companient of trust during the tax year) address and EN of resting organizations treated as a corporation or frust during the tax year) address as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Par need to resting the tax year) address as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Par need to resting the tax year) address as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990. Par need to resting the tax years in the part of th		0	ountry)	sections 512-514)			Yes No		Yes No
dentification of Related Organizations Taxable as a Corporation of Tuest (Complete if the organization answered "Yes" to Form 990, Par me 34 because it had one or more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related organizations treated as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related as a corporation or Tuest (Complete if the organization answered "Yes" to Form 990, Par more related as a corporation and part more related as a corporation or Tuest (Complete if the organization and Par more related as a corporation and Par more relate									
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par inches in the component of the organization answered "Yes" to Form 990, Par inches and link of related Organizations trasted as a corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization answered "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Par inches in the organization and "Yes" to Form 990, Pa									
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par in e. 34 because it had one or more related organizations freeled as a corporation or frust during the tax year. In c. (c) (c) (c) (d)									
dertification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par me 34 because it had one or more related organizations treated as a corporation or trust during the lax year) address, and EN of related Organizations are continued to the complete or continued to the complete organization answered "Yes" to Form 990, Par accordance or continued to the complete organization answered "Yes" to Form 990, Par accordance or continued to the complete organization answered "Yes" to Form 990, Par accordance or continued to the complete organization answered "Yes" to Form 990, Par accordance or continued to Form 990, Par accordance or continued to the continued or continued to the continued or continued to the continued or continu				_					
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (b) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c									
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (a) (b) (c) (c) (c) (c) (c) (c) (c									
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Par (a) address, and EIN of neated organizations treated as a corporation or frust during the tax year.) (a) Pimary activity (Legal dominie processes, and EIN of neated organization and set of complete if the organization answered "Yes" to Form 990, Par (g) address, and EIN of neated organization as a corporation or frust during the tax year.) (b) Pimary activity (Legal dominie process, and EIN of neated organization and controlling (c) par (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d					_				
dentification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Parine 34 because it had one or more related organizations treated as a corporation or trust (Complete if the organization answered "Yes" to Form 990, Parine 34 because it had one or more related organizations treated as a corporation or trust (United to address, and ENA of related organization answered "Yes" to Form 990, Parine 34 because of the organization answered "Yes" to Form 990, Parine 34 because of the organization of trust (Complete if the organization answered "Yes" to Form 990, Parine 34 because of the organization of trust (Complete if the organization of trust (Complete if the organization answered "Yes") (Go organization or trust (Complete if the organization answered "Yes") (Go organization or trust (Complete if the organization answered "Yes") (Go organization or trust (Complete if the organization answered "Yes") (Go organization or trust (Complete if the organization answered "Yes") (Go organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete if the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust (Complete ii the organization or trust									
(a) (b) (c) (d) (e) (f) (g)		ins Taxable as a selated organizati	Corporation or ions treated as a	Trust (Complete corporation or tr	if the organizations of the tax	n answered "Yes year.)	s" to Form	990, Part IV,	
Address, and EIN of related organization Primary actuvity (state or or entry (Coop. Sorp. entry (Coop. Sorp. or trust) Retirement Services, Inc. Retirement MA 01801 Retirement MA Coop. Sorp. or trust) Retirement MA 01801 Retirement MA 01801	(a)	(q)	(2)	(p)	(e)	Œ.	(6)	(¥)	
Retirement Services, Inc. reet MA 01801 Retirement MA	Name address, and EIN of related organization	Primary activity	(state or	Direct controlling entity		onare of total income	Share of end-of-year ass		tage ship
reet MA 01801 Retirement MA			foreign country)		or trust)				
MA 01801 Retirement MA	theast Retirement Services, Gill Street								
Retirement MA	3000								
	HI.	Retirement	MA		υ				

Schedule R (Form 990) 2009 Advisors Charitable Gift Fund

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) 01-0782573 Part VI

Page 4

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

	ام	ة ح ق	2				 								600;
),E	General or	managing partner?	Yes												ر066 ر
-	_ ·	5 7 6	ч												Schedule R (Form 990) 2009
(E)	Code V—UBI	amount in box 20 of Schedule K-1 (Form 1065)				,		ļ.							chedule
			· 				·								S
9	Disproportionate	cations?	2	L											\ -
-	Dispro		Yes												
	jo i	year ts			:		!								,
9	Share of	end-of-year assets				•		!							
-	ers		SN SN			<u> </u>									
Ð	Are all partners	section 501(c)(3) organizations?	Yes												1
-			1								! <u>-</u>				_
9	gal domi	(state or foreign country)													
	: —	(sta													1
	activity										!				
٤	Primary activity								:						
								<u> </u>	<u> </u>						
5															
2															
	_														
	Name, address, and EIN of entity														
(6)	s, and Ell														
Sign	e, addres														Ì
(a) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Name														
ingr.															
55															
i				I	I	I	I	i	I	I	I	I	ļ	I	ı

ACGF Advisors Charitable Gift Fund

01-0782573

Federal Statements

6/2/2011 10·54 AM

FYE: 10/31/2010

Tax-Exempt Dividends from Securities

Description	 Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75
Dividends and interest	\$ 83,574		14		
Total	\$ 83,574				

6/2/2011 10:54 AM		Fund Raising	
	employee)	Management & General \$ 77,569	
atements	Fees for Service (Non-	Program Service	
Federal Statements	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	Total Expenses \$	
ACGF Advisors Charitable Gift Fund 01-0782573 FYE: 10/31/2010	Form 990, P.	Description Total	

ADVISORS CHARITABLE GIFT FUND, INC.

FINANCIAL STATEMENTS

October 31, 2010 and 2009

With Independent Auditors' Report

ADVISORS CHARITABLE GIFT FUND

4A Gill Street, Woburn, Massachusetts, 01801

October 31, 2010

Officers and Directors

	Officers	
Chairman	Diane Cooksey Kessler	
Vice Chairman	Richard P. Chapman, Jr.	
Treasurer	Ronald D. Dean	

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

ADVISORS CHARITABLE GIFT FUND

4A Gill Street, Woburn, Massachusetts, 01801

October 31, 2010

President

Thomas Forese, Jr.

Executive Committee

Diane Cooksey Kessler, Chairman

Ronald D. Dean

Richard P. Chapman, Jr.

Thomas Forese, Jr.

Joseph F. MacDonough

Audit Committee

David St. Yves, Chairman

Dr. Diane Cooksey Kessler

Maurice H. Richardson

BERRY DUNN MCNEIL & PARKER



INDEPENDENT AUDITORS' REPORT

The Board of Directors
Advisors Charitable Gift Fund, Inc.

We have audited the accompanying statements of net assets of Advisors Charitable Gift Fund, Inc. (the Fund) as of October 31, 2010 and 2009, and the related statements of changes in net assets and cash flows for the years then ended. These financial statements are the responsibility of the Fund's management. Our responsibility is to express an opinion on these financial statements based on our audits.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Fund as of October 31, 2010 and 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Portland, Maine March 18, 2011

Berry, Dunn, McKeil; Parker

Statements of Net Assets

October 31, 2010 and 2009

ASSETS

		<u>2010</u>	<u>2009</u>
Investments	\$	3,921,006	\$ 3,630,010
Other assets			
Cash and cash equivalents Prepaid expenses	-	7,467 1,430	7,406 1,460
Total other assets	-	8,897	8,866
Total assets	\$_	3,929,903	\$_3,638,876
LIABIL	ITIES AND NET ASSETS		
Liabilities			
Due to NRS Accrued expenses	\$ -	2,200 25,209	\$ 2,200 12,596
Total liabilities	-	27,409	14,796
Net assets			
Unrestricted net assets	\$ _	3,902,494	\$ <u>3,624,080</u>

Statements of Changes in Net Assets

Years Ended October 31, 2010 and 2009

		<u>2010</u>		<u>2009</u>
Changes in unrestricted net assets Revenues, gains and losses				
Contributions	\$	725,121	\$	967,896
Administrative fees	Ψ	30,878	Ψ	20,899
Investment gain (loss)		22,070		20,000
Interest and dividends		83,574		66,222
Net realized losses on sale of investments		(18,730)		(424,080)
Net unrealized appreciation	_	349,441	_	721,893
Net investment gain	_	414,285	_	364,035
Total revenues, gains and losses	-	1,170,284	_	1,352,830
Expenses				
Grants		814,301		1,180,405
Management fees		18,331		20,388
Administrative expenses	_	59,238	_	57,049
Total expenses	_	891,870		1,257,842
Change in unrestricted net assets		278,414		94,988
Net assets, beginning of year	_	3,624,080	_	3,529,092
Net assets, end of year	\$_	3,902,494	\$ _	3,624,080

Statements of Cash Flows

Years Ended October 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Cash flows from operating activities		
Change in unrestricted net assets	\$ 278,414	\$ 94,988
Adjustments to reconcile change in net assets to net cash used by operating activities		
Net realized losses from sale of investments	18,730	424,080
Net unrealized appreciation on investments	(349,441)	(721,893)
Decrease in prepaid expenses	30	75
Increase in accrued expenses	12,613	8,333
Net cash used by operating activities	(39,654)	(194,417)
Cash flows from investing activities		
Proceeds from sales of investments	1,221,822	1,409,955
Purchase of investments	(1,182,107)	(1,235,781)
Net cash provided by investing activities	39,715	174,174
Net increase (decrease) in cash and cash equivalents	61	(20,243)
Cash and cash equivalents, beginning of year	<u>7,406</u>	27,649
Cash and cash equivalents, end of year	\$ <u>7,467</u>	\$ <u>7,406</u>

Notes to Financial Statements

October 31, 2010 and 2009

Nature of the Foundation

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

1. Summary of Significant Accounting Policies

Basis of Presentation

The Fund is required under U.S. generally accepted accounting principles (GAAP) to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Fund had no temporarily or permanently restricted net assets at October 31, 2010 and 2009.

Use of Estimates

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

Cash and Cash Equivalents

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

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted depending on the existence or nature of any donor restrictions. Donor-restricted contributions whose restrictions are met in the same year are reflected as unrestricted contributions in the accompanying financial statements. The Fund had no temporarily or permanently restricted contributions for the years ended October 31, 2010 and 2009.

Notes to Financial Statements

October 31, 2010 and 2009

Investment Valuation and Income Recognition

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

Income Taxes

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

Risks and Uncertainties

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

2. Funding of the Fund and Description of Expenses

Funding a Donor Account

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

The following gifts are accepted:

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

Notes to Financial Statements

October 31, 2010 and 2009

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

Fees and Expenses

Grants

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

Expenses Associated with Gifts

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

Donor Accounting Services

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

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

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

Custody and Investment Expense

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

3. Donor Advisement

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

- Advise the Fund on the investment of his/her account's assets;
- Advise the Fund on the granting of his/her account's assets to qualified public nonprofits;

Notes to Financial Statements

October 31, 2010 and 2009

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

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

4. Investments

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

		<u>2010</u>		<u>2009</u>
Cash equivalents	\$	405,106	\$	452,021
Fixed income				
Mortgage backed securities		2,315		5,596
Equity securities				
Common stocks		20.220		20.506
Consumer discretionary		28,329		20,706
Consumer staples		69,413		69,432
Energy		50,207		61,958
Financials		54,401		53,103
Healthcare		84,846		96,366
Industrials		98,622		83,978
Information technology		102,782		77,699
International		9,224		19,554
Materials		54,685		52,891
Telecommunications		27,478		8,037
Utilities		15,141		6,472
Mutual funds				
Corporate bond		56,303		48,165
Money market		328,530		535,969
Balanced		253,850		275,619
Fixed income		630,556		377,928
Equity				
Long-term growth	_	1,649,218		1,384,516
	\$_	3,921,006	\$ <u>_</u>	3,630,010

Notes to Financial Statements

October 31, 2010 and 2009

5. Fair Value Measurements and Disclosures

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

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

- Level 1: Quoted prices (unadjusted) or identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.
- Level 2: Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.
- Level 3: Significant unobservable inputs that reflect the Fund's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Notes to Financial Statements

October 31, 2010 and 2009

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

Fair value measurements at October 31, 2010, using:

		<u>Total</u>	Level 1	Level 2
Investments:				
Cash equivalents	\$	405,106	\$ 405,106	\$ -
Fixed income		,	,	
Mortgage backed securities		2,315	_	2,315
Equity securities				•
Common stocks				
Consumer discretionary		28,329	28,329	-
Consumer staples		69,413	69,413	-
Energy		50,207	50,207	-
Financials		54,401	54,401	-
Healthcare		84,846	84,846	-
Industrials		98,622	98,622	-
Information technology		102,782	102,782	-
International		9,224	9,224	-
Materials		54,685	54,685	-
Telecommunications		27,478	27,478	-
Utilities		15,141	15,141	-
Mutual funds				
Corporate bonds		56,303	56,303	-
Money market		328,530	328,530	-
Balanced		253,850	253,850	-
Fixed income		630,556	630,556	-
Equity				
Long-term growth		1,649,218	1,649,218	
Total investments	\$	3,921,006	\$ <u>3,918,691</u>	\$ <u>2,315</u>

Notes to Financial Statements

October 31, 2010 and 2009

Fair value measurements at October 31, 2009, using:

	<u>Total</u>		Level 1	Level 2
Investments:				
Cash equivalents	\$ 452,021	\$	452,021	\$ -
Fixed income				
Mortgage backed securities	5,596		-	5,596
Equity securities				
Common stocks				
Consumer discretionary	20,706		20,706	-
Consumer staples	69,432		69,432	-
Energy	61,958		61,958	-
Financials	53,103		53,103	-
Healthcare	96,366		96,366	-
Industrials	83,978		83,978	-
Information technology	77,699		77,699	-
International	19,554		19,554	-
Materials	52,891		52,891	-
Telecommunications	8,037		8,037	-
Utilities	6,472		6,472	-
Mutual funds	•		,	
Corporate bonds	48,165		48,165	-
Money market	535,969		535,969	-
Balanced	275,619		275,619	-
Fixed income	377,928		377,928	-
Equity	•		,	
Long-term growth	 1,384,516	_	1,384,516	
Total investments	\$ 3,630,010	\$_	3,624,414	\$5,596

The fair value for Level 2 investments is primarily based on estimates using market prices of comparable securities.

Notes to Financial Statements

October 31, 2010 and 2009

6. Related Party Transactions

The Fund is a philanthropic holding vehicle for donor advised funds that are taken as a tax deduction in the year given and can accumulate to be granted out in the future. Northeast Retirement Services, Inc. (NRS), a related party through common management control, has a contract with the Fund for the providing of services. Deposits in the amount of \$2,200 were paid by NRS on behalf of the Fund and are payable on demand. As of October 31, 2010 and 2009, no amount of the deposits have been repaid to NRS.

Administrative fees for the years ended October 31, 2010 and 2009 were \$16,007 and \$14,366, respectively. As of October 31, 2010 and 2009, the Fund also owed NRS administrative fees in the amount of \$15,000 and \$3,909, respectively. These fees are included in accrued expenses.

7. Subsequent Events

For the purposes of the preparation of these financial statements, management has considered transactions or events occurring through March 18, 2011, the date that the financial statements were available to be issued.