| 2020 |
|------------|
| ⊘ 3 |
| <u>-</u> |
| AU |
| |
| Ž |
| ₹ S |
| တ |
| |

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

| | sakendar year 2018 or tax year beginning NOV | 1, 2018 | | OCT 31, 2019 | Open to Public Inspection |
|------------------------------|--|------------------------------------|---------------------------|--|---|
| | me of foundation | 1, 2016 | , and ending | A Employer identification | |
| | BOGER FAMILY FOUNDATION INC | ۹ ِ | | Employer Identification | ii iiuiiiuci |
| | C/O NUTTER, MCCLENNEN & FISH | | | 47-5499109 |) |
| | mber and street (or P O box number if mail is not delivered to street as | | Room/suite | B Telephone number | |
| | P.O. BOX 51400 | | | 617-439-22 | 276 |
| | ty or town, state or province, country, and ZIP or foreign pos | stal code | | C If exemption application is | , <u> </u> |
| | BOSTON, MA 02205 | | | | 3, |
| | Check all that apply: Initial return | Initial return of a fo | rmer public charity | D 1 Foreign organization | s, check here |
| | Final return | Amended return | | | |
| | Address change | Name change | | 2 Foreign organizations m check here and attach c | eeting the 85% test, omputation |
| H C | Check type of organization: X Section 501(c)(3) exe | mpt private foundation_ | 811 | E If private foundation sta | atus was terminated |
| | Section 4947(a)(1) nonexempt charitable trust 0 | ther taxable private founda | tion VY | under section 507(b)(1 |)(A), check here |
| I Fa | air market value of all assets at end of year J Accounting | g method. X Cash | Accrual | F If the foundation is in a | 60-month termination |
| (fr | from Part II, col (c), line 16) | er (specify) | | under section 507(b)(1 |)(B), check here $ ightharpoonup$ |
| | \$ 43273833. (Part I, column | n (d) must be on cash basis | 5.) | | 1 (0 |
| Pa | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes |
| | | 24026100. | | N/A | (cash basis only) |
| _ | 1 Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch B | 74070100° | | N/A | |
| | Interest on sources and temporary | | | | |
| \ | 3 cash investments 4 Dividends and interest from securities | 813567. | 813567. | | STATEMENT 2 |
| | 5a Gross rents | 010007 | 01007. | | |
| | b Net rental income or (loss) | | | | |
| | 62 Net gain or flore) from sale of assets not on line 10 | -261670. | | | STATEMENT-1 |
| Ę | b Gross sales price for all 29247822. | | | 自自 | CEIVED |
| Revenue | 7 Capital gain net income (from Part IV, line 2) | | 17664462. | The last | 0 |
| æ | 8 Net short-term capital gain | | | 311 | R 2 6 2020 |
| | 9 Income modifications | | | 9 FE | 18 % 0 COCO 100 |
| | Gross sales less returns and allowances | | | Ш | |
| | b Less Cost of goods sold | | | OG | DEN, UI |
| | c Gross profit or (loss) | | | | |
| | 11 Other income | 7753. | 7753. | | STATEMENT 3 |
| | 12 Total Add lines 1 through 11 | 24585750. | 18485782. | | |
| | 13 Compensation of officers, directors, trustees, etc | 0. | 0. | | 0 |
| | 14 Other employee salaries and wages | | | | |
| Š | 15 Pension plans, employee benefits 16a Legal fees STMT 4 | 17547. | 13160. | | 4387 |
| nse | 16a Legal fees STMT 4 STMT 4 | 1/34/. | 13100. | | 4307 |
| Expenses | c Other professional fees STMT 5 | 161065. | 120799. | | 40266 |
| e m | 1 C Other professional lees STRT 3 | 101003. | 1201334 | | 10200 |
| ativ | 18 Taxes STMT 6 | 12766. | 12766. | | 0 |
| istr | 19 Depreciation and depletion | | | | |
| Ë | 20 Occupancy | | | | |
| Ad | 21 Travel, conferences, and meetings | | | | |
| pu | 22 Printing and publications | | | | |
| ğ | 23 Other expenses STMT 7 | 5124. | 3469. | | 1655 |
| Operating and Administrative | 24 Total operating and administrative | | | | |
| per | expenses. Add lines 13 through 23 | 196502. | 150194. | | 46308 |
| 0 | 25 Contributions, girts, grants paid | 929292. | | | 929292 |
| | 26 Total expenses and disbursements | 446 | | | 055600 |
| | Add lines 24 and 25 | 1125794. | 150194. | ļ | 975600 |
| | 27 Subtract line 26 from line 12: | 02450056 | | | |
| | Excess of revenue over expenses and disbursements | 23459956. | 10225500 | | |
| | b Net investment income (if negative, enter -0-) | | 18335588. | 37 / X | |
| | c Adjusted net income (if negative, enter -0-) 501 12-11-18 LHA For Paperwork Reduction Act Notice | | | N/A | Form 990-PF (2018 |

| | 7, | DOUBLE TOURS IN THE | | | |
|------------------|----------|--|-------------------|----------------|-----------------------|
| Fo | rm 9 | 90-PF (2018) C/O NUTTER, MCCLENNEN & | | 47-5 | 499109 Page |
| F | art | Balance Sheets Atlached schedules and amounts in the description Column should be for end-of-year amounts only | Beginning of year | End of | уеаг |
| _ | art | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 17422. | -2263041. | -2263041. |
| | 2 | Savings and temporary cash investments | 521902. | 3204703. | 3204703. |
| | 3 | Accounts receivable ► | | | |
| | | Less. allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ► | | | |
| | | Less, allowance for doubtful accounts ▶ | İ | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | • | disqualified persons | | | |
| | 7 | Olher notes and loans receivable | | | |
| | ′ | Less, allowance for doubtful accounts | | | |
| w | 8 | Inventories for sale or use | | | |
| Set | | Prepaid expenses and deferred charges | | | |
| Ä | | Investments - U.S. and state government obligations | | | _ |
| | | Investments - corporate stock STMT 8 | 16632729. | 37950067. | 40407540. |
| | | · | 10032729. | 3/33000/ | 4040/540. |
| | | Investments - corporate bonds | | | |
| | '' | Investments - land, buildings, and equipment basis | | | |
| | 40 | Less accumulated depreciation | | | |
| | | Investments - mortgage loans | | 1740300 | 1004631 |
| | 13 | Investments - other STMT 9 | 0. | 1740280. | 1924631. |
| | 14 | Land, buildings, and equipment, basis | | | |
| | ١ | Less accumulated depreciation | | | - |
| | 1 | Other assets (describe | | | |
| | 16 | Total assets (to be completed by all filers - see the | 15150050 | 4060000 | 400=000 |
| _ | | instructions Also, see page 1, item I) | 17172053. | 40632009. | 43273833. |
| | 1 | Accounts payable and accrued expenses | | | |
| | | Grants payable | | | |
| es | 1 | Deferred revenue | | | |
| ┋ | | Loans from officers, directors, trustees, and other disqualified persons | | | |
| ĕ | 1 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe >) | | | |
| | l | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | ľ | | |
| ç | | and complete lines 24 through 26, and lines 30 and 31 | | | |
| 20 | 24 | Unrestricted | | | · <u>·</u> |
| or Fund Balances | 25 | Temporarily restricted | | | |
| 20 | 26 | Permanently restricted | | | |
| Š | | Foundations that do not follow SFAS 117, check here | | | |
| ≍ T | | and complete lines 27 through 31 | | _ | |
| | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| Assets | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | 0. | 0. | |
| _ | 29 30 | Retained earnings, accumulated income, endowment, or other funds | 17172053. | 40632009. | |
| Š | 30 | Total net assets or fund balances | 17172053. | 40632009. | |
| \ | | | | | |
| <u> </u> | 311 | Total liabilities and net assets/fund balances | 17172053. | 40632009. | |
| P | art | Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 | | I net assets or fund balances at beginning of year - Part II, column (a), line 3 | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 17172053. |
| ? | | r amount from Part I, line 27a | | 2 | <u>23459956.</u> |
| 3 | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | nom: 1 4 DDG 4 | | 1 4 1 | |

40632009. Form **990-PF** (2018)

5 Decreases not included in line 2 (itemize) ▶

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Form 990-PF (2018)

C/O NUTTER, MCCLENNEN & FISH LLP.

| 47-5499109 | |
|------------|--|
|------------|--|

Page 3

| L | ind Losses for Tax on in | | | 1763.11 | | | | |
|---|---|--------------------------------|--------------------------------------|----------------|-------------------------------------|-------------------------|-----------------------------|---|
| (a) List and describe to 2-story brick war | ne kind(s) of property sold (for exa ehouse, or common stock, 200 sh | mple, real esta s. MLC Co) | ate, | (6) H | ow acquired Purchase Donation | (c) Date (mo., d | acquired lay, yr) | (d) Date sold (mo., day, yr.) |
| 1a GOLDMAN SACHS - | - SEE ATTACHED S | CHEDUL | ES | | P | 01/0 | 1/16 | 10/31/19 |
| b GOLDMAN SACHS - | | CHEDUL | | | P | 01/0 | | 10/31/19 |
| С | | | | | | | | |
| d | | | | | | | | |
| _e | | | | <u>L.,</u> | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | | ain or (loss s (f) minus | |
| a 20735110. | | | 285326 | 3. | | | | 17881847. |
| b 8512712. | | | 873009 | 7. | | | | -217385. |
| С | | | | | | | | |
| d | | | | | | | | |
| e | | ļ | | | - | | | |
| Complete only for assets showing | gain in column (h) and owned by | the foundation | n on 12/31/69. | | _ | (I) Gains (C | | |
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (i) | | C | ol (k), but r Losses | from col. (| п -U-) ог ˈh)) |
| a | | | (),,, | | | | | 17881847. |
| b | | | | | | | | -217385. |
| c | | | | | | | | |
| d | | | | | _ | | | |
| е | | | | | | | | |
| | ∫ If gain, also enter | r in Part I line | 7 | 1 | | | | |
| Capital gain net income or (net cap | | - ın Part I, line | 7 | <i>}</i> | 2 | | | 17664462. |
| 3 Net short-term capital gain or (loss | a) as defined in sections 1222(5) ar | nd (6): | | | | | | |
| If gain, also enter in Part I, line 8, c | | | |] [| | | | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Ur | nder Section 4940(e) for | | | للب | 3 | | <u> N/A</u> | |
| If section 4940(d)(2) applies, leave thi Was the foundation liable for the section If "Yes," the foundation doesn't qualify | on 4942 tax on the distributable am under section 4940(e) Do not con | nplete this par | t. | | | | | Yes X No |
| | ach column for each year; see the ii | nstructions be | fore making any ei | ntries. | | | | |
| (a) Base period years Calendar year (or tax year beginning | (b) g in) Adjusted qualifying dis | tributions | Net value of no | (c) ncharit | able-use asse | ts | Distrib (col (b) div | (d) pution ratio ided by col (c)) |
| 2017 | 7 | 89419. | | 1 | 454142 | 2. | | .054288 |
| 2016 | | 10367. | | | 092799 | | | .065004 |
| 2015 | 2 | 69073. | | 1 | 014288 | 2. | | .026528 |
| 2014 | | | | | | | | |
| 2013 | | | | | | | | ···· |
| 2 Total of line 1, column (d) | | | | | | 2 | | .145820 |
| 3 Average distribution ratio for the 5- | year base period - divide the total o | on line 2 by 5. | O, or by the numbe | er of ye | ars | | | |
| the foundation has been in existence | | | • | - | | 3 | | .048607 |
| 4 Enter the net value of noncharitable | e-use assets for 2018 from Part X, | line 5 | | | | 4 | | 36561087. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 1777125. |
| 6 Enter 1% of net investment income | e (1% of Part I, line 27b) | | | | | 6 | | 183356. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 1960481. |
| 8 Enter qualifying distributions from | Part XII, line 4 | | | | | 8 | | 975600. |
| If line 8 is equal to or greater than I See the Part VI instructions. | | 1b, and comp | plete that part using | g a 1% | tax rate. | | | |

| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | | | | |
|----|---|-----|----------|----|-------|
| | distributed by the foundation in connection with the activities | - | | | |
| C | : Did the foundation file Form 1120-POL for this year? | | С | | X |
| d | f Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | | | |
| | (1) On the foundation ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 . | İ | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. ► \$ 0 . | | | | 1 |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | 2 | | Х |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | , | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 | a | | Х |
| b | o If "Yes," has it filed a tax return on Form 990-T for this year? | . 4 | b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | <u> </u> | | Х |
| | If "Yes," attach the statement required by General Instruction T | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | | |
| | remain in the governing instrument? | 6 | ; | Х | } |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV | 7 | , | Х | |
| | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | _ | | | |
| | MA | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | _ | | | |
| | of each state as required by General Instruction G? If "No," attach explanation | 8 | b | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| | year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV | g |) | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STMT 1 | 0 1 | 0 | Х | |
| | | F C | 200 | DE | 10040 |

| - | , , , , , , , , , , , , , , , , , , , | т— | Yes | No |
|----|---|--------------|------------|-----------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | 162 | 140 |
| '' | section 512(b)(13)? If "Yes," attach schedule. See instructions | 11 | | x |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | <u> </u> | | |
| | If "Yes," attach statement. See instructions | 12 | | Х |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► NUTTER, MCCLENNEN & FISH LLP Telephone no. ► 617-43 | | | |
| 4- | Located at ► SEAPORT WEST, 155 SEAPORT BLVD., BOSTON, MA ZIP+4 ►02 | <u> 210</u> | <u>-02</u> | <u>60</u> |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | ∠ | · [] |
| 16 | and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, | N | /A Yes | No |
| 10 | securities, or other financial account in a foreign country? | 16 | 162 | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | 16 | | |
| | foreign country | i | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | L | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 18 | During the year, did the foundation (either directly or indirectly) | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | į | |
| | a disqualified person? Yes X No | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | | |
| | termination of government service, if terminating within 90 days) Yes X No | | | |
| | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A | 4. | | |
| | Organizations relying on a current notice regarding disaster assistance, check here | 1b | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | İ | |
| · | before the first day of the tax year beginning in 2018? | 1c | | Х |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| a | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2018? | | | |
| | If "Yes," list the years \blacktriangleright | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | ļ | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | ĺ | |
| | statement - see instructions.) N/A | 2b | | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| 3. | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| Ja | during the year? | | ļ | |
| b | If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after | | 1 | |
| Ĩ | May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | 1 | |
| | of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, | | | |
| | Form 4720, to determine if the foundation had excess business holdings in 2018) N/A | 3b | 1 | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| þ | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that | | | |
| | had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | X |
| | For | m 990 | -DF | 20181 |

BOGER FAMILY FOUNDATION INC. Form 990-PF (2018) C/O NUTTER, MCCLENNEN & FISH LLP. 47-5499109 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) Yes No 5a During the year, did the foundation pay or incur any amount to Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A 5b Organizations relying on a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on 🗌 Yes 🗓 No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b Х If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Yes X No excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred (c) Compensation (b) Title, and average (e) Expense hours per week devoted to position (If not paid, enter -0-) account, other (a) Name and address allowances SEE STATEMENT 11 0. 0 0 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other (b) Title, and average hours per week devoted to position (a) Name and address of each employee paid more than \$50,000 (c) Compensation compensation allowances NONE

Form **990-PF** (2018)

Total number of other employees paid over \$50,000

Page 7

| Paid Employees, and Contractors (continued) | Indation Managers, Highly | |
|---|---|------------------|
| 3 Five highest-paid independent contractors for professional services. If none, | enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| GOLDMAN SACHS | | |
| 125 HIGH STREET, BOSTON, MA 02110 | INVESTMENT EXPENSES | 161065. |
| NUTTER MCCLENNEN & FISH LLP | | |
| 155 SEAPORT BLVD WEST, BOSTON, MA 02205 | PROFESSIONAL FEES | 17547. |
| | | |
| | | |
| | | |
| | | |
| | | |
| T | | 1 |
| Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities | _ | 0 |
| | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers | Statistical information such as the | Expenses |
| 1 N/A | 5 51 50 50 50 50 50 50 50 50 50 50 50 50 50 | |
| 1 M/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax ye | ar on lines 1 and 2 | Amount |
| 1 <u>N/A</u> | | |
| | | |
| | | |
| 2 | | |
| | | |
| All ather according soluted investments. Conjunctivistics | | |
| All other program-related investments. See instructions | | |
| · | | |
| | | |
| | | |
| - | | |
| · · · · · · · · · · · · · · · · · · · | | |

Form **990-PF** (2018)

0.

Total. Add lines 1 through 3

BOGER FAMILY FOUNDATION INC. Form 990-PF (2018) C/O NUTTER, MCCLENNEN & FISH LLP., 47-5499109 Page 8 Part X . Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 34381871. a Average monthly fair market value of securities 1a b Average of monthly cash balances 1b 2735984. c Fair market value of all other assets 1c 37117855. d Total (add lines 1a, b, and c) 1d e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 37117855. 3 Subtract line 2 from line 1d 3 556768. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 36561087. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 5 5 1828054. Minimum investment return Enter 5% of line 5 6 Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here
and do not complete this part.) 1828054. Minimum investment return from Part X, line 6 2a Tax on investment income for 2018 from Part VI. line 5 366712. Income tax for 2018. (This does not include the tax from Part VI.) 366712. c Add lines 2a and 2b 2c 1461342. Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 1461342. 5 5 Add lines 3 and 4 6 6 Deduction from distributable amount (see instructions) 1461342 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. 7 Part XII Qualifying Distributions (see instructions)

| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes; | | |
|---|---|----|---------|
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 975600. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 975600. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | | |
| | income Enter 1% of Part I, line 27b | 5 | 0. |
| 6 | Adjusted qualifying distributions Subtract line 5 from line 4 | 6 | 975600. |

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2018)

Part XIII. Undistributed Income (see instructions)

| • • | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---------------------------------------|----------------------------|-------------|---------------------------------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 1461342 |
| 2 Undistributed Income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only | | | 0. | |
| b Total for prior years | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018. | · · · · · · | | | |
| a From 2013 | | | | |
| b From 2014 | | | | |
| c From 2015 | | | | |
| d From 2016 146416. | | | | |
| e From 2017 78782. | | | | |
| f Total of lines 3a through e | 225198. | | | |
| 4 Qualifying distributions for 2018 from | | | | · · · · · · · · · · · · · · · · · · · |
| Part XII, line 4· ►\$ 975600. | | | | |
| a Applied to 2017, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | · | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2018 distributable amount | | | | 975600. |
| e Remaining amount distributed out of corpus | 0. | | | 373000 |
| 5 Excess distributions carryover applied to 2018 | 225198. | <u> </u> | | 225198. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | 223150 |
| 6 Enter the net total of each column as indicated below | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | _ | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b Taxable | **** | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2017 Subtract line | | <u> </u> | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2018. Subtract | | | | · |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2019 | | | | 260544. |
| 7 Amounts treated as distributions out of | | | | , |
| corpus to satisfy requirements imposed by | } | ļ | | |
| section 170(b)(1)(F) or 4942(g)(3) (Election | | | | |
| may be required - see instructions) | 0. | | | |
| 8 Excess distributions carryover from 2013 | | | | |
| not applied on line 5 or line 7 | o. | | | |
| 9 Excess distributions carryover to 2019 | · · · · · · · · · · · · · · · · · · · | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| O Analysis of line 9 | · | | | |
| a Excess from 2014 | | | | |
| b Excess from 2015 | | | | |
| c Excess from 2016 | | | | |
| d Excess from 2017 | | | | |
| e Excess from 2018 | | | | |
| | | | | 5 000 DE (0040) |

BOGER FAMILY FOUNDATION INC. Form 990-PF (2018) C/O NUTTER, MCCLENNEN & FISH LLP. 47-5499109 Page 10 Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating . foundation, and the ruling is effective for 2018, enter the date of the ruling b Check box to indicate whether the foundation is a private operating foundation described in section 4942(<u>J)(5</u>) 4942(j)(3) or Tax year Prior 3 years 2 a Enter the lesser of the adjusted net (e) Total (a) 2018(b) 2017 (c) 2016 (d) 2015income from Part I or the minimum investment return from Part X for each year listed **b** 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year c "Support" alternative test - enter. (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2)) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 💹 if the foundation only makes contributions to presolocted charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed NUTTER, MCCLENNEN & FISH LLP, 617-439-2000 155 SEAPORT WEST, BOSTON, MA 02205 b The form in which applications should be submitted and information and materials they should include: N/A c Any submission deadlines: N/A d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: N/A

C/O NUTTER, MCCLENNEN & FISH LLP., 47-5499109 Page 11 Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient . . Purpose of grant or contribution Foundation show any relationship to status of Amount any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ACLU MASS NONE PUBLIC GENERAL 211 CONGRESS ST BOSTON MA 02110 50000. NONE GENERAL BOOMERANG PUBLIC 1 MONTGOMERY ST SAN FRANCISCO, CA 94104 10000. BOSTON BALLET NONE PUBLIC GENERAL 539 WASHINGTON ST BOSTON, MA 02111 15000. BRANDEIS UNIVERSITY NONE PUBLIC GENERAL 415 SOUTH ST WALTHAM, MA 02453 50000. CELEBRITY SERIES OF BOSTON NONE PUBLIC GENERAL 20 PARK PLZ STE 1032 BOSTON MA 02116 50000. SEE CONTINUATION SHEET(S) ➤ 3a Total 929292. b Approved for future payment NONE Total **▶** 3b

Part XV Supplementary Information ·3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient NONE CORAL REEF ALLIANCE PUBLIC GENERAL 1330 BROADWAY SUITE 1602 OAKLAND, CA 94612 5000. NONE CYSTIC FIBROSIS FOUNDATION PUBLIC GENERAL 220 N MAIN ST, STE 104 NATICK, MA 01760 21250. DISCOVERING JUSTICE NONE PUBLIC GENERAL 1 COURTHOUSE WAY STE 3120 BOSTON, MA 02210 30042. EARTHJUSTICE NONE PUBLIC GENERAL 50 CALIFORNIA ST SUITE 500 SAN FRANCISCO, CA 94111 10000. FENWAY HEALTH NONE PUBLIC GENERAL 1340 BOYLSTON ST BOSTON, MA 02215 10000. **GMHC** NONE PUBLIC GENERAL 446 W 33RD ST NEW YORK, NY 10001 30000.) GREATER BOSTON FOOD BANK INC NONE PUBLIC GENERAL 70 SOUTH BAY AVE BOSTON, MA 02118 25000. HASTING CENTER NONE PUBLIC GENERAL 21 MALCOLM GORDON RD GARRISON, NY 10524 100000. INTERNATIONAL RESCUE COMMITTEE NONE PUBLIC GENERAL 122 EAST 42ND STREET NEW YORK, NY 10168 7500. KIVA MICRO FUNDS NONE PUBLIC GENERAL 875 HOWARD STREET SUITE 340 SAN FRANCISCO, CA 94103 7500. Total from continuation sheets 754292.

| Grants and Contributions Paid During the | Year (Continuation) | | | |
|--|--|----------------------|----------------------------------|----------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | CONTINUENCE | |
| | | | | |
| ONGY SCHOOL OF MUSIC | NONE | PUBLIC | GENERAL | |
| 7 GARDEN STREET | | | | |
| AMBRIDGE, MA 02138 | | · <u> </u> | | 50000 |
| ASS BIO EDUCATION FOUNDATION | NONE | PUBLIC | GENERAL | |
| 33 BOSTON PROVIDENCE TPKE, | NONE | FOBLIC | GENERAL | |
| ORWOOD, MA 02062 | | | | 30000 |
| | | | | |
| ASS CHALLENGE | NONE | PUBLIC | GENERAL | |
| 1 DRYDOCK AVE OSTON, MA 02210 | | | | 5000 |
| JS10N, MA 02210 | | | - | 50000 |
| ASS INSIGHT EDUCATION AND RESEARCH | NONE | DUDI TO | OTNED N | |
| 9 CANAL ST 3RD FLOOR | NONE | PUBLIC | GENERAL | |
| OSTON, MA 02114 | | | | 25000 |
| | | | | |
| UDFLAT POTTERY SCHOOL IN | NONE | PUBLIC | GENERAL | |
| 1 BROADWAY | | | | |
| OMERVILLE, MA 02145 | | | | 6000 |
| | | | | |
| USEUM OF SCIENCE SCIENCE PARK | NONE | PUBLIC | GENERAL | |
| OSTON, MA 02114 | | | | 25000 |
| | | | | |
| ATURAL RESOURCE DEFENSE COUNCIL | NONE | PUBLIC | GENERAL | |
| 0 WEST 20TH STREET | | | | gr0.0 |
| EW YORK, NY 10011 | | | | 7500 |
| Du. | NOVE | D 7.0 | | |
| EHI 33 FEDERAL STREET 9TH FLOOR | NONE | PUBLIC | GENERAL | |
| OSTON, MA 02110 | | | | 10000 |
| | | | | |
| CEANA INC | NONE | PUBLIC | GENERAL | |
| 350 CONNECTICUT AVE NW 5TH FL | | | | - |
| ASHINGTON DC 20036 | | | | 5000 |
| | | | | |
| NA CARE NETWORK INC | NONE | PUBLIC | GENERAL | |
| 00 RUTHERFORD AVE | | | | |

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or any foundation manager status of contribution Amount Name and address (home or business) or substantial contributor recipient WIKIPEDIA NONE PUBLIC GENERAL 1 MONTGOMERY ST SAN FRANCISCO, CA 94104 2500. 350 ORG NONE PUBLIC GENERAL 20 JAY STREET SUITE 732 BROOKLYN NY 11201 10000. AAAS NONE PUBLIC GENERAL 1200 NEW YORK AVE WASHINGTON, DC 20005 5000. ABLE GAMERS NONE PUBLIC GENERAL P.O. BOX 508 CHARLES TOWN, WV 25414 5000. ACCESS TO JEWISH EDUCATION NONE PUBLIC GENERAL 333 NAHANTON ST NEWTON, MA 02459 5000. AIDS WALK NY NONE PUBLIC GENERAL 307 W 38TH ST NEW YORK, NY 10018 5000. BIOMEDICAL SCIENCE CONCERNS PROGRAM NONE PUBLIC GENERAL 10000. BOSTON ARTS ACADAMY NONE PUBLIC GENERAL 11 CHARLES ST DORCHESTER, MA 02122 10000. BOSTON CHINATOWN NEIGHBORHOOD CENTER NONE PUBLIC GENERAL 885 WASHINGTON ST BOSTON MA 02111 10000. CAMP HARBORVIEW NONE PUBLIC GENERAL 200 CLARENDON ST, 60TH FLOOR BOSTON, MA 02116 5000. Total from continuation sheets

Part XV Supplementary Information ·3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient CENTRAL SQUARE THEATER NONE PUBLIC GENERAL 450 MASSACHUSETTS AVE CAMBRIDGE, MA 02139 2500, COMBINED JEWISH PHILANTHROPIES NONE PUBLIC GENERAL 126 HIGH ST BOSTON, MA 02110 10000. CONSERVATION LAW FOUNDATION NONE PUBLIC GENERAL 62 SUMMER ST BOSTON, MA 02110 10000, EARTH ISLAND INSTITUTE NONE PUBLIC GENERAL 2150 ALLSTON WAY, SUITE 460 BERKELEY, CA 94704 5000. FUNDERBURG SCHOLARS NONE PUBLIC GENERAL 10 PUTNAM ST. ROXBURY, MA 02119 20000. GHANA CHILDRENS FUND NONE PUBLIC GENERAL 7000. NEW CANAAN, CT 06840 GROW MY NONE PUBLIC GENERAL 7500. GRAND CENTRAL ATELIER NONE PUBLIC GENERAL 46-06 11TH ST LONG ISLAND CITY, NY 11101 30000, NONE PUBLIC GENERAL **JALSA** 18 TREMONT ST #320 BOSTON, MA 02108 10000. MINUTE MAN ARC NONE PUBLIC GENERAL 35 FOREST RIDGE ROAD CONCORD, MA 01742 5000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient SCIENCE HISTORY INSTITUTE NONE PUBLIC GENERAL 315 CHESTNUT ST PHILADELPHIA, PA 19106 10000. SHINING HOPE FOR COMMUNITIES NONE PUBLIC GENERAL 175 VARICK ST, 5TH FL NEW YORK, NY 10014 10000. THE NATURE CONSERVANCY NONE PUBLIC GENERAL 4245 NORTH FAIRFAX DRIVE, SUITE 100 ARLINGTON, VA 22203 2500. THE POSSIBLE PROJECT NONE PUBLIC GENERAL 17 SELLERS STREET CAMBRIDGE, MA 02139 10000. TRUSTEBS TUTH COLLEGE NONE PUBLIC GENERAL TUFTS 50000. UNLOP WAFA OF CONCERNED SCIENTISTS NONE PUBLIC GENERAL 2500. VOTER VOLR CHOICE RA EDUCATION FUND NONE PUBLIC GENERAL 10000. NONE WGHB PUBLIC GENERAL 1 GUEST STREET BOSTON, MA 02135 15000. WHITMAN COUNTY HUMANE SOCIETY NONE PUBLIC GENERAL 1340 OLD MOSCOW RD PULLMAN, WA 99163 5000. Total from continuation sheets

Form 990-PF (2018)

| inter gross amounts unless otherwise indicated | Unrelated t | usiness income | | by section 512, 513, or 514 | (e) |
|--|-------------------------|------------------------|--|-----------------------------|---------------------------------------|
| | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | | | COGE | | |
| å | 1 | _ | | | |
| b | | | | | |
| <u> </u> | l l | | | | |
| d | 1 | | | | |
| e | | | | | |
| | | | | | |
| g Fees and contracts from government agencies | | | + | | |
| 2 Membership dues and assessments | | | | | |
| Interest on savings and temporary cash | | | | | |
| investments | | | 1 1 | 012567 | · · · · · · · · · · · · · · · · · · · |
| 4 Dividends and interest from securities | | | 14 | 813567. | |
| 5 Net rental income or (loss) from real estate: | | | - | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | } | | |
| property | | | | | |
| 7 Other investment income | | | 14 | 7753. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | -261670. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue. | | | | | |
| a | | | | | |
| b | | | | | . |
| C | _ | | | | |
| d | | | _ | | |
| e | | | <u> </u> | | |
| | | 0 | • | 559650. | 0 |
| 2 Subtotal. Add columns (b), (d), and (e) | | | | 13 | 559650 |
| 3 Total Add line 12, columns (b), (d), and (e) | | | | | |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations | | | | | |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations | | plishment of E | xempt P | urposes | |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie | es to the Accom | | | | ulichment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | lishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie | es to the Accom | olumn (e) of Part XVI- | | | ilishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | lishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | lishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | ulishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | elishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | elishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | plishment of |
| B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | olishment of |
| B Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | elishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | elishment of |
| 3 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No Explain below how each activity for which | es to the Accom | olumn (e) of Part XVI- | | | elishment of |

| ٠, ٠ | | | NDATION INC. NNEN & FISH LLP. | . 47- | 5499109 | Page 13 |
|--------------|--|-----------------------------|---|---|------------------------------|---|
| Part X | | egarding Transfer | | nd Relationships With Nor | | |
| 1 . Did | | | following with any other organization | on described in section 501(c) | | Yes No |
| | | | 7, relating to political organizations? | | | - |
| | nsfers from the reporting found | ation to a noncharitable ex | empt organization of | | | |
| | Cash | | | | 1a(1) | X |
| | Other assets er transactions: | | | | 1a(2) | X |
| | Sales of assets to a noncharita | able exempt proapization | | | 1b(1) | х |
| | Purchases of assets from a no | | zation | | 1b(2) | X |
| (3) | Rental of facilities, equipment, | or other assets | | | 1b(3) | X |
| (4) | Reimbursement arrangements | 1 | | | 1b(4) | Х |
| (5) | Loans or loan guarantees | | | | 1b(5) | X |
| | Performance of services or me | • | | | 1b(6) | X |
| | ring of facilities, equipment, ma | • , , | | | 1c | X |
| | | | | vays show the fair market value of the g | | its, |
| | mn (d) the value of the goods, | | | e in any transaction or sharing arranger | nent, show in | |
| (a) Line no | | | haritable exempt organization | (d) Description of transfers, transaction | ns and sharing arr: | ngements |
| | (-, | | N/A | (-) | io, and onamy and | |
| | | | | | - | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | = | <u> </u> | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | J | | | <u> </u> | | - · · · · · · · · · · · · · · · · · · · |
| | | | to, one or more tax-exempt organiz | zations described | | () . |
| | ection 501(c) (other than sections | | 52/7 | | Yes | X No |
| D 11 11 | es," complete the following sch (a) Name of org | | (b) Type of organization | (c) Description of rel | ationship | |
| | N/A | | (b) type of organization | (0) 2000.151.01.01.01 | ationship | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 1 | | | | statements, and to the best of my knowledge ation of which preparer has any knowledge | May the IRS dis | |
| Sign Here | by the | | 12/12/ | | return with the shown below? | |
| 0.0 | Signature of officer or trustee | | 12/13/2020 | PRESIDENT | _ X Yes | U No |
| | Print/Type preparer's na | | Date Jarer's signatur | | PTIM | |

self- employed Paid P00567473 Preparer frm's name ► NUTTER MCCLENNEN Firm's EIN $\triangleright 04-2106505$ Use Only Firm's address ► SEAPORT WEST 155 SEAPORT BLVD. BOSTON, MA 02210-2604 Phone no. (617)439-2503

Form **990-PF** (2018)

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2018

Name of the organization Employer identification number BOGER FAMILY FOUNDATION INC. C/O NUTTER, MCCLENNEN & FISH LLP. 47-5499109 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributors Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

religious, charitable, etc., contributions totaling \$5,000 or more during the year

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

BOGER FAMILY FOUNDATION INC.

Employer identification number

C/O NUTTER, MCCLENNEN & FISH LLP.,

47-5499109

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | JOSHUA BOGER 22 LIBERTY DRIVE APT #PH2-F BOSTON, MA 02210 | \$6000000 . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | JOSHUA BOGER 22 LIBERTY DRIVE APT #PH2-F BOSTON, MA 02210 | \$9301500. | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | JOSHUA BOGER 22 LIBERTY DRIVE APT #PH2-F BOSTON, MA 02210 | \$ <u>8724600.</u> | Person Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Ocomplete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash Ocomplete Part II for noncash contributions) |

Name of organization

Employer identification number

BOGER FAMILY FOUNDATION INC.
C/O NUTTER, MCCLENNEN & FISH LLP.,

47-5499109

| Part II | Noncash Property (see instructions) Use duplicate copies of Part | t II if additional space is needed | |
|------------------------------|--|--|------------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 2 | 50,000 SHARES OF VERTEX PHARMACEUTICALS | | 01/10/10 |
| | | \$ <u>9301500.</u> | 01/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| 3 | 45,000 SHARES OF VERTEX PHARMACEUTICALS | | |
| | | ss8724600. | 01/22/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | |
| | | 0-b-d-l-B (5 | 100 000 EZ az 000 DE) (0040) |

Name of organization Employer identification number BOGER FAMILY FOUNDATION INC. C/O NUTTER, MCCLENNEN & FISH LLP. 47-5499109 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

1.1.1. 6.7

| FORM 990-PF | GAIN OR (| (LOSS) FR | OM S | ALE | OF AS | SETS | | STA | TEMENT | 1 |
|---|-------------------------|----------------------------|-------------|------------|----------------------|---------------|----------------------|---------------|--------------------------|------|
| (A) DESCRIPTION OF PROP | ERTY | | | | | NNER UIRED | | TE IRED | DATE S | SOLD |
| GOLDMAN SACHS - SEE | ATTACHED SO | CHEDULES | | | PURC | HASED | 01/0 | 1/16 | 10/3 | 1/19 |
| (B) | (C) | | | D) | | (E) | | | (F) | |
| GROSS SALES PRIC | COST E OTHER E | | EXPE S | NSE ALE | OF | DEPRE | c. | GAIN | OR LOS | SS |
| 207351 | 10. 208 | 343419. | | | 0. | | 0. | | -1083 | 309. |
| (A) DESCRIPTION OF PROP | ERTY | | | | | NNER UIRED | | TE IRED | DATE S | SOLD |
| GOLDMAN SACHS - SEE | ATTACHED SO | CHEDULES | | | PURC | HASED | 01/0 | 1/19 | 10/3 | 1/19 |
| (B) | (C) | | | D) | .= | (E) | | | (F) | |
| GROSS SALES PRIC | COST E OTHER E | | EXPE S | NSE ALE | OF | DEPRE | c. | GAIN | OR LOS | SS |
| 85127 | 12. 86 | 566073. | | | 0. | | 0. | | -1533 | 361. |
| CAPITAL GAINS DIVID | ENDS FROM PA | ART IV | | | | | | | | 0. |
| TOTAL TO FORM 990-P | F, PART I, I | JINE 6A | | | | | • | | -2616 | 570. |
| | | | | | | | : | | | |
| FORM 990-PF | DIVIDENDS | AND INTE | REST | FRO | M SEC | URITIE | S | STA | TEMENT | 2 |
| SOURCE | GROSS AMOUNT | CAPITA GAINS DIVIDEN | | RE | (A) VENUE BOOK | | (B) INVE T INC | | (C) ADJUST NET INC | |
| CHINA US INDUSTRIAL COOPERATION GOLDMAN SACHS VINTAGE VII OFFSHORE SCSP | 209. 812642. 716. | | 0. | | 20 81264 71 | 2. | 8126 | 09. 42. | | |
| TO PART I, LINE 4 | 813567. | | <u> </u> | | 81356 | | 8135 | | | |
| TO TIME I, DING I | | | | | | | | = | | |

3 6 " 1 c

| FÖRM 990-PF | OTHER I | NCOME | <u> </u> | STATEMENT 3 |
|-------------------------------|------------------------------|-----------------------------------|-----------------------------------|-------------------------------|
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED |
| GOLDMAN SACHS | | 7753. | 7753. | |
| TOTAL TO FORM 990-PF, PART I, | LINE 11 | 7753. | 7753. | |
| FORM 990-PF | LEGAL | FEES | S | TATEMENT 4 |
| DESCRIPTION | | NET INVEST- | (C) ADJUSTED NET INCOME | |
| NUTTER | 17547. | 13160 | • | 4387. |
| TO FM 990-PF, PG 1, LN 16A = | 17547. | 13160 | • | 4387. |
| FORM 990-PF C | THER PROFES | SIONAL FEES | S | TATEMENT 5 |
| DESCRIPTION | | | (C) ADJUSTED NET INCOME | |
| GOLDMAN SACHS | 161065. | 120799 | • | 40266. |
| TO FORM 990-PF, PG 1, LN 16C | 161065. | 120799 | • | 40266. |
| FORM 990-PF | TAX | ES | S | TATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| | | | _ | |
| FOREIGN TAX | 12766. | 12766 | • | 0. |

| FORM 990-PF | OTHER EXPENSES | | | | STATEMENT 7 | | | |
|---|----------------|------------------------------|------------------|------------------------------|-------------|-------------------|------------------------------|--|
| DESCRIPTION | EXPENSI | (A) EXPENSES PER BOOKS | | VEST- | | D CHARI | | |
| MISC MASS PC CHINA US IND COOPERATION VINTAGE VII OFFSHORE SCSP | 18 | 210. 500. 821. 593. | | 1658. 0. 1366. 445. | | | 552. 500. 455. 148. | |
| TO FORM 990-PF, PG 1, LN 23 | 51 | 124. | | 3469. | | | 1655 | |
| FORM 990-PF | CORPO | ORATE | E STOCK | | | STATEMEN | 1T | |
| DESCRIPTION | | | | вос | OK VALUE | FAIR MAF | | |
| | | | | - | 37950067. | 4040 | 7540 | |
| TOTAL TO FORM 990-PF, PART II | , LINE | 10B | | | 37950067. | 4040 | 7540 | |
| FORM 990-PF | OTHER | INVE | ESTMENTS | <u></u> | | STATEMEN | 1T 9 | |
| DESCRIPTION | | | LUATION ETHOD | вос | OK VALUE | FAIR MAR VALUE | | |
| | 6 | | COST | | 1740280. | 192 | 4631 | |
| TOTAL TO FORM 990-PF, PART II | , LINE 1 | 13 | | | 1740280. | 192 | 4631 | |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 10
PART VII-A, LINE 10

NAME OF CONTRIBUTOR ADDRESS

JOSHUA BOGER

AMY BOGER

S. A. A.

| FORM 990-PF PA | PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT TRUSTEES AND FOUNDATION MANAGERS | | | | | | | |
|--|---|--------------------------|-------------------|---------------------------------|--------------------|--|--|--|
| NAME AND ADDRESS | | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT | | | |
| JOSHUA BOGER 22 LIBERTY DRIVE APT BOSTON, MA 02210 | г #РН2-F | PRESIDENT 2.00 | 0. | 0. | 0. | | | |
| AMY BOGER 22 LIBERTY DRIVE APT BOSTON, MA 02210 | г #РН2-F | TREASURER 2.00 | 0. | 0. | 0. | | | |
| JOSHUA BOGER 22 LIBERTY DRIVE APT BOSTON, MA 02210 | г #РН2-F | CLERK 2.00 | 0. | 0. | 0. | | | |
| JOSHUA BOGER 22 LIBERTY DRIVE APT BOSTON, MA 02210 | г #РН2-F | DIRECTOR 2.00 | 0. | 0. | 0. | | | |
| AMY BOGER 22 LIBERTY DRIVE APT BOSTON, MA 02210 | г #РН2-F | DIRECTOR 2.00 | 0. | 0. | 0. | | | |
| TOTALS INCLUDED ON S | 990-PF, PAGE | 6, PART VIII | 0. | 0. | 0. | | | |