Office Use Only: Fiscal Year

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: 07/01/20 to 06,	/30/21		(if applicable)	ached
AG Account #: 010000 Federal	ID #: <u>04-21</u>	04021	Filing Fee or P Electronic Pay Confirmation	rintout of ment
Electronic Payment Confirmation #: 129030)		X Copy of IRS R	eturn
Attach printout of ele	ectronic paymer	nt confirmation.	X Audited Finand Statements/Re	
Electronic Payment Date:5/9/22			Amended Artic	
When did the evacuiration first engage in			By-Laws X Schedule A-1	
When did the organization first engage in charitable work in Massachusetts? 09/17/191	L <u>5</u>		X Schedule A-1 X Schedule A-2	
Use the constitution and had for such as a model			X Schedule RO	
Has the organization applied for or been granted IRS tax exempt status?		X Yes No	Schedule VCC Probate Accou	
		07/10/1017		
If yes, date of application OR date of determination le	etter:	07/19/1917		
IRS Exemption under 501(c):		3		
If exempt under 501(c), are contributions to the organ tax deductible as charitable contributions?	ization	X Yes No		
Organization Data				
Name: Boston Foundation, Inc.				
Mailing Address: 75 Arlington Street,	No. FL 3	3		
City: Boston	S	state: MA	ZIP: 02116-3936	
Phone Number: 617-338-1700		Fax Number: 617-338-160	04	
Email: wendy.staggs@tbf.org	_	Website: www.tbf.org		
In the table below, please enter the appropriate codes from Enter up to 2 codes from Table 3 for your organization's ma	ain purpose(s)	ing tables found in the instructions.		
Category	Code	Catego	ry	Code
County (Table 1)	13	Organization Purpose Code 1		60
Type of Organization (Table 2)	20	Organization Purpose Code 2		
Please check box if final return prior to dissolution:				

1

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Office Use Only: Payment Received

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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	X	Testamentary Trust	
Unincorporated Association		Inter Vivos Trust	
Other (please describe):			

- 4. Was your organization related to any other organization(s) during the reporting year (see definition "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14.
- 5. Enter your summary of financial data:

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	308,485,264.
В.	Gross support and revenue	324,922,663.
C.	Program services and similar amounts paid out	181,320,671.
D.	Fundraising expenses	2,816,635.
E.	Management and general expenses	14,120,867.
F.	Payments to affiliates	0.
G.	Total expenses	198,258,173.
Н.	Net assets or fund balances at the end of the year	1670739530.

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
	Paul S. Grogan				
1.	FMR Pres. & CEO (7/1/20-5/31/21)	50.00	605,661.	65,093.	0.
	Alfred F. Van Ranst, Jr.				
2.	CFO & Treasurer	50.00	356,045.	39,989.	30,626.
	Geroge C. Wilson				
3.	Assistant Treasurer	50.00	346,799.	61,836.	20,619.
	Stephan Chan				
4.	VP for Strategy & Operations	50.00	235,939.	56,128.	0.
	Kate Guedj			_	
5.	VP & Chief Philanthrpy Officer	50.00	307,334.	50,682.	0.

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

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Boston Foundation, Inc.

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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
		400 005	
1.	Mass Design Group LTD		Design Services
			Educational
2.	Ernst & Young LLP	450,000.	Consulting
			Investment
3.	Prime Buchholz & Associates	374,264.	Advising
4.	Boathouse Group, Inc	326,941.	Marketing Services
			Audit & Tax
5.	KPMG, LLP	227,500.	Services

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

Dalik	Address		Priorie Number
	265 Franklin Street,	Boston, MA	615 450 4000
Eastern Bank	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 X 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:			P Code:
12. Contact Person Name: Alfred F. Var	n Ranst, Jr.		
Street Address: 75 Arlington Stre	eet,FL 3		
city: Boston		State: MA 7II	Code: 02116

Phone Number: $\underline{617-338-1700}$

Boston Foundation, Inc.

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	boscon roundacton, the.	
13.	During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?	☐ 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? X 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	
	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.)	
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	

Statement 3

other state?

If yes 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.

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X Yes No

FORM PC Officers	, Directors,	Trustees	and Executives	Statement 1
Name and Address			Title	
Paul S. Grogan 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		FRMR President &	CEO (7/20-5
George C. Wilson 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		Assistant Treasu	rer
Alfred F. Van Ranst, Jr. 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		CFO & Treasurer	
Kate Guedj 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		VP and Chief Phi	1. Off.
Stephan Chan 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		Secretary	
Orlando Watkins 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		VP of Program	
Keith Mahoney 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		VP Communication	s
Leslie Pine 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		Mgr Partner, TPI	
Barbara Hindley 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		Frmr Asst. Secre	tary/AVP C
John Ho 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		Asst. Secretary	
M. Lee Pelton 75 Arlington Street, No. Boston, MA 02116-3936	FL 3		President & CEO	(6/1/21-pres

Zamawa Arenas 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Andrew Arnott 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Vanessa Calderon-Rosado 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Elyse Cherry 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Brian Conway 75 Arlington Street, No. FL 3 Boston, MA 02116-3936

Director

Pam Y. Eddinger 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Betty Francisco 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

Paul Gannon 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Paul Lee 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

Linda Mason 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Chair

Myechia Minter-Jordan 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

J. Keith Motley
75 Arlington Street, No. FL 3
Boston, MA 02116-3936

Director

Peter Nessen 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

Tracy Palandjian
75 Arlington Street, No. FL 3
Boston, MA 02116-3936

Director

Dwight M. Poler 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

T.J. Rose 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Vice-Chair

Scott E. Squillace 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

C.A. Webb 75 Arlington Street, No. FL 3 Boston, MA 02116-3936 Director

FORM PC	Area of Responsibility F. Van Ranst Jr ington Street , MA 02116 Grogan ington Street , MA 02116 C. Wilson ington Street , MA 02116 Authorized to sign checks Authorized to sign checks Authorized to sign checks Authorized to sign checks ington Street , MA 02116 F. Van Ranst Jr Custody of financial records ington Street , MA 02116 Authorized to sign checks Responsible for distribution of funds ard of Directors ington Street , MA 02116 Responsible for fundraising ington Street , MA 02116 Responsible for fundraising	
Name and Address	Area of Responsibil	ity
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 financia	l records
TBF Board of Directors 75 Arlington Street Boston, MA 02116	Responsible for dis	tribution of funds
TBF Development Cmt 75 Arlington Street Boston, MA 02116	Responsible for fun	draising
Various Financial Inst	Responsible for cus	tody of funds

FORM PC		Page 4, Line			tatement 3	<u> </u>
						_
State			Reg Agency			
Alabama	_		Office of t	he Attorney	General	
Date of Reg	Reg Number	Other Names	Jsed			
08/04/14	AL 14-404	,				
Solicit Date	Type of Sol	icitation				
State			Reg Agency			
Alaska	_		Office of t	he Attorney	General	
Date of Reg	Reg Number	Other Names 1	Jsed			
08/01/14	04-2104021					
Solicit Date	Type of Sol	icitation				
State			Reg Agency			
Arkansas	_		Office of t	he Attorney	General	
Date of Reg	Reg Number	Other Names	Jsed			
11/05/14	04-2104021					
Solicit Date	Type of Sol	icitation				
State			Reg Agency			
California	_		Dept of Jus	tice		
Date of Reg	Reg Number	Other Names	Jsed			
08/08/14	CT0209714					
Solicit Date	Type of Sol	icitation				

Colorado Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/01/14 2014302035

Solicit Date Type of Solicitation

State Reg Agency

Connecticut Dept of Consumer Protection

Date of Reg Reg Number Other Names Used

07/29/14 CHR.005044

Solicit Date Type of Solicitation

State Reg Agency

Florida Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/01/14 CH41610

Solicit Date Type of Solicitation

State Reg Agency

Georgia Sec of State Securites & Charities

Date of Reg Reg Number Other Names Used

08/14/14 CH011169

Hawaii Dept of the Attorney General

Date of Reg Reg Number Other Names Used

07/17/14 04-2104021

Solicit Date Type of Solicitation

State Reg Agency

Illinois Office of the Attorney General

Date of Reg Reg Number Other Names Used

10/17/14 01-067, 81

Solicit Date Type of Solicitation

State Reg Agency

Kansas Secretary of State

Date of Reg Reg Number Other Names Used

07/29/14 483-942-9

Solicit Date Type of Solicitation

State Reg Agency

Kentucky Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/01/14 9989

Maine Dept of Prof & Financial Regulatio

Date of Reg Reg Number Other Names Used

08/07/14 CO11032

Solicit Date Type of Solicitation

State Reg Agency

Maryland Office of the Secretary of State

Date of Reg Reg Number Other Names Used

10/10/14 26142

Solicit Date Type of Solicitation

State Reg Agency

Michigan Dept of the Attorney General

Date of Reg Reg Number Other Names Used

07/31/14 MICS 51839

Solicit Date Type of Solicitation

State Reg Agency

Minnesota Office of the Attorney General

Date of Reg Reg Number Other Names Used

07/31/14 04-2104021

Mississippi Secretary of State

Date of Reg Reg Number Other Names Used

08/20/14 100022955

Solicit Date Type of Solicitation

State Reg Agency

New Hampshire Dept of Justice

Date of Reg Reg Number Other Names Used

07/31/14 19863

Solicit Date Type of Solicitation

State Reg Agency

New Jersey NJ Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/26/14 CH-37159-0

Solicit Date Type of Solicitation

State Reg Agency

New Mexico Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/01/14 04-2104021

New York Office of the Attorney General

Date of Reg Reg Number Other Names Used

01/01/15 44-38-19

Solicit Date Type of Solicitation

State Reg Agency

North Carolina Dept of the Secretary of State

Date of Reg Reg Number Other Names Used

08/13/14 SL008870

Solicit Date Type of Solicitation

State Reg Agency

Ohio Office of the Attorney General

Date of Reg Reg Number Other Names Used

08/01/14 04-2104021

Solicit Date Type of Solicitation

State Reg Agency

Oklahoma Secretary of State

Date of Reg Reg Number Other Names Used

07/30/14 431246415

Oregon Dept of Justice

Date of Reg Reg Number Other Names Used

08/15/14 47548

Solicit Date Type of Solicitation

State Reg Agency

Pennsylvania Bureau of Corp&Charitable Orgs

Date of Reg Reg Number Other Names Used

07/31/14 102716

Solicit Date Type of Solicitation

State Reg Agency

Rhode Island Dept of Business Regulation

Date of Reg Reg Number Other Names Used

08/18/14 CO.9900553

Solicit Date Type of Solicitation

State Reg Agency

South Carolina Office of the Secretary of State

Date of Reg Reg Number Other Names Used

08/09/14 P27987

Tennessee Div of Charitable Solicitations an

Date of Reg Reg Number Other Names Used

07/29/14 CO21913

Solicit Date Type of Solicitation

State Reg Agency

Utah Dept of Commerce

Date of Reg Reg Number Other Names Used

08/26/14 9142212-CH

Solicit Date Type of Solicitation

State Reg Agency

Virginia Dept of Agriculture and Consumer S

Date of Reg Reg Number Other Names Used

11/25/14 04-2104021

Solicit Date Type of Solicitation

State Reg Agency

Washington Office of the Secretary of State

Date of Reg Reg Number Other Names Used

08/13/14 36144

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 Finanical Institutions

Date of Reg Reg Number Other Names Used

08/15/14 14261-800

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

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X 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	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation.	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relatives" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ed	
	(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	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	•	u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stati unt of any payments made or value transferred, and describing the terms of each agreement.	ng the	

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Boston Foundation, Inc.

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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 or 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?	Yes	X No
B.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
E.	Has your organization made or held an investment in a related party?	Yes Yes	X No
_	Harmon and the form the decorate and the second and	X Yes	N
F.	Has your organization furnished goods, services, or facilities to a related party?	A Yes	No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation		
G.	or other value in return?	Yes	X No
	of other value in return:	163	110
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	□ No
	The four organisation paid of social to pay magos, onally, or only component to a rolated party.		
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X 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?	Yes	X 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?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	X Yes	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?	X Yes	L No

Statement 4

FORM PC

Page 6, Line 24

Statement 4

Name and Address

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

Nature of Transaction

Amount Involved

Investment management & administrative management services

88,394.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and m eeting 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

Amount Involved

Investment management & administrative management services

48,055.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and m eeting facilities to the Bruce J. Anderson Foundation in addition to investm ent and administrative management.

Name and Address

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

Nature of Transaction

Amount Involved

Investment management & administrative management services

49,718.

Procedure Followed

The Boston Foundation provides the use of the staff and its conference and m eeting facilities to the Horace A. Moses Foundation in addition to investmen t and administrative management.

Name and Address

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

Nature of Transaction

Amount Involved

Cash & Investments

15,243,254.

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

5,987,484.

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

4,396,165.

Procedure Followed

The Boston Foundation commingles assets of the Horace A. Moses Foundation wi th its own investments. Investment assets are held as directly owned invest ments by the Boston Foundation, Inc., or in custody at financial institution s.

Name and Address

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

Nature of Transaction

Amount Involved

Philanthropic Advising

16,360.

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

Amount Involved

Employees and Benefits

358,855.

Procedure Followed

There are Boston Foundation, Inc employees devoted soley to work for Deshpan de 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

Amount Involved

Employees and Benefits

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 orga nizations with which Directors and officers may have a relationship. The re lated 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 Managment

42,570.

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: Van Ramat		Date:	5/6/2022					
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 02	111					
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 con	nection with the solicitation of funds, other than the officia	al name which appears on
page 1.		
Types of solicitation activities in which you expect to engage	(about all that a set)	
Types of solicitation activities in which you expect to engage	(спеск ан тпат арріу).	
Mass Mailing	Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming even	
Entertainment event	Sale of goods other than by telepho	
Telemarketing without sale of goods or ads	Individual Mailings	X
Telemarketing with sale of goods	Corporate solicitations	X
Telemarketing with sale of ads	Grant Proposals	X
X Other (specify): Education & Printe	ed Advertisements	
· · · · · · · · · · · · · · · · · · ·		
Identify the method or methods you expect to use for the fun	draising (check all that apply):	
	2	
Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
* Provide applicable names and addresses:		
Professional Solicitor Name:		
Address		
City	State ZII	P Code
Professional Fundraising Counsel Name:		
Address		
011		
City	State ZII	Code
0 110 11 11		
Commercial Co-Venturer Name:		
Address		
Address		
City	State ZII	² Code
City	State ZII	

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:

Name and Title: President & CEO Address 75 Arlington Street, F1 3 City Boston State MA ZIP Code 0 Alfred F. Van Ranst, Jr. Name and Title: CFO & Treasurer	
City Boston State MA ZIP Code O	
Alfred F. Van Ranst, Jr.	2116
Address 75 Arlington Street, F1 3	
City Boston State MA ZIP Code 0	2116
Paul Grogan Name and Title: FMR President & CEO	
Address 75 Arlington Street, F1 3	
City Boston State MA ZIP Code 0	2116
ntify the individuals who will have final responsibility for the charity's distribution of contributions: M. Lee Pelton Name and Title: President & CEO	
Address 75 Arlington Street, F1 3	
City Boston State MA ZIP Code 0	2116
Alfred F. Van Ranst, Jr. Name and Title: CFO & Treasurer	
=	
Address 75 Arlington Street, F1 3	
Address 75 Arlington Street, F1 3	
Address 75 Arlington Street, F1 3 City Boston State MA ZIP Code 0	

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 conne	ction with the solicitation of funds, other than the official	name which appears on
page 1.	,	
Types of collectation activities in which you avpost to angest (
Types of solicitation activities in which you expect to engage (песк ан тпат арріу).	
Mass Mailing	Via the Internet	X
Door-to-door	Raffle, beano, bingo or gaming event	
Entertainment event	Sale of goods other than by telephon	
Telemarketing without sale of goods or ads	Individual Mailings	X
Telemarketing with sale of goods	Corporate solicitations	X
Telemarketing with sale of ads	Grant Proposals	X
X Other (specify): Education & Printed	d Advertisements	
•		
Professional solicitor*	Own employees	X
Professional fundraising counsel*	Volunteers	X
Commercial co-venturer*		
Provide applicable names and addresses:		
Professional Solicitor Name:		
Adduses		
Address		
City	State ZIF	² Code
Oity	State	
Professional Fundraising Counsel Name:		
Address		
City	State ZIF	² Code
Commercial Co-Venturer Name:		
Address		
0.4	01-1-	NO sala
City	State ZIF	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:

M. Lee Pelton Name and Title President & CEO	•	
Address 75 Arlington Street, F1 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 dis M. Lee Pelton		
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

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

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

of our knowledge. Van Ranst _____ Date: ____ 5/6/2022 Signature: Printed Name: Alfred F. Van Ranst, Jr. Title: CFO & Treasurer Lee Pelton ______ Date: _____5.9.2022

Printed Name: M. Lee Pelton

Title: President

Signature:

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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.)

Bruce J. And	derson		a1 ! 11 a	
Name: Foundation		Primary purpose or activity:	Charitable Gran	t Making
		B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/21			5,987,484.	5,987,484.

Name: Deshpande F	oundation	Primary purpose or activity:	Charitable Gran	t Making
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/21			15,243,254.	15,243,254.

James & Cat Name: Foundation	hleen D. Stone	Primary purpose or activity:	Charitable Gran	t Making
		B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/21			262,207.	262,207.

Name: Horace A.	Mo	oses	Foundation	Primary purpose or activity:	Charitable Gran	t Making
FYE		A. Dono (-) liabilit	or restricted funds ies	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/21			4,259,672.		93.	4,259,765.

Boston Found	dation Support			
Name: Trus t		Primary purpose or activity:	<u>Charitable Gift</u>	Receipt
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)
06/30/21	0.	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)
06/30/21	0.	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)

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)	

0

0

0.

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

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

06/30/21

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:FRMR Pre	esident & C	EO		
Income Source:	Salary and Other Income:	Benefits Plan:			Other Compensa	ation
Boston Foundation	605,661.		65,09	3.		
Name: Alfred F. Van Rans	t, Jr.	Title: CFO & Ti	reasurer			
Income Source:	Salary and Other Income:	Benefits Plan:		С	Other Compense	ation
Boston Foundation	356,045.		39,98	9.	3	0,626.
Name: George C. Wilson	Title: Assistant Treasurer					
Income Source:	Salary and Other Income:	Benefits Plan:		С	Other Compensa	ation
Boston Foundation	346,799.		61,83	5.	2	0,619.
Name: Stephen Chan		Title: Secretary				
Income Source:	Salary and Other Income:	Benefits Plan:		С	Other Compensa	ation
Boston Foundation	235,939.		56,12	8.		
Name: Kate Guedj	Title: VP and (Chief Phila	nthr	ropy Off:	icer	
Income Source:	Salary and Other Income:	Benefits Plan:		С	Other Compensa	ation
Boston Foundation	307,334.		50,68	2.		
Is asset and/or compensation informati	on for religious organizations a	nd/or certain non-cha	aritable entities related	d to		
foundations excluded pursuant to instru	uctions?				Yes	X No

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