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

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
Statement 3			Statement 3	150,297
Total ▶ **3a**				150,297
b *Approved for future payment*				
Total ▶ **3b**				0

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

Name of the organization

The MENTOR Network Charitable Foundation, Inc.

Employer identification number

20-4935290

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33⅓% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year . . . . . ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: The MENTOR Network Charitable Foundation, Inc.

Employer identification number: 20-4935290

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
......	Vestar Capital Partners 245 PARK AVENUE NEW YORK, NY 10167	$ 10,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
......	EDWARD MURPHY 79 WILSONDALE ST DOVER, MA 02030	$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
......		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
......		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
......		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)
......		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is a noncash contribution.)

043.061

Name of organization
The MENTOR Network Charitable Foundation, Inc.

Employer identification number
20-4935290

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	Not Applicable	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

048.001

The MENTOR Network Charitable Foundation, Inc.
EIN 20-4935290
2010 Form 990-PF
Part XV Line 3a: Grants and Contributions Paid During the Year

Name	Balance
Ability Beyond Disability	3,500
Arc of Loudon County	2,500
Associated Grant Makers	1,100
Barrington Stage Co. Inc	2,500
Best Buddies of Florida	2,500
Best Buddies of Iowa	2,500
Best Buddies of Massachusetts (Boston)	2,500
Best Buddies of Virginia	2,500
Big Brothers Big Sisters of Central Calif	5,000
Boys and Girls Club of Camden County	5,000
Camp Howe	2,500
Camp Shriver/UMASS Boston	3,500
Center for Disability Studies, U of DE	15,613
Center for Independence through Conductiv	5,000
Cradles to Crayons	3,500
Discovering Justice	2,000
Encore Studio for Performing Arts	4,000
Family Services, Inc	5,000
Friends of the Children, Boston	2,500
Friendship Ventures	3,500
Gigi's Playhouse, Inc.	5,000
Healthcare for the Homeless	2,500
Hoops Sagrado	2,500
Horizons For Homeless Children	2,500
Lied Discovery Children's Museum	4,000
Lovelane Therapeutic Horseback Riding	2,500
More than Words	4,000
Mosaic	5,000
Partners for Youth with Disabilities	2,500
Port City Development Center	2,500
Samantha's Harvest of Reading, MA	3,600
Show Me Aquatics and Fitness	2,500
Sibling Connections	3,500
Strong Women, Strong Girls of Florida	5,000
The Little Bit Foundation	2,500
Therapeutic Horseback Riding of Tucson	2,500
Trustees of Boston University	13,484
Villa Experanza Services	5,000
X-Cel	2,500
	150,297

Purpose of Grant or Contribution

The purpose is to make contributions (i) to one or more corporations, trust, community chests, funds and foundations created or organized under the laws of the United States of America, any state, the District of Columbia, or any possessions of the United States of America which are described in section 501(c)(3) of the Internal Revenue Code; (ii) for exclusively public purposes, to states or possessions or United States; and (iii) for religious, charitable, scientific, literary or educational purposes within the meaning of those terms as used in section 501(c)(3) of the Code, but only such purposes as also constitute public charitable purposes under the laws of the Commonwealth of Massachusetts.

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Mar. 29, 2012 LTR 2697C 0 R
20-4935290 201109 44
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THE MENTOR NETWORK CHARITABLE
FOUNDATION INC
313 CONGRESS ST 5TH FLR
BOSTON MA 02210

022462

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of Officer or Trustee — Date: 3-29-12

PRESIDENT
Title