

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 07/01/16 to 06/30/17

Attorney General's Account #: 010000

Federal ID #: 04-2104021

Electronic Payment Confirmation #: _____

When did the organization first engage in charitable work in Massachusetts? 09/17/1915

Has the organization applied for or been granted IRS tax exempt status? [X] Yes [] No

If yes, date of application OR date of determination letter: 07/19/1917

IRS Exemption under 501(c): 3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions? [X] Yes [] No

Check all items attached (if applicable)
[] Filing Fee or Printout of
[X] Electronic Payment Confirmation
[X] Copy of IRS Return
[X] Audited Financial Statements/Review
[] Amended Articles/By-Laws
[X] Schedule A-1
[X] Schedule A-2
[X] Schedule RO
[] Schedule VCO
[] Probate Account

Organization Data

Name: Boston Foundation, Inc.

Mailing Address: 75 Arlington Street, No. FL 3

City: Boston State: MA ZIP: 02116-3936

Phone Number: 617-338-1700 Fax Number: 617-338-1604

Email: wendy.staggs@tbf.org Website: www.tbf.org

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions. Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Table with 4 columns: Category, Code, Category, Code. Rows include County (Table 1) with code 13, and Type of Organization (Table 2) with code 20. Organization Purpose Code 1 is 60, and Organization Purpose Code 2 is blank.

Please check box if final return prior to dissolution: []

Office Use Only: Payment Received

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 09/17/1915

2. Where was the organization created? Boston, MA

3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. Yes No

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	191,827,657.
B.	Gross support and revenue	202,410,534.
C.	Program services and similar amounts paid out	142,935,262.
D.	Fundraising expenses	2,274,408.
E.	Management and general expenses	12,738,864.
F.	Payments to affiliates	0.
G.	Total expenses	157,948,534.
H.	Net assets or fund balances at the end of the year	1083452538.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	Paul S. Grogan President & CEO	50.00	642,391.	35,000.	33,900.
2.	Alfred F. Van Ranst, Jr CFO & Treasurer	50.00	340,178.	3,044.	33,900.
3.	George C. Wilson Assistant Treasurer	50.00	329,914.	27,824.	33,900.
4.	Mary Jo Meisner VP Communications	0.01	282,706.	4,562.	3,669.
5.	Kate Guedj VP Philanthropy and Donor Servic	50.00	272,523.	37,578.	20,199.

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). Yes No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	Mindshift Technologies	197,103.	Technology Support
2.	ABT Associates	457,669.	Program Evaluation
3.	Prime Buchholz & Associates	408,639.	Investment Advising
4.	Velir Studios, Inc	274,788.	Webpage Design
5.	uAspire	250,000.	College Advising

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address	Phone Number
Eastern Bank	265 Franklin Street, Boston, MA 02110	617-478-4000
Bank of America	PO Box 25118, Tampa, FL 33622	888-287-4637

10. What is the organization's accounting method? Cash Accrual
 Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: N/A
 City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: Alfred F. Van Ranst, Jr.

Street Address: 75 Arlington Street, FL 3
 City: Boston State: MA ZIP Code: 02116
 Phone Number: 617-338-1700

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf? Yes No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions? Yes No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.

17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

Statement 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

Statement 2

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state? Yes No

Statement 3

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC Officers, Directors, Trustees and Executives Statement 1

<u>Name and Address</u>	<u>Title</u>
Paul S. Grogan 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	President & CEO
George C. Wilson 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Assistant Treasurer
Alfred F. Van Ranst, Jr. 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	CFO & Treasurer
Kate Guedj 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	VP and Chief Philanthropy Of
Barbara Hindley 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Assistant Secretary
Keith Mahoney 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	VP Communications as of 7/16
Timothy B. Gassert 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Secretary
Greg Shell 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Grace Fey 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Myechia Minter-Jordan 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Paul Lee 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Andrew Arnott 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director

Brian Conway 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Michael R. Eisenson 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Ronald O'Hanley 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Rosalin Acosta 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director left 6/15/17
Zamawa Arenas 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Linda Mason 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Vice-Chair
J. Keith Motley 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Scott E. Squillace 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Sandra M. Edgerley 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Chair
Gregory Groover, Sr. 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Peter Nessen 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director
Paul Gannon 75 Arlington Street, No. FL 3 Boston, MA 02116-3936	Director

FORM PC

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Statement 2

<u>Name and Address</u>	<u>Area of Responsibility</u>
Alfred F. Van Ranst Jr 75 Arlington Street Boston, MA 02116	Authorized to sign checks
Paul S. Grogan 75 Arlington Street Boston, MA 02116	Authorized to sign checks
George C. Wilson 75 Arlington Street Boston, MA 02116	Authorized to sign checks
Kate R. Guedj 75 Arlington Street Boston, MA 02116	Authorized to sign checks
Alfred F. Van Ranst Jr 75 Arlington Street Boston, MA 02116	Custody of financial records
TBF Board of Directors 75 Arlington Street Boston, MA 02116	Responsible for distribution of funds
TBF Development Cmt 75 Arlington Street Boston, MA 02116	Responsible for fundraising
Various Financial Inst	Responsible for custody of funds

<u>State</u>	<u>Reg Agency</u>
Alabama	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/04/14	AL 14-404	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Alaska	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	04-2104021	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Arkansas	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
11/05/14	04-2104021	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
California	Dept of Justice

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/08/14	CT0209714	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Colorado	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	2014302035	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Connecticut	Dept of Consumer Protection

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/29/14	CHR.005044	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Florida	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	CH41610	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Georgia	Sec of State Securites & Charities

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/14/14	CH011169	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Hawaii	Dept of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/17/14	04-2104021	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Illinois	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
10/17/14	01-067, 81	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Kansas	Kansas Secretary of State

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/29/14	483-942-9	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Kentucky	Office of the Attorney General

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	9989	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>			<u>Reg Agency</u>
Maine			Dept of Prof & Financial Regulatio
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>	
08/07/14	CO11032		
<u>Solicit Date</u>	<u>Type of Solicitation</u>		

<u>State</u>			<u>Reg Agency</u>
Maryland			Office of the Secretary of State
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>	
10/10/14	26142		
<u>Solicit Date</u>	<u>Type of Solicitation</u>		

<u>State</u>			<u>Reg Agency</u>
Michigan			Dept of the Attorney General
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>	
07/31/14	MICS 51839		
<u>Solicit Date</u>	<u>Type of Solicitation</u>		

<u>State</u>			<u>Reg Agency</u>
Minnesota			Office of the Attorney General
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>	
07/31/14	04-2104021		
<u>Solicit Date</u>	<u>Type of Solicitation</u>		

<u>State</u>	<u>Reg Agency</u>	
Mississippi	Secretary of State	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/20/14	100022955	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
New Hampshire	Dept of Justice	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/31/14	19863	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
New Jersey	NJ Office of the Attorney General	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/26/14	CH-37159-0	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
New Mexico	Office of the Attorney General	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	04-2104021	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
New York	Office of the Attorney General	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
01/01/15	44-38-19	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
North Carolina	Dept of the Secretary of State	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/13/14	SL008870	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
Ohio	Office of the Attorney General	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/01/14	04-2104021	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>	
Oklahoma	Oklahoma Secretary of State	
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/30/14	431246415	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>	<u>Reg Agency</u>
Oregon	Dept of Justice

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/15/14	47548	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Pennsylvania	Bureau of Corp&Charitable Orgs

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/31/14	102716	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
Rhode Island	Dept of Business Regulation

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/18/14	CO.9900553	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>	<u>Reg Agency</u>
South Carolina	Office of the Secretary of State

<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/09/14	P27987	

<u>Solicit Date</u>	<u>Type of Solicitation</u>

<u>State</u>		<u>Reg Agency</u>
Tennessee		Div of Charitable Solicitations an
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
07/29/14	CO21913	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>		<u>Reg Agency</u>
Utah		Dept of Commerce
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/26/14	9142212-CH	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>		<u>Reg Agency</u>
Virginia		Dept of Agriculture and Consumer S
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
11/25/14	04-2104021	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

<u>State</u>		<u>Reg Agency</u>
Washington		Office of the Secretary of State
<u>Date of Reg</u>	<u>Reg Number</u>	<u>Other Names Used</u>
08/13/14	36144	
<u>Solicit Date</u>	<u>Type of Solicitation</u>	

State

Reg Agency

West Virginia

Secretary of State

Date of Reg

Reg Number

Other Names Used

07/31/14

04-2104021

Solicit Date

Type of Solicitation

State

Reg Agency

Wisconsin

Dept of Financial Institutions

Date of Reg

Reg Number

Other Names Used

08/15/14

14261-800

Solicit Date

Type of Solicitation

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No

(c) Been the subject of a proceeding regarding any solicitation or registration? Yes No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

Yes No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

Yes No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? Yes No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? Yes No

If you answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.

Statement 4

Individual Involved

Amt of Payment

Mary Jo Meisner

232,535.

Terms of Agreement

One year from date of separation or until employed, whichever comes first

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Statement 5

FORM PC

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Statement 5

Name and Address

Deshpande Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Investment management & administrative management services

Amount Involved

84,666.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and meeting facilities to the Deshpande Foundation in addition to investment and administrative management.

Name and Address

Bruce J. Anderson Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Investment management & administrative management services

Amount Involved

45,133.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and meeting facilities to the Bruce J. Anderson Foundation in addition to investment and administrative management.

Name and Address

Horace A. Moses Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Investment management & administrative management services

Amount Involved

48,528.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and meeting facilities to the Horace A. Moses Foundation in addition to investment and administrative management.

Name and Address

Deshpande Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Amount Involved

Cash & Investments

13,433,115.

Procedure Followed

The Boston Foundation commingles assets of the Deshpande Foundation with its own investments. Investment assets are held as directly owned investments by the Boston Foundation, Inc., or in custody at financial institutions.

Name and Address

Bruce J. Anderson Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Amount Involved

Cash & Investments

4,906,218.

Procedure Followed

The Boston Foundation commingles assets of the Bruce J. Anderson Foundation with its own investments. Investment assets are held as directly owned investments by the Boston Foundation, Inc., or in custody at financial institutions.

Name and Address

Horace A. Moses Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Amount Involved

Cash & Investments

3,457,525.

Procedure Followed

The Boston Foundation commingles assets of the Horace A. Moses Foundation with its own investments. Investment assets are held as directly owned investments by the Boston Foundation, Inc., or in custody at financial institutions.

Name and Address

Bruce J. Anderson Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Philanthropic Advising

Amount Involved

5,339.

Procedure Followed

The TPI department of The Boston Foundation provides philanthropic advisory services to the Bruce J. Anderson Foundation with respect to the scholarship programs.

Name and Address

Deshpande Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Employees and Benefits

Amount Involved

238,584.

Procedure Followed

There are Boston Foundation, Inc employees devoted solely to work for Deshpande Foundation that are paid by Boston Foundation, Inc and salaries and benefits charged to Deshpande Foundation.

Name and Address

Boston Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Employees and Benefits

Amount Involved

Procedure Followed

See Form 990, Part VII

Name and Address

Boston Foundation
75 Arlington Street, Floor 3
Boston, MA 02116

Nature of Transaction

Amount Involved

Grants and Contributions

Procedure Followed

In the ordinary course of grantmaking, grants may be made to charitable organizations with which Directors and officers may have a relationship. The related Director of officer recuses themselves of any Board decisions to be made regarding such grants.

Name and Address

Stone Foundation
695 Atlantic Avenue
Boston, MA 02111

Nature of Transaction

Amount Involved

Administrative Management

15,700.

Procedure Followed

The Boston Foundation provides the use its conference and meeting facilities to the Stone Foundation in addition to administrative management.

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: Alfred F. Van Ranst, Jr.

Title: CFO & Treasurer

Name of Preparer: KPMG LLP

Address 60 South Street

City Boston State MA ZIP Code 02111

Phone Number 617-988-1000

**Schedule A-1
Solicitation Activities During Fiscal Year Covered By This Report**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other (specify): <u>Education & Printed Advertisements</u>			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.
Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Paul S. Grogan

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston State MA ZIP Code 02116

Alfred F. Van Ranst, Jr.

Name and Title: CFO & Treasurer

Address 75 Arlington Street, Fl 3

City Boston State MA ZIP Code 02116

Name and Title:

Address

City State ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Paul S. Grogan

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston State MA ZIP Code 02116

Alfred F. Van Ranst, Jr.

Name and Title: CFO & Treasurer

Address 75 Arlington Street, Fl 3

City Boston State MA ZIP Code 02116

Name and Title:

Address

City State ZIP Code

**Schedule A-2
Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year**

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input checked="" type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Other (specify): <u>Education & Printed Advertisements</u>			

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

Paul S. Grogan

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Alfred F. Van Ranst, Jr.

Name and Title: CFO & Treasurer

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Name and Title:

Address

City

State

ZIP Code

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

Paul S. Grogan

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Alfred F. Van Ranst, Jr.

Name and Title: CFO & Treasurer

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Name and Title:

Address

City

State

ZIP Code

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: Alfred F. Van Ranst, Jr.

Title: CFO & Treasurer

Signature: _____ Date: _____

Printed Name: Paul S. Grogan

Title: President

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: Bruce J. Anderson Foundation		Primary purpose or activity: Charitable Grant Making		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17			4,906,218.	4,906,218.

Name: Deshpande Foundation		Primary purpose or activity: Charitable Grant Making		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17			13,431,524.	13,431,524.

Name: James & Cathleen D. Stone Foundation		Primary purpose or activity: Charitable Grant Making		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17	721,594.			721,594.

Name: Horace A. Moses Foundation		Primary purpose or activity: Charitable Grant Making		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17	3,416,981.		-19,956.	3,397,025.

Name: Boston Foundation Support Trust		Primary purpose or activity: Charitable Gift Receipt		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17	0.		0.	

Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name: BFST II, Inc.		Primary purpose or activity: Charitable Gift Receipt		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17	0.		0.	

Name: BFST III, Inc.		Primary purpose or activity: Charitable Gift Receipt		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/17	0.		0.	

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (see instructions). Use additional lines below to itemize by compensation source.

Name: Paul S. Grogan		Title: President & CEO	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
Boston Foundation	546,684.	68,900.	95,707.

Name: Alfred F. Van Ranst, Jr.		Title: CFO & Treasurer	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
Boston Foundation	309,881.	36,944.	30,297.

Name: George C. Wilson		Title: Assistant Treasurer	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
Boston Foundation	303,409.	61,724.	26,506.

Name: Mary Jo Meisner		Title: VP Communications	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
Boston Foundation	282,706.	8,231.	

Name: Kate Guedj		Title: VP and Chief Philanthropy Officer	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:
Boston Foundation	272,523.	57,776.	

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions? Yes No