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DLN: 93493252005443

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

2012

Open to Public Inspection

A F	or the	2012 cal	endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-	31-2012			
	neck if a	applicable	C Name of organization ASSOCIATED GRANT MAKERSINC			-	tification number
_	ame cha	_	Doing Business As		04-24	57605	•
	itial retu	_					
			Number and street (or P O box if mail is not delivered to street address) Room/s 55 COURT STREET NO 520	suite	E Telepho	ne numb	per
	erminate		Chrombour about an appetra and 770 to 4		(617)	426-2	606
	nended 		City or town, state or country, and ZIP + 4 BOSTON, MA 02108				
j Ap	plicatio	n pending		_	G Gross re	eceipts \$	1,936,943
			F Name and address of principal officer JEFFREY POULOS		s this a group iffiliates?	return	for
			55 COURT STREET		illillaces.		1 1631 110
			BOSTON,MA 02108				ded?
Ta	ax-exen	npt status	✓ 501(c)(3)	- I	f "No," attach	a list ((see instructions)
			VW AGMCONNECT ORG	H(c)	Group exempt	ion num	nber ►
V For	m of or	raanization	Corporation	Voar	of formation 19	60 M	State of legal domicile MA
	art I		Imary	L rear	of formation 130	05 141	State of legal doffficile. Piz-
			escribe the organization's mission or most significant activities				
			MOTE THE PRACTICE AND EXPANSION OF EFFECTIVE AND RES	PONSIBLE	PHILANTHR	OPY	
မှ							
Ě							
Ē.				-6	2 F 0/ - f · h -		
Governance	2	Check ti	his box দ if the organization discontinued its operations or disposed	or more th	ian 25% of its	net ass	sets
	3	Number	of voting members of the governing body (Part VI, line 1a)			з	25
4 Number of independent voting members of the governing body (Part VI, line						4	24
Activities &	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a)			5	12
ទ្ធ	6	Total nu	mber of volunteers (estimate if necessary)			6	1
•	7a	Total un	related business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unre	elated business taxable income from Form 990-T, line 34			7b	0
					Prior Year		Current Year
а.	8	Contr	butions and grants (Part VIII, line 1h)		1,881,2		1,733,433
an Lie	9	-	am service revenue (Part VIII, line 2g)		240,0	15	201,807
Revenue	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)	·	1,8	373	1,703
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lii	ne	2,123,1	.69	1,936,943
	13		s and similar amounts paid (Part IX, column (A), lines 1–3)		1,128,0)48	1,210,096
	14	Benef	ts paid to or for members (Part IX, column (A), line 4)			0	0
46	15		es, other compensation, employee benefits (Part IX, column (A), lines		560.0		E40.267
<u>δ</u>		5-10			569,9		518,367
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)	•		0	0
五	b		indraising expenses (Part IX, column (D), line 25) 143,199		200 =	700	200.000
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	380,7 2,078,7		398,088 2,126,551
	18 19		expenses Add lines 13-17 (must equal Part IX, column (A), line 25) nue less expenses Subtract line 18 from line 12		2,078,7	_	-189,608
<u>~ ~</u>		Keven	de less expenses Subtract me 10 nom me 12		nning of Currer		<u> </u>
Not Assets or Fund Balances					Year		End of Year
33. Bak	20	Total	assets (Part X, line 16)		1,190,0	060	1,250,102
a p	21		liabilities (Part X, line 26)		137,0) 5 2	386,702
		_	ssets or fund balances Subtract line 21 from line 20		1,053,0	800	863,400
	rt II		ature Block				
my k prep	nowle arer h	dge and as any k	perjury, I declare that I have examined this return, including accompa belief, it is true, correct, and complete Declaration of preparer (other nowledge ** ature of officer				
Sigı Her		1.					
	-		REY POULOS EXECUTIVE DIRECTOR or print name and title				
		1	Print/Type preparer's name Preparer's signature	Date	Check If	PTIN	
Pai	d	1	DAVID KELLEHER CPA	2013-08-13	self-employed	P01059	
Preparer Firm's name ► ALEXANDER ARONSON FINNING & CO PC Firm				Firm's EIN 🟲 04	r-257178	SU	
			Firm's address ► 21 EAST MAIN STREET		Phone no (508)) 366-91	00

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes ☐ No

	1 9 9 0 (2	2012)					Page Z
Par	t III		of Program Serv Jule O contains a res		llishments uestion in this Part III		⊽
1	Briefl	y describe the o	organization's missio	n			
		TE THE PRACT OF THE REGIO		ON OF EFFECT	IVE AND RESPONSI	BLE PHILANTHROPY TO II	MPROVE THE HEALTH AND
2				cant program se	ervices during the yea	r which were not listed on	
	•	or Form 990 or	·990-EZ?				
3	Dıd th		cease conducting, or		nt changes in how it co	onducts, any program	
	If "Ye	s," describe the	se changes on Sche	dule O			
4	expen	ises Section 50		4) organization:	s are required to repor	ree largest program service t the amount of grants and a	
4a	(Code	2) (Expenses \$	1,414,687	ıncludıng grants of \$	1,210,096) (Revenue \$	60,664)
	FROM FUND	DIFFERENT BACK	GROUNDS/NEIGHBORHOO ONPROFITS OPERATING (DDS IN 2012, OVER	R 28,000 CHILDREN AND YO	CTIVE CITIZENS AND ENCOURAGE DUTH ATTENDED SUMMER CAMPS S OVER 10,000 CHILDREN AND YO	
4b	(Code	<u> </u>) (Expenses \$	181,774	ıncludıng grants of \$) (Revenue \$	7,505)
	DURII WEBS FUND STUD	NG 2012 IN ADDIT: TITE FOR MASSNEED S AND AWARENESS	ION TO CONTINUING ITS OS ORG AND PLAYED A KI 5 TO ADDRESS URGENT N	QUARTERLY COMM EY ROLE IN SUPPOR IEEDS ACROSS THE	IUNITY FOUNDATION ROUN RTING THE COALITION COM COMMONWEALTH, AGM JO	PRISED OF MORE THAN 20 FUNDE DINED IN PARTNERSHIP WITH NOR	ITY GROUPS, AGM DEVELOPED THE RS DEDICATED TO RAISING
4c	(Code	2) (Expenses \$	71,041	ıncludıng grants of \$) (Revenue \$	600)
	SAMP EXAM	LE OF RESEARCH P PLES OF USE OF TE	ROJECTS FOR 2012 INCI CHNOLOGY SUCH AS IPA	LUDE COMPENSATION DS TO DISSEMINAT	ON BENCHMARKING RESEA TE MATERIAL TO FOUNDATION	MAKER MEMBERS AND NONPROFI RCH FOR EIGHT OF OUR GRANTM ON TRUSTEES AND BOARD MEMBE ENGLANDS LOBSTER POPULATION	AKER MEMBERS, PROVIDING
	(Code	<u> </u>) (Expenses \$	133,791	ıncludıng grants of \$) (Revenue \$	133,038)
	NONP PROVI VISIBI NONP PROC ORGA SERVI RELAT	PROFIT AND GRANTI IDING PROFESSION ILITY AMONG AND A PROFIT ORGANIZATI ESS NONPROFIT E INIZATIONS IN THE ICES MORE EFFECT IED ACTIVITIES AT RUNS THEIR INTER	ERS PROGRAM SERVES MAKING COMMUNITIES E AL DEVELOPMENT AND N ACCESS TO GRANT MAKE IONS THE UNIQUE OPPOR FFECTIVENESS FUND (N REGION BY PROVIDING I IVELY AND TO INCREASE AGM IN ADDITION TO TI NAL APPLICATIONS AND	MORE THAN 600 NO BY GIVING PARTNER ETWORKING OPPOOR RS ONE OF THE SI RITUNITY TO DIALOG EF) IMPROVE THE RIFORMATION AND THEIR SOCIAL IMP HE PURCHASE AND NETWORK, CREATE	DNPROFIT ORGANIZATIONS IS ACCESS TO RESEARCH A RTUNITIES FOR NONPROFI GNATURE PROGRAMS FOR SUE FACE-TO-FACE WITH F PERFORMANCE AND EFFEC TECHNICAL TRAINING HELL ACT INFORMATION TECHN INSTALLATION OF SOFTWA	AGM IS ITS MEET-THE-DONORS SUNDERS TO INCREASE THEIR KNOTH TO MEDIUM-PING THEM DEVELOP METHODS TO IOLOGY OVERSEES THE USE AND RE PRODUCTS IT SETS UP AND MARE PRODUCTS, BUILDS WEBSIT	JND DEVELOPMENT PROGRAMS, ONPROFIT ORGANIZATIONS MORE ERIES THIS PROGRAM PROVIDES WLEDGE OF THE FUNDING SIZED NONPROFIT DELIVER THEIR PROGRAMS OR APPLICATIONS OF ALL COMPUTER AINTAINS THE SERVER ON WHICH
4d	Othe	er program servi	ces (Describe in Sc	hedule O)			
		enses \$		cluding grants o	of \$) (Revenue \$	133,038)
4e	Tota	l program servic	ce expenses 🕨	1,801,293			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b		No
C	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	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f CO}$	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νo
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Yes	

4	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 8		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
•	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
l	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	1		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N
		5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	1		
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	-		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

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

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed►MA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ANN GARCHINSKY DIR OF FINANCE AD 55 COURT STREET BOSTON, MA (617) 426-2606

Part VIII 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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

	(=)	1		,-				(5)	(5)	(=)
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more pers	than on is	one bot rect	not box h ar or/tr	check (, unless office ustee Highest compensated	ss !r	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		g.	ustee			Ansated				
(1) JEFFERY POULOS	40 00	х		х				104,923	0	12,014
EXECUTIVE DIRECTOR		^		Ĺ				101,323		12,011
(2) MARY PHILLIPS	1 30	x		х				0	0	0
IMMEDIATE PAST CHAIR (3) MARI BRENNAN BARRERA	1 30									
VICE CHAIR	1 30	×		Х				0	0	0
(4) MARK PALEY	1 30	,,		,,						
TREASURER		X		X				0	0	0
(5) ANNE MARIE BOURSIQUOT KING	1 30							_	_	_
AT LARGE, EXEC COMM		X		Х				0	0	0
(6) BYRON CHAMPLIN	1 30							_		_
DIRECTOR		X						0	0	0
(7) CRAIG DUTRA	1 30									_
CLERK		X		Х				0	0	0
(8) ELLEN REMMER	1 30							_		
DIRECTOR		X						0	0	0
(9) SYLVIA SIMMONS	1 30									
TRUSTEE		X						0	0	0
(10) LOIS SMITH	1 30									
DIRECTOR		X						0	0	0
(11) JEAN WHITNEY	1 30							_		_
CHAIR		X		X				0	0	0
(12) HEIDI BROOKS	1 30									_
DIRECTOR		X						0	0	0
(13) NANCY GARDINER	1 30							_	_	_
DIRECTOR		X						0	0	0
(14) ANN MCQUEEN	1 30	,								
DIRECTOR		X						0	0	0
(15) ORLANDO WATKINS	1 30			.,				_	_	_
AT-LARGE, EXEC COMM		X		Х				0	0	0
(16) TREF BORDEN	1 30	,,						_		_
DIRECTOR		X						0	0	0
(17) LAUREL DAVIS FERRETTI	1 30	Ţ.,								_
DIRECTOR		X						0	0	0
		•	•	•	•					Form 990 (2012)

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

	(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot rect	not bo: thar	chec x, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	- 1	(F) Estimated amount of oth compensatio from the organization	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		and re organiz	lated
(18) J	IM GRACE	1 30	х						0		n		C
DIREC	CTOR		_ ^						ŭ				
(19)	CLAUDIA JACOBS	1 30	x						0		0		C
DIREC									ŭ				
(20) J	ENNIFER LEE	1 30	l x						0		0		C
DIREC								<u> </u>	Ĭ		\perp		
(21) A	AMANDA NORTHROP	1 30	x						0		0		C
DIREC					_						\bot		
, ,	OORA ROBINSON	1 30	x						o		0		C
DIREC											\perp		
` '	RANDAL RUCKER	1 30	x						О		0		C
DIREC	CTOR DELIA ARELLANO-WEDDLETON	1 30									+		
		1 30	×						О		0		C
(25) I	YNNE DOBLIN	1 30									+		
DIREC		130	x						0		0		C
DIREC	CTOR										+		
											\perp		
											\top		
											+		
1b	Sub-Total						▶						
C	Total from continuation sheets to P	art VII, Section A		•			-						
d	Total (add lines 1b and 1c)				•		•		104,923	0			12,014
2	Total number of individuals (includin \$100,000 of reportable compensation				ed a	bove	e) who	rec	eived more than				
												Yes	No
3	Did the organization list any former							r hig	jhest compensate	d employee			
	on line 1a? If "Yes," complete Schedu	le J for such individ	lual .	•	•	•		•		· · · L	3		No
4	For any individual listed on line 1a, i organization and related organization individual										4		No
5	Did any person listed on line 1a rece	uvo or accruo com	noncat		ro m	201	unrol	- ator	d organization or in	<u> </u>	4		110
,	services rendered to the organizatio		•						-		5		No
_													_
	ction B. Independent Contra							41-	F 112 2 2 11 11 11 11 11 11 11 11 11 11 1	#100 000			
1	Complete this table for your five high compensation from the organization											ax vear	
	•	(A)					,			(B)	Ť	, (C)
	Name ar	nd business address							Description	n of services	+	Comper	isation
											\pm		
											+		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

Part V	/##1	Statement of Revenue Check if Schedule O contains a response to any question	in this Part VIII			_
		encek ii Senedale o contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
10	1a	Federated campaigns 1a 90,000				
Giffs, Grants ilar Amounts	ь	Membership dues 1b 350,600				
Gra not	c	Fundraising events 1c				
Ę, Ę						
ons, Giffe Similar	d	Related organizations 1d				
ış, E	e	Government grants (contributions) 1e				
ë	f	All other contributions, gifts, grants, and similar amounts not included above				
Contributions, and Other Sim	g	Noncash contributions included in lines				i i
Conti and (h	1a-1f \$ Total. Add lines 1a-1f	1,733,433			
<u>ರ ಹ</u>		_	1,733,433			
e≘	,,	PROGRAM SERVICE FEE Business Code	204 007	204 007		
aver	2a b	PROGRAM SERVICE FEE 900099	201,807	201,807		-
<u>7</u> 2	C					
r w c	d					
<u>v</u>	e					+
<u> </u>	f	All other program service revenue				
Program Serwoe Revenue		Total Addings 25 26	201.007			
	g 3	Total. Add lines 2a-2f	201,807			
		and other similar amounts)	1,703			1,703
	4	Income from investment of tax-exempt bond proceeds				
	5	(i) Real (ii) Personal				
	6a	Gross rents (1) Real (11) Personal				
	ь	Less rental				
	c	expenses Rental income				
	d	or (loss) Net rental income or (loss)				1
	"	(i) Securities (ii) Other				
	7a	Gross amount				
		from sales of assets other				
	ь	Less cost or				
		other basis and sales expenses				
		Gain or (loss)				1 1
	d 8a	Net gain or (loss)				
eune		events (not including \$ of contributions reported on line 1c)				
Other Revenue		See Part IV, line 18				
the	ь	Less direct expenses b]
Ò	С	Net income or (loss) from fundraising events 🛌				
	9a	Gross income from gaming activities See Part IV, line 19 a				
	ь	Less direct expenses b				
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b				
	l	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	Ь					
	С					
	d	All other revenue				
	e	Total. Add lines 11a-11d ▶				
	12	Total revenue. See Instructions	1,936,943	201,807	(1,703

Form	990 (2012)				Page 10
	IX Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al	l other organizat	ions must comp	olete column (A)	
	Check if Schedule O contains a response to any question in this Pa	art IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,210,096	1,210,096		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	, ,	, ,		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
	key employees	116,937	35,081	76,009	5,847
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	320,220	213,657	14,526	92,037
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,467	6,717	274	4,476
9	Other employee benefits	30,667	23,775	3,842	3,050
10	Payroll taxes	39,076	22,625	7,488	8,963
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	14,389		14,389	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	18,864	10,114	2,400	6,350
12	Advertising and promotion				
13	Office expenses	55,047	35,407	12,388	7,252
14	Information technology				
15	Royalties				
16	Occupancy	167,528	116,085	37,800	13,643
17	Travel	4,889	4,840	49	·
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	119,159	119,144	15	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,809	2,613	1,230	966
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	REGISTRATION FEES, DUES	6,922	644	6,278	0
b	MISCELLANEOUS	6,481	495	5,371	615
c		1			
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,126,551	1,801,293	182,059	143,199
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-ınterest-bearıng	83,192	1	326,478
	2	Savings and temporary cash investments	985,077	2	834,024
	3	Pledges and grants receivable, net	40,000	3	0
	4	Accounts receivable, net	1,103	4	12,209
	5	Loans and other receivables from current and former officers, directors, trustees, k employees, and highest compensated employees. Complete Part II of Schedule L	еу	5	
S)	6	Loans and other receivables from other disqualified persons (as defined under sect $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employe and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficial organizations (see instructions) Complete Part II of Schedule L	ers		
Se	_			6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,284	9	24,796
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 370			
	b	Less accumulated depreciation	,306 14,304	10c	9,495
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	43,100		43,100
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,190,060		1,250,102
	17	Accounts payable and accrued expenses	45,309	17	44,969
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Schedule D	91,743	21	341,733
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
jab		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties $\cdot\cdot$		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule			
		D	407.050	25	
	26	Total liabilities. Add lines 17 through 25	137,052	26	386,702
S)		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete lines 27 through 29, and lines 33 and 34.			
nc	27	Unrestricted net assets	292,443	27	335,585
ଜାନ	28	Temporarily restricted net assets	760,565		527,815
- B	29	Permanently restricted net assets	700,000	29	027,010
Fund Balance	23	Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and		23	
<u>.</u>		complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
že	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	1,053,008	33	863,400
Z	34	Total liabilities and net assets/fund balances	1,190,060	34	1,250,102
		·	<u>'</u>		

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9	36,943
2	Total expenses (must equal Part IX, column (A), line 25)	2			126,551
3	Revenue less expenses Subtract line 2 from line 1				
		3		-1	89,608
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,0	53,008
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities				
		6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	•			
_		9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		8	363,400
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both	ate			
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re	quirec	3b		

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As Filed Data -

DLN: 93493252005443

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

ASSOCIATED GRANT MAKERSINC

Department of the Treasury Internal Revenue Service

Total

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.

2012

Open to Public Inspection

Par				blic Charity Sta						structions.	•
The o	rganı	zatıon ıs	not a privat	te foundation becaus	eitis (Forl	ınes 1 throu	gh 11, check	only one bo	x)		
1	Γ	A chur	ch, conventi	on of churches, or a	ssociation of	churches de	escribed in s e	ection 170(b)(1)(A)(i).		
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	ıle E)				
3	\sqcap	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	Γ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the									
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	or universit	y owned or o	perated by a	government	al unit desc	ribed in
_	_		. , . , .	A)(iv). (Complete P	•						
6	<u> </u>			local government or	_						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)										
8 9	<u> </u>		•	described in section			•	•		b 6	
9	ı			at normally receives							
				ities related to its ex	•	=					
		-	_	oss investment inco				-		tax) irom bu	sillesses
10	_	•	,	janization after June	•			•	•		
10	<u> </u>	_		ganized and operated							
11	<u>'</u>	one or the box	more public that descri Type I	ganized and operated ly supported organiz bes the type of supp b Type II c	ations descr orting organ Type II	ibed in secti ization and c I - Functiona	on 509(a)(1) complete line: ally integrate	or section! s 11e throug d d	509(a)(2) Se gh 11h Type III - No	ee section 5 on-functiona	09(a)(3). Check
е	Γ	other tl	_	ox, I certify that the on managers and otl	-		•			•	•
f			-	received a written de	etermination	from the IRS	S that it is a ⁻	Гуре I, Туре	II, or Type	III supportı	ng organizatio <u>n,</u>
			this box	2006, has the organi	zation accor	tod any gift	or contributi	on from any	of the		
g			ig persons?	1000, has the organi	zacion accep	red any gift	or contribution	on nom any	or the		
				rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons des	cribed in (ii)		Yes No
		and (III) below, the	governing body of th	e supported	organization	1?			11g	(i)
		(ii) A fa	amily memb	er of a person descr	bed in (i) abo	ove?				11g((ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g(iii)
h		Provide	the follown	ng information about	the supporte	ed organizati	on(s)				
s) Nam uppor ganiza	ted	(ii) EIN	(iii) Type of organization (described on	(iv) Is t organızatı col (i) lıst	on in ted in	(v) Did you the organiz in col (i) o	zation f your	(vi) Is t organızatı col (i) orga	on in anized	(vii) A mount of monetary support
				lines 1- 9 above or IRC section (see	your gove docume		suppor	t?	ın the U	S 7	
				instructions))		ı				Γ	4
					Yes	No	Yes	No	Yes	No	

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 2,438,973 2,173,249 1,656,588 1,881,281 1,733,433 9,883,524 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 2,438,973 2,173,249 1,656,588 1,881,281 1,733,433 9,883,524 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly 2,716,304 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column **Public support.** Subtract line 5 from 7,167,220 line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 **(c)** 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 2,438,973 2,173,249 1,656,588 1,881,281 1,733,433 9,883,524 Amounts from line 4 Gross income from interest, dividends, payments received on 26,987 18,817 4,964 1,873 1,703 54,344 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 11 9,937,868 through 10) Gross receipts from related activities, etc (see instructions) 12 12 1,329,071 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 72 120 % 15 **16**a **17**a

5	Public support percentage for 2011 Schedule A, Part II, line 14	15	75	320 %
6a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or and stop here. The organization qualifies as a publicly supported organization	more,	check this box	▶ ✓
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 box and stop here. The organization qualifies as a publicly supported organization	3% or	more, check this	▶ ┌
7a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, as 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and sto in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a organization	p here	. Explain	▶ □
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualif supported organization	stop l	nere.	▶┌
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this b instructions	ox and	d see	► □
	Schedule	A (F	orm 990 or 990-E	Z) 2012

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Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493252005443

OMB No 1545-0047

Inspection

Open to Public

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Department of the Treasury Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions. Internal Revenue Service

Name of the organization

Employer identification number

JOCEMIL	ED GRANT MAKERSINC						∩ <i>1</i> _ 1	15760	_			
art I				Oth	er Simila			245760 Dr Acc		. Comp	lete if	the
	organization answered "Yes" to Form 990							(L) F	J J	- 4	- -	
T - 4 -	I november 2 to 2 d 2 f 1 2 m	(a) Don	iorad	avis	sed funds		-	(b) Fund	is and	other acc	counts	
	I number at end of year											
	regate contributions to (during year)											
	regate grants from (during year)											
Aggr	regate value at end of year											
	the organization inform all donors and donor adviso s are the organization's property, subject to the or						advı	sed		┌ Yes	s 「	No
usec	the organization inform all grantees, donors, and d d only for charitable purposes and not for the benef erring impermissible private benefit?			_	_				e	┌ Yes	s 厂	No
	Conservation Easements. Complete if	the organizat	ion a	ans	wered "Y	es" to F	orn	n 990, I	Part I\	/, line 7		
	pose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Inplete lines 2a through 2d if the organization held a	or education)	_	Pr Pr	eservation eservation	of a cer	tified	d histori	c struc	ture	ea	
	ement on the last day of the tax year	·										
								Held	at the	End of t	he Yea	ır_
Tota	l number of conservation easements					2	2a					
Tota	al acreage restricted by conservation easements					2	Σb					
Num	nber of conservation easements on a certified histo	oric structure in	clude	ed II	n (a)		2c					
	aber of conservation easements included in (c) acq oric structure listed in the National Register	ıuıred after 8/17	//06,	an	d not on a	2	2d					
Num	ber of conservation easements modified, transferr	ed, released, ex	tıngu	uısh	ned, or term	nınated b	y th	e organ	ızatıon	durıng		
the t	tax year ▶											
Num	nber of states where property subject to conservat	ıon easement ıs	locat	ted	-		_					
	s the organization have a written policy regarding treement of the conservation easements it holds?	the periodic mor	nitorir	ng,	ınspection	, handlır	ng of	violatio	ns, and	│ ├ Yes	s 厂	No
Staff ►	f and volunteer hours devoted to monitoring, inspe	cting, and enfor	cing o	con	servation	easemer	nts d	uring th	e year			
A mo	ount of expenses incurred in monitoring, inspecting	g, and enforcing	conse	erv	atıon ease	ments d	urıng	the yea	ar			
	s each conservation easement reported on line 2(o section 170(h)(4)(B)(ii)?	d) above satisfy	the r	req	uirements (of sectio	n 17	'0(h)(4)	(B)(ı)	┌ Yes	s 「	No
bala	art XIII, describe how the organization reports con nce sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the ents	e orga	anız	zatıon's fına	ancıal st	aten	nents th	at desc	rıbes		
rt III		s of Art, Hist	toric	cal	Treasui	res, or	Oth	ner Sir	nilar	Assets	•	
	Complete if the organization answered "Y						· c+-	to no o t	ا المص			
T £ ±1	a avenuestion alasted as assessed and assessed and desired	16 (400 000)	OOT T	lo re	eport in its	revenue	: sta	tement :	⊿na nai			
work	e organization elected, as permitted under SFAS 1 ks of art, historical treasures, or other similar asse rice, provide, in Part XIII, the text of the footnote t	ts held for publi	c exh		tion, educa						ublic	
work serv If th work	cs of art, historical treasures, or other similar asse	ets held for public to its financial st 16 (ASC 958), ets held for public	c exh tatem to re	nen por	tion, educa ts that des t in its rev	cribes t enue sta	hese atem	items ent and	furthera balanc	ance of p e sheet		
work serv If th work serv	es of art, historical treasures, or other similar asse vice, provide, in Part XIII, the text of the footnote t e organization elected, as permitted under SFAS 1 es of art, historical treasures, or other similar asse	ets held for public to its financial st 16 (ASC 958), ets held for public	c exh tatem to re	nen por	tion, educa ts that des t in its rev	cribes t enue sta	hese atem	items ent and	furthera balanc furthera	ance of p e sheet	ublic	
work serv If th work serv (i) R	es of art, historical treasures, or other similar asse rice, provide, in Part XIII, the text of the footnote t e organization elected, as permitted under SFAS 1 es of art, historical treasures, or other similar asse rice, provide the following amounts relating to thes	ets held for public to its financial st 16 (ASC 958), ets held for public	c exh tatem to re	nen por	tion, educa ts that des t in its rev	cribes t enue sta	hese atem	items ent and	furthera balanc furthera	ance of p e sheet ance of p	ublic	

Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	Hections of Ar	t, HIS	stori	cai i	<u>reasur</u>	es, or o	<u>tner</u>	Similar As	sets	(continued)
3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other reco	rds, cl	heck	any of	the follo	wing that a	are a	sıgnıfıcant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expl	aın ho	w the	y furth	er the or	ganızatıon	's exe	empt purpose	n	
5	During the year, did the organization solicit o									_	_
	assets to be sold to raise funds rather than t									┌ Yes	No
Par	t IV Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	a "Ye	es" to Form S	990,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•				r other ass	ets n		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	e follo	wing	able						
									An	nount	
C	Beginning balance						L	1c			
d	Additions during the year						L	1d			
e	Distributions during the year						L	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, Iır	ne 21?	>						✓ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anatı	on has	been pro	ovided in P	art X	III		. [고
Pa	rt V Endowment Funds. Complete	f the organizatio	n ans	swer	ed "Ye	s" to F	orm 990,	Part	IV, line 10.		
_		(a)Current year	(b)Prior	year	b (c) Tw	o years back	(d) ⊤	hree years back	(e) Fou	r years back
1a	Beginning of year balance					<u> </u>		-			
b	Contributions							-			
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balar	nce (lır	ne 1g	, colun	nn (a)) he	eld as				
а	Board designated or quasi-endowment ►										
b	Permanent endowment 🕨										
С	Temporarily restricted endowment ▶										
_	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses organization by	ssion of the organiz	zation	tnat	are nei	d and ad	iministere	fort	ne	Ye	es No
	(i) unrelated organizations								3a		
	(ii) related organizations								3a(ii)	
	If "Yes" to 3a(II), are the related organization								3)	
4	Describe in Part XIII the intended uses of th					10					
Par	t VI Land, Buildings, and Equipme Description of property	e nt. See Form 9	90, Pa			IU. or other	(b)Cost or	other	(c) Accumulat	ed (d) Book value
	Description of property					estment)	basis (ot		depreciation		
1a	Land										
b	Buildings		•								
С	Leasehold improvements		•				16	1,469	159,	110	2,359
	Equipment		•				20	9,332	202,	196	7,136
		/ 5 000 Dt			70\ '	10())				\perp	
Iota	I. Add lines 1a through 1e (Column (d) must e	quai Form 990, Part	X, colι	ımn (B), line	10(c).)			<u> ► </u>		9,495

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,936,943
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	1,936,943
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
С	Add lines 4a and 4b	4c	C
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,936,943
Part 2	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	2,126,551
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	2,126,551
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,126,551

Part XIII Supplemental Information

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

I dentifier	Return Reference	Explanation
	PART IV, LINE 2B	ASSOCIATED GRANT MAKERS, INC HAS BEEN DESIGNATED AS A FISCAL SPONSOR FOR VARIOUS COLLABORATIVES AGM HAS NO VARIANCE POWER OVER THE DISBURSEMENT OF THESE FUNDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	AGM FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH REQUIRE AGM TO REPORT ANY UNCERTAIN TAX POSITIONS AND TO ADJUST ITS FINANCIAL STATEMENTS FOR THE IMPACT THEREOF AS OF DECEMBER 31, 2012, AGM DETERMINED THAT IT HAD NO TAX POSITIONS THAT DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY AGM FILES INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

OMB No 1545-0047

DLN: 93493252005443

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number ASSOCIATED GRANT MAKERSINC 04-2457605 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (c) IRC Code (e) A mount of non-(g) Description of (h) Purpose of grant valuation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) See Additional Data Table 65 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part I'	V, line 22.
Part III can be duplicated if additional space is needed.	·

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	•	SCHEDULE I, PART I, LINE 2 ASSOCIATED GRANT MAKERS, INC REQUIRES GRANTEE PROGRESS REPORTS AS WELL AS MAKING SITE VISITS TO VERIFY ACTIVITIES

Schedule I (Form 990) 2012

Additional Data Return to Form Software ID: **Software Version: EIN:** 04-2457605 Name: ASSOCIATED GRANT MAKERSINC Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant ıf applıcable valuation non-cash assistance or assistance organization grant cash (book, FMV, appraisal, or government assistance other) 51-0419358 501(C)(3) 5,000 FOR OPERATING ACEDONE18 JOHN ELLIOTT SQUARE AND PROGRAM BOSTON, MA 02110 SUPPORT AGASSIZ BALDWIN 04-2160531 501(C)(3) 5,000 FOR OPERATING COMMUNITY238 BEDFORD AND PROGRAM STREET 8 SUPPORT BOSTON, MA 02110 ALLIANCE FOR INCLUSION 04-3285237 501(C)(3) 6,050 OR OPERATING AND PREVENTION 105 AND PROGRAM **CUMMINS HGWY** SUPPORT ROSLINDALE, MA 02131 ALLSTONBRIGHTON AREA 04-2459167 5,000 FOR OPERATING 501(C)(3) PLANNING143 HARVARD AND PROGRAM AVENUE SUPPORT ALLSTON, MA 02134 **BOSTON CATHOLIC** FOR OPERATING 22-2485502 501(C)(3) 5,000 SCHOOLS CONNECTION AND PROGRAM 140 COMMONWEALTH SUPPORT AVENUE CHESTNUT HILL, MA 02135 **BOSTON LOCAL** 04-2681311 501(C)(3) 5,000 FOR OPERATING AND PROGRAM **DEVELOPMENT CORPBRA** 22 DRYDOCK 3RD FLOOR SUPPORT BOSTON, MA 02110 FRANKLIN PARK TENANTS 04-3265319 501(C)(3) 5,000 FOR OPERATING ASSOCIATION246 AND PROGRAM **HUMBOLDT AVENUE** SUPPORT DORCHESTER, MA 02121 INOUILINOS BORICUAS EN FOR OPERATING 23-7102740 501(C)(3) 5.000 ACCION405 SHAWMUT AND PROGRAM AVENUE SUPPORT BOSTON, MA 02110 MYSTIC LEARNING CENTER FOR OPERATING 22-2800993 5,000 501(C)(3) INC530 MYSTIC AVENUE AND PROGRAM SUPPORT **ROOM 103** SOMERVILLE, MA 02143 04-2678255 FOR OPERATING SOCIEDAD LATINA 1530 5,000 501(C)(3) TREMONT STREET AND PROGRAM ROXBURY, MA 02119 SUPPORT TRINITY BOSTON 5,000 FOR OPERATING 04-2736718 501(C)(3) FOUNDATION206 AND PROGRAM **CLARENDON STREET** SUPPORT BOSTON, MA 02110 FOR OPERATING CELEBRITY SERIES OF 22-2958508 501(C)(3) 5,400 BOSTON20 PARK PLAZA AND PROGRAM SUPPORT STE 1032 BOSTON, MA 02110 LESLEY UNIVERSITY29 FOR OPERATING 04-2103589 501(C)(3) 5,400 **EVERETT STREET** AND PROGRAM CAMBRIDGE, MA 02139 SUPPORT THE CITY SCHOOL614 FOR OPERATING 02-0532474 501(C)(3) 9.900 COLUMBIA ROAD AND PROGRAM SUPPORT BOSTON, MA 02110 SUMMER INKTHE WRITER'S FOR OPERATING 04-3239179 501(C)(3) 5,400 **EXPRESS INC 258 HARVARD** AND PROGRAM SUPPORT STREET 357 CAMBRIDGE, MA 02139 **TENACITY INC367** 04-3452763 501(C)(3) 5,700 FOR OPERATING **WESTERN AVENUE** AND PROGRAM BOSTON, MA 02110 SUPPORT COMMUNITY ARTS CENTER 04-2496097 FOR OPERATING 501(C)(3) 6,120 INC119 WINDSOR STREET AND PROGRAM CAMBRIDGE, MA 02139 SUPPORT ROCA INC(PROJECT SOL 22-3223641 501(C)(3) 6,480 FOR OPERATING SUMMER CAMP)101 PARK AND PROGRAM SUPPORT STREET CHELSEA, MA 02150 17,520 CAMP STARFISH31 HEATH 04-3454511 501(C)(3) FOR OPERATING STREET AND PROGRAM SUPPORT BOSTON, MA 02110 MASSACHUSETTS 501(C)(3) FOR OPERATING 04-3408662 8,167 AUDUBON SOCIETY208 AND PROGRAM SUPPORT SOUTH GREAT ROAD LINCOLN, MA 01773 YOUNG MEN'S CHRISTIAN 04-2103960 501(C)(3) 7,920 FOR OPERATING ASSOCIATION820 MASS AND PROGRAM SUPPORT AVENUE CAMBRIDGE, MA 02139 **BOSTON SYMPHONY** FOR OPERATING 04-2103550 501(C)(3) 28,050 AND PROGRAM ORCHESTRA INC301 SUPPORT MASSACHUSETTS AVENUE BOSTON, MA 02110 COMMONWEALTH TENANTS FOR OPERATING 04-2697769 501(C)(3) 8,910 ASSOCIATION35 FIDELIS AND PROGRAM WA Y SUPPORT BRIGHTON, MA 02135 EAST END HOUSE INC105 04-2104163 501(C)(3) 8,910 FOR OPERATING SPRING STREET AND PROGRAM CAMBRIDGE, MA 02139 SUPPORT MAZEMAKERS340 23-6393377 501(C)(3) 9,870 FOR OPERATING **DORCHESTER STREET** AND PROGRAM SUPPORT SOUTH BOSTON, MA 02127 THE BELL FOUNDATION 60 04-3182053 501(C)(3) 19,440 FOR OPERATING **CLAYTON STREET** AND PROGRAM SUPPORT BOSTON, MA 02110 HYDE SQUARE TASK FORCE FOR OPERATING 04-3118543 501(C)(3) 9,690 INCPO BOX 301871 AND PROGRAM JAMAICA PLAIN, MA 02130 SUPPORT SPORTSMEN'S TENNIS 23-7037183 FOR OPERATING 501(C)(3) 15,140 CLUB950 BLUE HILL AND PROGRAM AVENUE SUPPORT DORCHESTER, MA 02121 FOR OPERATING SALESIAN BOYS & GIRLS 04-2558218 501(C)(3) 10,125 CLUB150 BYRON STREET AND PROGRAM SUPPORT EAST BOSTON, MA 02228 MARGARET FULLER 04-2103782 501(C)(3) 11,145 FOR OPERATING NEIGHBORHOOD HOUSE71 AND PROGRAM CHERRY STREET SUPPORT CAMBRIDGE, MA 02139 METROLACROSSE INC150 04-3482756 501(C)(3) 9,480 FOR OPERATING AND PROGRAM MT VERNON STREET STE 2 DORCHESTER, MA 02121 SUPPORT WEST END HOUSE BOYS & FOR OPERATING 04-2105825 501(C)(3) 10,800 GIRLS CLUB105 ALLSTON AND PROGRAM STREET SUPPORT ALLSTON, MA 02134 **CURIOUS CREATURES106** 04-3248910 501(C)(3) 10,485 FOR OPERATING AND PROGRAM MAIN STREET GROVELAND, MA 01834 SUPPORT CAMBRIDGE COMMUNITY 04-2477881 501(C)(3) 12,870 FOR OPERATING CENTER INC5 CALLENDER AND PROGRAM SUPPORT STREET BOSTON, MA 02110 BOYS AND GIRLS CLUBS OF 23-7076465 501(C)(3) 13,860 FOR OPERATING DORCHESTER35 DEER AND PROGRAM STREET SUPPORT DORCHESTER, MA 02121 ST KATHERINE DREXEL 20-2729200 501(C)(3) 12,475 FOR OPERATING SUMMER PROGRAM175 AND PROGRAM RUGGLES STREET SUPPORT ROXBURY, MA 02119 UPHAMS CORNER FOR OPERATING 04-2708670 501(C)(3) 14,070 COMMUNITY CENTER500 AND PROGRAM COLUMBIA ROAD SUPPORT DORCHESTER, MA 02121 YOUTH ENRICHMENT FOR OPERATING 13,585 04-2509466 501(C)(3) SERVICES412 AND PROGRAM MASSACHUSETTS AVENUE SUPPORT BOSTON, MA 02110 OR OPERATING GIRL SCOUTS OF EASTERN 04-2104713 501(C)(3) 16,740 MA95 BERKELEY STREET AND PROGRAM SUPPORT BOSTON, MA 02110 THE BRIDGE CENTER470 04-6128271 FOR OPERATING 501(C)(3) 16,200 PINE STREET AND PROGRAM SUPPORT BRIDGEWATER, MA 02324 BOYS & GIRLS CLUB OF 04-2103922 FOR OPERATING 501(C)(3) 10,940 BOSTON50 CONGRESS AND PROGRAM SUPPORT STREET BOSTON, MA 02110 501(C)(3) SOMERVILLE YMCA101 04-2103853 18,850 FOR OPERATING HIGHLAND AVENUE AND PROGRAM SUPPORT SOMERVILLE, MA 02143 04-2104280 UNITED SOUTH END 501(C)(3) 17,820 FOR OPERATING AND PROGRAM SETTLEMENTS566 **COLUMBUS AVENUE** SUPPORT BOSTON, MA 02110 MASS GENERAL HOSPITAL FOR OPERATING 04-2697983 501(C)(3) 18,810 73 HIGH STREET AND PROGRAM SUPPORT CHARLESTOWN, MA 02129 HATTIE B COOPER 04-2173420 501(C)(3) 5,000 FOR OPERATING AND PROGRAM COMMUNITY CENTER1891 SUPPORT WASHINGTON STREET ROXBURY, MA 02119 04-2428915 CAPIC100 EVERETT AVE 14 501(C)(3) 23,400 FOR OPERATING CHELSEA, MA 02150 AND PROGRAM SUPPORT FOR OPERATING JUST A START432 23-7121174 501(C)(3) 19,800 COLUMBIA STREET 12 AND PROGRAM SUPPORT CAMBRIDGE, MA 02139 WEDIKO CHILDREN'S 24-6002778 501(C)(3) 34,560 FOR OPERATING SERVICES72-74 EAST AND PROGRAM **DEDHAM STREET** SUPPORT BOSTON, MA 02110 CROSSROADS FOR KIDS119 04-2103837 501(C)(3) 46,760 FOR OPERATING MYRTLE STREET AND PROGRAM DUXBURY, MA 02331 SUPPORT **ELIZABETH PEABODY** 501(C)(3) FOR OPERATING 04-2104827 33,840 HOUSE ASSOCIATION 275 AND PROGRAM BROADWAY SUPPORT SOMERVILLE, MA 02143 EAST BOSTON SOCIAL 501(C)(3) 04-2104257 35,500 FOR OPERATING CENTERS68 CENTRAL AND PROGRAM SQUARE SUPPORT EAST BOSTON, MA 02228 40,000 FOR OPERATING **BOSTON CHINATOWN** 23-7209691 501(C)(3) NEIGHBORHOOD885 AND PROGRAM WASHINGTON STREET SUPPORT BOSTON, MA 02110 COLLEGE BOUND 40,000 FOR OPERATING 04-2383512 501(C)(3) DORCHESTER18 SAMOSET AND PROGRAM STREET SUPPORT DORCHESTER, MA 02121 FOR OPERATING SOUTH BOSTON 04-2104807 501(C)(3) 40,000 NEIGHBORHOOD HOUSE21 AND PROGRAM EAST SEVENTH STREET SUPPORT SOUTH BOSTON, MA 02127 PHILLIPS BROOKS HOUSE 04-6046123 501(C)(3) 40,480 FOR OPERATING ASSOCIATIONHARVARD AND PROGRAM SUPPORT YARD CAMBRIDGE, MA 02139 CAMP FIRE USA56 ROLAND 04-2104042 501(C)(3) 38,260 FOR OPERATING STREET NORTH LOBBY AND PROGRAM SUPPORT BOSTON, MA 02110 CAMBRIDGE CAMPING 04-6002073 501(C)(3) 46,635 FOR OPERATING ASSOCIATION99 BISHOP AND PROGRAM ALLEN DRIVE SUPPORT CAMBRIDGE, MA 02139 AGASSIZ VILLAGE239 04-2160531 501(C)(3) 45,450 FOR OPERATING AND PROGRAM

SUPPORT

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BEDFORD STREET 8

YMCA OF GREATER

BOSTON, MA 02110 **BOSTON CENTERS FOR**

TREMONT STREET

BOSTON, MA 02110

B-SAFE PROGRAM419

SHAWMUT AVENUE

BOSTON, MA 02110

BOSTON, MA 02110

NIGHTENGALE HALL

BOSTON, MA 02110 CENTER FOR SOCIAL

MASS - BOSTON100

MORRISSEY BLVD BOSTON, MA 02110 HALE RESERVATION80

CARBY STREET

DEVELOPMENTUNIV OF

WESTWOOD, MA 02090

NORTHEASTERN UNIV

CENTRAL WHARF

ALGEBRA PLUS26

NOTHEAST UNIVERSITY

AVENUE

LEXINGTON, MA 02421

BOSTON316 HUNTINGTON

YOUTH & FAMILIES1483

FRIENDS OF ST STEPHEN'S

NEW ENGLAND AQUARIUM1

04-2103551

04-2602576

26-1749602

04-2297514

22-3376427

04-6013152

04-2111550

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24,500

14,101

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6,241

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As Filed Data -

DLN: 93493252005443

OMB No 1545-0047

2042

2012

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization ASSOCIATED GRANT MAKERSINC

Employer identification number

04-2457605

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	ASSOCIATED GRANT MAKERS, INC IS A MEMBER ORGANIZATION MEMBERS ARE REQUIRED TO MAKE ANNUAL PAYMENTS FOR THEIR MEMBERSHIP
	FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS WHO HAVE PAID THEIR ANNUAL MEMBERSHIP FEES ARE ENTITLED TO ONE VOTE. BOARD MEMBERS ARE NOMINATED BY THEIR PEERS AND ARE VOTED BY MEMBERS DURING THE ANNUAL MEETING
	FORM 990, PART VI, SECTION A, LINE 7B	EVERY MEMBER IS ENTITLED TO ONE VOTE. WHEN A QUORUM IS REACHED, BOARD MEMBERS ARE ELECTED BY MAJORITY VOTES FROM MEMBERS MAJORITY VOTES BY MEMBERS ARE ALSO REQUIRED TO A MEND CERTAIN PROVISIONS OF THE BY-LAWS INCLUDING, DETERMINATION OF MEMBERS OF THE CORPORATION, REMOVAL OF DIRECTORS, INDEMNIFICATION OF DIRECTORS & OTHERS AND TRANSACTIONS WITH INTERESTED MEMBERS, DIRECTORS, OFFICERS OR EMPLOYEES, EXCEPT WHERE A LARGER MAJORITY VOTE MAY BE REQUIRED BY LAW, THE ARTICLES OF ORGANIZATION AND BY-LAWS
	FORM 990, PART VI, SECTION B, LINE 11	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS DESIGNATED THE BOARD TREASURER AS THE REVIEWER OF THE FORM 990 THE TREASURER REVIEWS THE FORM 990 AND THEN CONTACTS THE TAX RETURN PREPARER WITH QUESTIONS AND CHANGES ONCE QUESTIONS HAVE BEEN ADDRESSED, THE TREASURER INFORMS THE FINANCE COMMITTEE AND THEN EMAILS THE FORM 990 TO ALL THE BOARD MEMBERS SUBSEQUENTLY THE TREASURER AUTHORIZES THE TAX PREPARER TO ELECTRONICALLY SUBMIT THE FORM 990 TO THE INTERNAL REVENUE SERVICE
	FORM 990, PART VI, SECTION B, LINE 12C	ASSOCIATED GRANT MAKERS, INC. REQUIRES AN ANNUAL SIGN OFF FROM OFFICERS, DIRECTORS, AND KEY EMPLOYEES DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND SETS COMPENSATION AFTER COMPLETION OF AN ANNUAL REVIEW BY THE CHAIR AND VICE CHAIR COMPENSATION IS SET BASED AFTER REVIEW OF REGIONAL NON-PROFIT COMPENSATION DATA AND AGM'S BUDGET PARAMETERS AS SET BY THE FINANCE COMMITTEE. THE EXECUTIVE DIRECTOR AND FINANCE COMMITTEE SET THE OTHER EMPLOYEES' SALARIES BASED ON SALARY SURVEYS THAT THE COUNCIL ON FOUNDATIONS CONDUCTS AND RELATES IT TO OTHER INDIVIDUALS HOLDING SIMILAR POSITIONS IN SIMILAR AGENCIES
	FORM 990, PART VI, SECTION C, LINE 19	ASSOCIATED GRANT MAKERS, INC USES ITS WEBSITE TO PUBLICIZE ITS MISSION STATEMENT, LISTS ITS BOARD MEMBERS, AS WELL AS ITS PROGRAM AND ANNUAL REPORTS OTHER ORGANIZATIONAL DOCUMENTS, INCLUDING 990'S, ARE AVAILABLE UPON A WRITTEN REQUEST THE ORGANIZATIONAL 990 IS ALSO AVAILABLE ON WWW GUIDESTAR COM AND ON ASSOCIATED GRANT MAKERS' WEBSITE
		FORM 990, PART XII, LINE 2C ASSOCIATED GRANT MAKERS HAS NOT CHANGED THEIR OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR