




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



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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE MASS MENTORING PARTNERSHIP INC		D Employer identification number 22-3207958	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) 105 CHAUNCY STREET NO 300	Room/suite	E Telephone number (617) 695-1200	
	City or town, state or country, and ZIP + 4 BOSTON, MA 02111		G Gross receipts \$ 2,027,496	
	F Name and address of principal officer MARTY MARTINEZ 105 CHAUNCY STREET BOSTON, MA 02111		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MASSMENTORS.ORG				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1993	M State of legal domicile MA

Part I	Summary
---------------	----------------

Activities & Governance	1 Briefly describe the organization's mission or most significant activities MASS MENTORING PARTNERSHIP (MMP) IS FUELING THE MOVEMENT TO EXPAND QUALITY MENTORING FOR YOUTH TO MEET THE NEEDS OF COMMUNITIES ACROSS MASSACHUSETTS MMP SERVES MORE THAN 200 MENTORING PROGRAMS STATEWIDE SUPPORTING 30,000 YOUTH IN MENTORING RELATIONSHIPS			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	15	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	62	
	6	Total number of volunteers (estimate if necessary)	85	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
	b Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	1,881,969	1,599,554
	9	Program service revenue (Part VIII, line 2g)	86,532	89,052
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,106	5,735
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	318,919	300,923
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,290,526	1,995,264
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	531,370	637,475
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,028,864	977,544
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>167,581</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	447,865	543,413
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,008,099	2,158,432
	19	Revenue less expenses Subtract line 18 from line 12	282,427	-163,168
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	2,830,161	2,722,662
21		Total liabilities (Part X, line 26)	344,753	400,422
22		Net assets or fund balances Subtract line 21 from line 20	2,485,408	2,322,240

Part II Signature Block

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

Sign Here	*****			2013-11-11	
	Signature of officer			Date	
Paid Preparer Use Only	MARTY MARTINEZ PRESIDENT & CEO				
	Type or print name and title				
	Print/Type preparer's name BARRY CHAIT		Preparer's signature		Date
	Firm's name ► MARCUM LLP		Check <input type="checkbox"/> if self-employed		PTIN P01452996
	Firm's address ► 53 STATE STREET FLOOR 38 BOSTON, MA 02109		Firm's EIN ► 11-1986323		Phone no (617) 742-9666

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

Part IIIStatement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

☒

1

Briefly describe the organization’s mission

MASS MENTORING PARTNERSHIP (MMP) IS FUELING THE MOVEMENT TO EXPAND QUALITY MENTORING FOR YOUTH TO MEET THE NEEDS OF COMMUNITIES ACROSS MASSACHUSETTS MMP SERVES MORE THAN 200 MENTORING PROGRAMS STATEWIDE SUPPORTING 30,000 YOUTH IN MENTORING RELATIONSHIPS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 459,597 including grants of \$ 637,475) (Revenue \$ 427,846)

ADVOCACY FOR FIELD RESOURCES MMP WORKS TO DRIVE INCREASE RESOURCES TO THE MENTORING FIELD FROM THE PUBLIC AND PRIVATE SECTORS BY RAISING AWARENESS OF MENTORING AS A YOUTH DEVELOPMENT STRATEGY THAT CAN HELP ADDRESS SOCIAL PROBLEMS SUCH AS EDUCATIONAL ATTAINMENT AND COLLEGE READINESS, WORKFORCE READINESS, AND YOUTH VIOLENCE MMP PROVIDES TRAINING FOR MENTORING PROGRAM STAFF ON GUIDING PRINCIPLES OF STATE LEVEL ADVOCACY AND MOBILIZES PROGRAM PARTNERS IN ADVOCACY CAMPAIGNS THAT INCREASE STATE LEVEL FUNDING THAT IMPACT MENTORING RESOURCES IN COLLABORATION WITH OUR NETWORK OF YOUTH MENTORING PROGRAMS, WE SUCCESSFULLY INCREASED FUNDING FOR THE MENTORING MATCHING GRANTS PROGRAM FROM \$250,000 TO \$350,000 A KEY COMPONENT OF THIS EFFORT WAS OUR ANNUAL YOUTH MENTORING DAY AT THE STATE HOUSE WHERE OVER 200 SUPPORTERS ATTENDED AND NEARLY 50 MEETINGS WITH LEGISLATORS WERE HELD THE PRIMARY GOAL OF THIS FUNDING IS TO INCREASE THE NUMBER OF HIGH-QUALITY MENTORING MATCHES THROUGH GRANTS TO PUBLIC AND PRIVATE AGENCIES AS ONE STRATEGY TO CLOSE THE PERSISTENT ACHIEVEMENT GAP AMONG MASSACHUSETTS YOUTH MASS MENTORING PARTNERSHIP ADMINISTERS THE STATE MENTORING MATCHING GRANTS SUBSIDY AGREEMENT ON BEHALF OF THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION MMP CONDUCTS A COMPETITIVE RFP PROCESS AMONG THE STATES MENTORING PROGRAMS WITH THE STATES 2011-2012 LINE ITEM DESIGNATION, 19 PROGRAMS WERE FUNDED, WITH THE 2012-13 STATE LINE ITEM, 26 PROGRAMS ARE FUNDED RESOURCES ARE ALSO DRIVEN TO THE FIELD THROUGH A PARTNERSHIPS FORMED WITH SPORT TEAMS, CULTURAL INSTITUTIONS, MUSEUMS, AND OTHER FAMILY-FRIENDLY RECREATIONAL VENUES, LEADING TO THE DONATION OF TICKETS AND ENTRANCE DOCUMENT THAT ARE THEN PROVIDED BY MMP TO THE MENTOR-MENTEE MATCHES AT MENTORING PROGRAMS THROUGHOUT MASSACHUSETTS IN 2012 THESE DONATIONS WERE VALUED AT \$ 328,212, PROVIDING A SUBSTANTIAL BENEFIT TO THE YOUTH WHO WERE GIVEN ACCESS TO NEW EXPERIENCES AND LEARNING OPPORTUNITIES

4b

(Code) (Expenses \$ 473,601 including grants of \$) (Revenue \$ 574,067)

AMERICORPS AMBASSADORS OF MENTORING THE AMBASSADORS OF MENTORING ARE AMERICORPS MEMBERS PLACED AT MENTORING PROGRAMS AND YOUTH-SERVING ORGANIZATIONS STATEWIDE TO STRENGTHEN AND IMPROVE PROGRAMS, ALLOWING THEM TO SERVE MORE YOUTH AND ULTIMATELY BETTERING THE MENTORING FIELD THE 2011-12 MEMBERS SERVED ALMOST 32,000 HOURS AT 16 SITES ACROSS MASSACHUSETTS, IMPACTING 3,000 YOUTH AND RECRUITING, SCREENING, AND MATCHING MORE THAN 130 MENTORS ADDITIONALLY, THE CORPS DEVELOPED AND CONDUCTED TRAININGS FOR 185 MENTORS, MENTEES AND PARENTS THE 2012-13 MEMBERS ARE PART OF AN EXPANDED PROGRAM, SERVING AT 24 SITES AND FUELING THE STATEWIDE MENTORING MOVEMENT WITH ADDITIONAL HIGH-IMPACT PROJECTS

4c

(Code) (Expenses \$ 330,496 including grants of \$) (Revenue \$ 221,341)

PUBLIC AWARENESS & MARKETING MMP WORKS TO POSITION MENTORING AS A POWERFUL YOUTH DEVELOPMENT STRATEGY THAT CAN BE A KEY TOOL IN ADDRESSING THE IMPACT OF SOCIAL ISSUES CONFRONTING OUR YOUTH IN MASSACHUSETTS MMP CONDUCTED MASS MENTORING COUNTS 2012 WITH THE DONAHUE INSTITUTE AT UNIVERSITY OF MASSACHUSETTS MASS MENTORING COUNTS IS A BIENNIAL CENSUS THAT THAT PROVIDES THE MOST ACCURATE AND COMPLETE SNAPSHOT OF YOUTH MENTORING IN THE COMMONWEALTH, PROVIDING A COMPREHENSIVE LOOK AT THE NEEDS, TRENDS AND CHANGES IN THE YOUTH MENTORING FIELD, INFORMING OUR EFFORTS AND THE SERVICES WE PROVIDE AND SERVING AS A TOOL TO RAISE AWARENESS AND STRENGTHEN THE CASE FOR INVESTMENT IN QUALITY MENTORING MMP ALSO RAISED THE PROFILE OF MENTORING THROUGH PARTNERSHIPS WITH THE REPUBLICAN/MASSLIVE COM, BOSTON HERALD AND BOSTON BUSINESS JOURNAL, THAT INCLUDED IN-KIND PRINT AND ONLINE ADVERTISING SPACE, PLACEMENT OF OP-EDS AND ARTICLES ON KEY ISSUES IN THE MENTORING FIELD, AND RECOGNITION AT EVENTS SUCH AS THE BBJ’S LEADERS IN DIVERSITY EVENT IN CELEBRATION OF MMP’S 20TH ANNIVERSARY, WE LAUNCHED 20 CHALLENGES IN 2012, A YEARLONG CAMPAIGN TO BRING ATTENTION TO OUR EFFORTS TO ENHANCE OUR MISSION OF EXPANDING QUALITY YOUTH MENTORING IN MASSACHUSETTS THE CHALLENGES WERE BROADLY ADVANCED THROUGH SOCIAL AND TRADITIONAL MEDIA PLACEMENTS, AS WELL AS HIGHLIGHTED AT EVENTS AND THROUGHOUT OTHER ORGANIZATIONAL PARTNERSHIPS WE ALSO STRENGTHENED RELATIONSHIPS WITH MUNICIPAL OFFICIALS THROUGH OUR MAYORS OF MENTORING INITIATIVE, WHERE MAYOR MORSE (HOLYOKE), MAYOR SARNO (SPRINGFIELD) AND MAYOR BALZOTTI (BROCKTON) ALL COMMITTED TO RAISE AWARENESS ABOUT MENTORING IN THEIR CITIES WE RAISED AWARENESS ABOUT MENTORING ON THE LOCAL LEVEL THROUGH OUTREACH TO THE AT-LARGE MEMBERS OF THE BOSTON CITY COUNCIL RESULTING IN SEVERAL OP-EDS AND ARTICLES

(Code) (Expenses \$ 125,488 including grants of \$) (Revenue \$ 129,905)

MENTOR RECRUITMENT CAMPAIGNS & SUPPORT IN 2012, MMP PROVIDED RECRUITMENT SUPPORT TO 27 MENTORING PROGRAMS THROUGH EXPANDED AND MORE COMPREHENSIVE MENTOR RECRUITMENT CAMPAIGNS THIS YEAR ALMOST \$15,000 IN SEED GRANT MONEY WAS AWARDED THROUGH THESE CAMPAIGNS, UP NEARLY 50 PERCENT FROM 2011 THE MENTORS OF COLOR CAMPAIGN CHAMPIONED THE NEED FOR MORE DIVERSE MENTORS WITH KEY INFORMATION AND RECRUITMENT EVENTS TARGETING THE AFRICAN-AMERICAN AND LATINO COMMUNITIES WE LAUNCHED OUR ANNUAL BACK TO SCHOOL CAMPAIGN WITH A MENTORING CHANGES TWO LIVES THEME ACROSS THE STATE THE CAMPAIGN INCLUDED SEED GRANTS TO 13 PROGRAMS TO SUPPORT THEIR MENTOR RECRUITMENT EFFORTS, A SERIES OF BILLBOARDS AND BUS ADS IN SPRINGFIELD, HOLYOKE, CHICOPEE AND AMHERST, STATEWIDE SOCIAL MEDIA ADVERTISING ON FACEBOOK, AND A NEW WESTERN MASS-SPECIFIC WEBSITE PAGE WESTERNMASSMENTORS.ORG THE CAMPAIGN GENERATED OVER 8.3 MILLION IMPRESSIONS ACROSS THE STATE AND MORE THAN 1300 INDIVIDUALS INQUIRED ABOUT BECOMING A MENTOR OVERALL, MORE THAN 1,800 NEW MENTORS WERE RECRUITED THROUGH EVENTS, CAMPAIGNS, AND OUR WEBSITE

(Code) (Expenses \$ 375,338 including grants of \$) (Revenue \$ 343,896)

TRAINING & TECHNICAL ASSISTANCE MASS MENTORING PARTNERSHIP DESIGNED AND OPERATES QUALITY-BASED MEMBERSHIP (QBM), A GROUNDBREAKING, NATIONALLY REPLICATED QUALITY ASSURANCE PROCESS FOR MENTORING PROGRAMS IN 2012, QBM WAS ONE OF TWO STATE MENTORING PARTNERSHIP QUALITY PROCESSES SELECTED FOR A TWO-YEAR NATIONAL PILOT, COMPRISED OF THREE OTHER STATE MENTORING PARTNERSHIPS, TO ANALYZE THE IMPACT OF MENTORING STANDARDS ON YOUTH MENTORING PROGRAMS IN SHARING OUR EXPERTISE, WE ARE HELPING CONSTRUCT A NATIONAL LEVEL OF QUALITY MENTORING ASSURANCES FOR THE BENEFIT OF OTHER STATE MENTORING PARTNERSHIPS AND PROGRAMS DURING THIS YEAR, MMP DELIVERED 16 TRAININGS ON ORGANIZATIONAL AND PROGRAM DEVELOPMENT BASED ON THE ELEMENTS OF EFFECTIVE PRACTICE AND ALIGNED WITH QUALITY-BASED MEMBERSHIP TO PROVIDE INCREASED VALUE TO OUR ATTENDEES, WE ADDED NEW MATERIALS AND ENHANCED THE TRAININGS, FIVE OF WHICH WERE ACCEPTED BY THE NATIONAL ASSOCIATION OF SOCIAL WORKERS AS CREDITED CONTINUING EDUCATION UNITS (CEUS) THE INTRODUCTION OF MENTORING A-Z TRAINING WAS CONVERTED TO A FREE E-LEARNING, THE FIRST TIME WE HAVE OFFERED A COURSE LIKE THIS MORE THAN 90 PERCENT OF PROGRAM STAFF REPORTED INCREASED KNOWLEDGE AFTER ATTENDING ONE OF OUR TRAININGS IN 2012 IN AN EFFORT TO BEST ALIGN OUR SERVICES WITH THE NEEDS OF OUR PROGRAMS, WE WORKED TO CREATE A "SHARED AGENDA" WITH THE MASSACHUSETTS MENTORING FIELD WE HELD OUR FIRST-EVER PARTNER PROGRAM SUMMIT IN OCTOBER 2012 THE EVENT BROUGHT TOGETHER EXECUTIVE DIRECTORS AND KEY PROGRAM REPRESENTATIVES FROM MORE THAN FIFTY YOUTH MENTORING PROGRAMS AT PARTNER LEVEL, THE HIGHEST LEVEL IN OUR QUALITY-BASED MEMBERSHIP ATTENDEES WERE INVITED TO SHARE THEIR PROGRAMS' NEEDS AND IDEAS THAT ULTIMATELY HELPED DRIVE OUR EFFORTS FOR THE FIELD IN 2013 ON ADVOCACY, MENTOR RECRUITMENT, QUALITY-BASED PROGRAMMING, AND FINANCIAL RESOURCES DEVELOPMENT

4d

Other program services (Describe in Schedule O)






















(Expenses \$ 500,826 including grants of \$) (Revenue \$ 473,801)

4e

Total program service expenses ▶

1,764,520

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? If "Yes," complete Schedule C, Part II 	4 Yes	
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 I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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 	9	No
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		
a 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 	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 Yes	
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	

Part 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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 "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	9	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		62	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section 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	15	
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	15	
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	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	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	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
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶SUE ANNE ENDELMAN CO MASS MENTORING PARTNERSHIP 105 CHAUNCY STREET SUITE 300 BOSTON, MA (617) 695-1200

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REGINA M PISA CHAIR	1 00	X		X				0	0	0
(2) GEORGE NEBLE TREASURER	1 00	X		X				0	0	0
(3) BLAKE JORDAN CLERK	1 00	X		X				0	0	0
(4) PAUL C O'BRIEN EX OFFICIO LIFETIME MEMBER	1 00	X						0	0	0
(5) FATHER J DONALD MONAN SJ EX OFFICIO LIFETIME MEMBER	1 00	X						0	0	0
(6) ANN BURKE BOARD MEMBER	1 00	X						0	0	0
(7) WENDELL K CHESTNUT BOARD MEMBER	1 00	X						0	0	0
(8) ADAM GROSSMAN BOARD MEMBER	1 00	X						0	0	0
(9) ROBERT J ROSENFELD BOARD MEMBER	1 00	X						0	0	0
(10) SHERIFF ANDREA J CABRAL BOARD MEMBER	1 00	X						0	0	0
(11) REZA TALEGHANI BOARD MEMBER	1 00	X						0	0	0
(12) EDWARD A GREGORY BOARD MEMBER	1 00	X						0	0	0
(13) MICHAEL JONES BOARD MEMBER	1 00	X						0	0	0
(14) JOHN MAHONEY BOARD MEMBER	1 00	X						0	0	0
(15) IMARI PARIS-JEFFRIES BOARD MEMBER	1 00	X						0	0	0
(16) STEVE POWELL BOARD MEMBER	1 00	X						0	0	0
(17) RANDALL P SEIDL BOARD MEMBER	1 00	X						0	0	0

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	215,923	0	15,693

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 0

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e	605,637		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	993,917		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		1,599,554		
Program Service Revenue	2a	CONSULTING SERVICES AN	Business Code 812900	89,052	89,052	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		89,052		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,735		
4		Income from investment of tax-exempt bond proceeds . .				
5		Royalties				
6a		Gross rents	(i) Real	(ii) Personal		
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	270,802		
b		Less direct expenses	b	32,232		
c		Net income or (loss) from fundraising events . . .		238,570		238,570
9a		Gross income from gaming activities See Part IV, line 19	a			
b		Less direct expenses	b			
c		Net income or (loss) from gaming activities . . .				
10a		Gross sales of inventory, less returns and allowances .	a			
b		Less cost of goods sold	b			
c		Net income or (loss) from sales of inventory . . .				
	Miscellaneous Revenue	Business Code				
11a	OTHER INCOME	812900	62,353	62,353		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		62,353			
12	Total revenue. See Instructions		1,995,264	151,405	0	244,305

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	335,000	335,000		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	302,475	302,475		
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.	231,616	177,197	22,382	32,037
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.	629,187	481,359	60,800	87,028
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	13,190	10,091	1,275	1,824
10	Payroll taxes.	103,551	79,222	10,006	14,323
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
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).				
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.	120,665	90,290	13,343	17,032
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	142,584	133,862	2,600	6,122
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
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).				
a	PROFESSIONAL FEES	122,193	10,312	107,972	3,909
b	OFFICE SUPPLIES,PRINTIN	60,379	47,620	7,453	5,306
c	MENTOR RECRUITMENT PROM	45,754	45,754		
d	MENTOR PROGRAM SUPPORT	31,550	31,050	500	
e	All other expenses	20,288	20,288		
25	Total functional expenses. Add lines 1 through 24e.	2,158,432	1,764,520	226,331	167,581
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☒

					(A)		(B)	
					Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing				1,212,068	1	1,268,287
	2	Savings and temporary cash investments				586,202	2	588,793
	3	Pledges and grants receivable, net				977,515	3	815,280
	4	Accounts receivable, net					4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L					5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	125,788	29,359	10c	36,923	
	b	Less accumulated depreciation	10b	88,865				
	11	Investments—publicly traded securities					11	
	12	Investments—other securities See Part IV, line 11				3,642	12	1,077
	13	Investments—program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				21,375	15	12,302
16	Total assets. Add lines 1 through 15 (must equal line 34)				2,830,161	16	2,722,662	
Liabilities	17	Accounts payable and accrued expenses				107,767	17	106,889
	18	Grants payable				187,740	18	257,324
	19	Deferred revenue				49,246	19	36,209
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D					21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties					23	
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				344,753	26	400,422
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				1,645,244	27	1,685,498
	28	Temporarily restricted net assets				840,164	28	636,742
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				2,485,408	33	2,322,240
	34	Total liabilities and net assets/fund balances				2,830,161	34	2,722,662

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,995,264
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,158,432
3	Revenue less expenses Subtract line 2 from line 1	3	-163,168
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,485,408
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	2,322,240

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE MASS MENTORING PARTNERSHIP INC

Employer identification number
22-3207958

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

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

f

☐

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

g

☐

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,090,529	1,795,422	1,868,994	2,383,451	2,228,076	9,366,472
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,090,529	1,795,422	1,868,994	2,383,451	2,228,076	9,366,472
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						490,903
6 Public support. Subtract line 5 from line 4						8,875,570

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	1,090,529	1,795,422	1,868,994	2,383,451	2,228,076	9,366,472
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,624	10,704	4,248	3,106	5,735	55,417
9	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)	73,089	56,339	69,650	86,532	89,052	374,662
11	Total support (Add lines 7 through 10)						9,796,551
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<table><tr><td>14</td><td>90 600 %</td></tr></table>	14	90 600 %
14	90 600 %			
15	Public support percentage for 2011 Schedule A, Part II, line 14	<table><tr><td>15</td><td>91 470 %</td></tr></table>	15	91 470 %
15	91 470 %			
16a	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 more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
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% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part IIISupport 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 in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—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 ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization THE MASS MENTORING PARTNERSHIP INC	Employer identification number 22-3207958
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$	0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$	0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If “Yes,” describe in Part IV		

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$	
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$	
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV		

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?	Yes		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?	Yes		235
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		34,645
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities?	Yes		0
j	Total. Add lines 1c through 1i.			34,880
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912.			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	OTHER ACTIVITIES INCLUDE EMAILS TO MENTORING PROGRAM STAFF MEMBERS

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization THE MASS MENTORING PARTNERSHIP INC	Employer identification number 22-3207958
--	--

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

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

b

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

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

Cat No 52283D

Schedule D (Form 990) 2012

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		36,334	35,574	760
d Equipment		89,454	53,291	36,163
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				36,923

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	2,413,380
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	418,116		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	418,116
3	Subtract line 2e from line 1			3	1,995,264
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)	4b			
c	Add lines 4a and 4b			4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,995,264
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	2,576,548
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	418,116		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	418,116
3	Subtract line 2e from line 1			3	2,158,432
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)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,158,432

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.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ORGANIZATION IS EXEMPT, EXCEPT FOR UNRELATED BUSINESS INCOME, FROM TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011. SIMILARLY, THE ORGANIZATION IS REGISTERED AS A CHARITABLE ORGANIZATION IN MASSACHUSETTS AND IS EXEMPT FROM MASSACHUSETTS INCOME TAXATION. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) OF THE INTERNAL REVENUE CODE AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX POSITIONS IN ACCORDANCE WITH FASB ASC 740, ACCOUNTING FOR UNCERTAINTIES IN INCOME TAXES, UNDER THAT GUIDANCE THE ORGANIZATION ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICAL MERIT, THAT TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE FACTS, CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PERIOD. THE MEASUREMENT OF UNRECOGNIZED TAX POSITIONS IS ADJUSTED WHEN NEW INFORMATION IS AVAILABLE, OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE. THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2012 OR 2011. INTEREST AND PENALTIES ASSOCIATED WITH UNRECOGNIZED INCOME TAX POSITION, IF IDENTIFIED, WOULD BE CLASSIFIED AS ADDITIONAL INCOME TAXES IN THE STATEMENT OF ACTIVITIES. THE ORGANIZATION'S TAX FILINGS ARE GENERALLY NO LONGER SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE FOR YEARS ENDING BEFORE DECEMBER 31, 2009.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CHAMPIONS OF MENTORING (event type)	BAA BOSTON MARATHON (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	187,704	83,098	270,802
	2	Less Contributions . .			
	3	Gross income (line 1 minus line 2)	187,704	83,098	270,802
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . .			
	6	Rent/facility costs . .			
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	21,332	10,900	32,232
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					238,570

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses . . .			
	6	Volunteer labor	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
------------	------------------	-------------

OMB No 1545-0047

■ Attach to Form 990

Open to Public Inspection

Employer identification number

22-3207958

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

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

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **26**

3 Enter total number of other organizations listed in the line 1 table **0**

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) AMERICORPS STIPEND AND MEMBER SUPPORT	39	302,475		BOOK VALUE	

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
------------	------------------	-------------

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS OF CENTRAL MA484 MAIN STREET SUITE 360 WORCESTER,MA 01608	04-2317926	501(C)3	15,500		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BBBS OF FRANKLIN COUNTYPO BOX 100 GREENFIELD,MA 01302	04-2491950	501(C)3	18,750		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BBBS OF HAMPDEN COUNTY101 STATE STREET SUITE 601 SPRINGFIELD,MA 01103	04-2800998	501(C)3	15,400		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BBBS OF HAMPSHIRE COUNTYCENTER FOR HUMAN DEVELOPMENT INC 332 BIRNIE AVENUE SPRINGFIELD,MA 01107	04-2503926	501(C)3	20,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BBBS OF MASS BAY75 FEDERAL ST 8TH FLOOR BOSTON,MA 02110	04-2074462	501(C)3	20,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BIG SISTER ASSOC161 MASSACHUSETTS AVE BOSTON,MA 02115	04-2150651	501(C)3	12,750		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
LABOURE CENTER CATHOLIC CHARITIES275 WEST BROADWAY SOUTH BOSTON,MA 02127	04-2534041	501(C)3	12,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
FAMILY SERVICE ASSOCIATION- FALL RIVER - BIG FRIENDS LITTLE FRIENDS101 ROCK STREET FALL RIVER,MA 02720	04-2104058	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
FAMILY SERVICE INC - LAWRENCE - BIG FRIENDS LITTLE FRIENDS430 NORTH CANAL STREET LAWRENCE,MA 01840	04-2104054	501(C)3	21,250		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
LUK CRISIS CENTER545 WESTMINSTER ST FITCHBURG,MA 01420	04-2483679	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
MAZIE FOUNDATION1502 WISTERIA WAY WAYLAND,MA 01778	23-2912197	501(C)3	17,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
MELROSE ALLIANCE AGAINST VIOLENCE235 WEST FOSTER ST MELROSE,MA 02176	04-3293694	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
PARTNERS FOR YOUTH WITH DISABILITIES95 BERKELEY STREET SUITE 109 BOSTON,MA 02116	22-2627798	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
RAILROAD ST YOUTH PROJECTPO BOX 698 GREAT BARRINGTON,MA 01230	04-3531328	501(C)3	10,500		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
SMILES1040 EASTERN AVE FALL RIVER,MA 02723	04-2447216	501(C)3	15,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
STRONG WOMEN STRONG GIRLS262 WASHINGTON STREET STE 602 BOSTON,MA 02108	20-2321377	501(C)3	15,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
ADOPTION AND FOSTER CARE MENTORING INC127 ATLANTIC AVE 3RD BOSTON,MA 02111	04-3575764	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
OLD COLONY YMCA BIG BROTHERS BIG SISTERS 465 MAIN STREET BROCKTON,MA 02301	04-2125014	501(C)3	8,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BOSTON PARTNERS IN EDUCATION44 FARNSWORTH STREET BOSTON,MA 02210	04-2501341	501(C)3	12,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT
BROCKTON CHRISTIAN MENTORING INITIATIVE 136 MAIN STREET BROCKTON,MA 02301	26-1805491	501(C)3	10,320		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMANCE, SELF-ESTEEM, SOCIAL COMPETENCE AND WORKFORCE DEVELOPMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDCARE OF THE BERKSHIRESPO BOX 172 NORTH ADAMS,MA 01247	04-2457299	501(C)3	7,500		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
EASTERN VESSELS INCPO BOX 220502 DORCHESTER,MA 02122	04-2702655	501(C)3	7,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
EVERYBODY WINS METRO BOSTON AKA READ TO A CHILD75 STATE ST 9TH FLOOR C/O HOLLISTER HOLLISTER BOSTON,MA 02109	52-2381764	501(C)3	8,500		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
TAUNTON AREA SCHOOL TO CAREER1 TAUNTON GREEN SUITE 2 TAUNTON,MA 02780	04-3416665	501(C)3	6,500		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
THE DREAM PROGRAM INC 41 DEARBORN STREET ROXBURY,MA 02119	26-0030908	501(C)3	8,280		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
GIRLS INC OF LYNN50 HIGH STREET LYNN,MA 01920	04-2104250	501(C)3	18,750		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT
SPRINGFILED SCHOOL VOLUNTEERS1550 MAIN STREET 3RD FLOOR SPRINGFIELD,MA 01103	04-2643527	501(C)3	15,000		BOOK		TO START OR EXPAND YOUTH MENTORING PROGRAMS ACCORDING TO CURRENT BEST PRACTICES AND FOR PURPOSES INCLUDING ADVANCING ACADEMIC PERFORMACE, SELF-ESTEEM, SOCIAL COMPENTENCE AND WORKFORCE DEVELOPMENT

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization THE MASS MENTORING PARTNERSHIP INC	Employer identification number 22-3207958
--	--

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS REVIEWED BY THE PRESIDENT/CEO, VP/COO AND DIRECTOR OF FINANCE FOR ACCURACY ONCE REVIEWED BY THEM, THE FORM 990 IS SENT TO THE CHAIRMAN FOR REVIEW PRIOR TO FILING THE FORM 990, IT IS SENT TO ALL VOTING BOARD MEMBERS FOR THEIR INDIVIDUAL REVIEW
	FORM 990, PART VI, SECTION B, LINE 12C	IN CASES OF CONFLICT OR THE APPEARANCE OF CONFLICT, THE ORGANIZATION'S BOARD MEMBERS WILL DISCLOSE SUCH CONFLICT PRIOR TO TAKING ANY ACTION THAT MIGHT BE INFLUENCED OR APPEAR TO BE INFLUENCED BY IT ONCE THAT DISCLOSURE HAS BEEN MADE KNOWN, THE REMAINING MEMBERS OF THE BOARD WILL DETERMINE WHETHER A CONFLICT EXISTS OR WHETHER THERE IS A POTENTIAL FOR SUCH CONFLICT THE BOARD SHALL NOT ENTER INTO CONTRACTS WITH (1) ITS DIRECTORS, (2) DIRECTORS OF RELATED ORGANIZATIONS OR (3) ORGANIZATIONS WITH WHICH A DIRECTOR HAS A MATERIAL FINANCIAL INTEREST UNLESS (A) THAT INTEREST IS DISCLOSED OR KNOWN TO THE BOARD (B) THE BOARD APPROVES, AUTHORIZES OR RATIFIES THE ACTION IN GOOD FAITH (C) THE APPROVAL IS BY A MAJORITY OF THE DIRECTORS (NOT COUNTING THE INTERESTED DIRECTOR) (D) A QUORUM OF THE BOARD IS PRESENT (NOT COUNTING THE INTERESTED DIRECTOR) IN SUCH CASES THE INTERESTED DIRECTOR MAY BE PRESENT AT RELATED BOARD MEETINGS TO ANSWER QUESTIONS ABOUT THE FINANCIAL RELATIONSHIP BUT MAY NOT ADVOCATE FOR THE ACTION TO BE TAKEN IF A VOTE IS TO BE TAKEN THE INTERESTED DIRECTOR SHOULD LEAVE THE ROOM THE MINUTES SHALL CLEARLY REFLECT THAT THESE REQUIREMENTS HAVE BEEN MET
	FORM 990, PART VI, SECTION B, LINE 15	THE TREASURER OF THE BOARD DOES AN ANNUAL COMPENSATION REVIEW OF ALL TOP MANAGEMENT AND KEY EMPLOYEES OF THE ORGANIZATION THIS REVIEW INCLUDES AN ANALYSIS OF EQUITY WITHIN THE ORGANIZATION AS WELL AS A REVIEW OF COMPARABILITY DATA
	FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS REQUIRED BY LAW ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
	FROM 990, PART XII, LINE 2C	THE AUDIT COMMITTEE RECEIVED A DRAFT OF THE AUDIT REPORT AND MET AND DISCUSSED THE AUDIT WITH THE AUDITORS PRIOR TO THE REPORT BEING FINALIZED
	FORM 990, PART I, LINES 5&6 TOTAL NUMBER OF EMPLOYEES	THE NUMBER REQUIRED IN QUESTION 5 IS THE NUMBER OF W-2'S ISSUED BY THE ORGANIZATION MMP ISSUED 62 W-2'S FOR 2012 IN 2012, MMP HAD 23 EMPLOYEES AND 39 AMERICORPS MEMBERS THE FEDERAL GRANT FROM CNCS CONSIDERS THE AMERICORPS MEMBERS TO BE VOLUNTEERS AND NOT STAFF MEMBERS OF MMP ALTHOUGH THE MEMBERS ARE VOLUNTEERS, MMP IS REQUIRED TO PROVIDE THEM WITH A LIVING STIPEND SINCE THE MEMBERS ARE PROVIDED WITH A LIVING STIPEND, MMP IS REQUIRED TO ISSUE THEM A W-2
	FORM 990, SCHEDULE D, PART VI, LINE 1D	EQUIPMENT CONSISTS OF OFFICE EQUIPMENT AND COMPUTER HARDWARE AND SOFTWARE