

DO NOT Paper File - Charities must now meet their annual filing requirements through the AGO's online charities filings portal.

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
Form PC**

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

Report for the Fiscal Period: 07/01/22 to 06/30/23

AG Account #: 010000 Federal ID #: 04-2104021

Electronic Payment Confirmation #: _____
Attach printout of electronic payment confirmation.

Electronic Payment Date: _____

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? 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? Yes No

Check all items attached
(if applicable)

- Filing Fee or Printout of Electronic Payment Confirmation
- Copy of IRS Return
- Audited Financial Statements/Review
- Amended Articles/By-Laws
- Schedule A-1
- Schedule A-2
- Schedule RO
- Schedule VCO
- Probate Account

Organization Data

Name: Boston Foundation, Inc.

Mailing Address: 75 Arlington Street, 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)

Category	Code	Category	Code
County (Table 1)	<u>13</u>	Organization Purpose Code 1	<u>60</u>
Type of Organization (Table 2)	<u>20</u>	Organization Purpose Code 2	

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 "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	141,692,649.
B.	Gross support and revenue	161,006,320.
C.	Program services and similar amounts paid out	187,093,319.
D.	Fundraising expenses	3,496,436.
E.	Management and general expenses	19,305,742.
F.	Payments to affiliates	0.
G.	Total expenses	209,895,497.
H.	Net assets or fund balances at the end of the year	1688124910.

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.	M. Lee Pelton President & CEO	50.00	746,956.	66,561.	0.
2.	George C. Wilson Assistant Treasurer	50.00	388,767.	60,622.	0.
3.	Alfred F. Van Ranst, Jr. CFO & Treasurer	50.00	400,440.	36,086.	0.
4.	Kate Guedj VP & Chief Phil Off.	50.00	381,676.	65,842.	0.
5.	Makeeba McCreary Exec Dir of NCF	50.00	343,379.	21,849.	0.

7. Was any compensation provided to any of the individuals listed in question 6 above 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.	Jupiter Enterprises	1,100,056.	Fabrication & Installation of
2.	Castle Group	623,935.	Event Management Services
3.	Prime Buchholz & Associates	442,939.	Investment Advising
4.	Berlin Rosen	388,505.	Research and Strategic
5.	Community Counseling Service LLC	366,058.	Fundraising and Strategy Planning

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: Brian Douglas

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 below 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 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.

<u>Name and Address</u>	<u>Title</u>
M. Lee Pelton 75 Arlington Street, FL 3 Boston, MA 02116-3936	President & CEO
George C. Wilson 75 Arlington Street, FL 3 Boston, MA 02116-3936	Assistant Treasurer
Kate Guedj 75 Arlington Street, FL 3 Boston, MA 02116-3936	SVP and Chief Phil. Off.
Alfred F. Van Ranst, Jr. 75 Arlington Street, FL 3 Boston, MA 02116-3936	CFO & Treasurer
Makeeba McCreary 75 Arlington Street, FL 3 Boston, MA 02116-3936	Exec. Dir. NCF
Keith Mahoney 75 Arlington Street, FL 3 Boston, MA 02116-3936	VP, Comm. & Public Affairs
Orlando Watkins 75 Arlington Street, FL 3 Boston, MA 02116-3936	VP & Chief Prog. Officer
Imari Paris-Jefferies 75 Arlington Street, FL 3 Boston, MA 02116-3936	Exec. Dir. Embrace Boston
Leslie Pine 75 Arlington Street, FL 3 Boston, MA 02116-3936	Mgr Partner, TPI
Leigh Gasper 75 Arlington Street, FL 3 Boston, MA 02116-3936	Asst.Sec.& VP
John Ho 75 Arlington Street, FL 3 Boston, MA 02116-3936	Secretary

Zamawa Arenas
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Andrew Arnott
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Vanessa Calderon-Rosado
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Elyse Cherry
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Brian Conway
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Pam Y. Eddinger
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Michael Eisenson
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Betty Francisco
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Paul Lee
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Linda Mason
75 Arlington Street, FL 3
Boston, MA 02116-3936

Chair

Myechia Minter-Jordan
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

J. Keith Motley
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Boston Foundation, Inc.

04-2104021

Ronald O'Hanley
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Tracy Palandjian
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Dwight M. Poler
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Raj Sharma
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Jane Steinmetz
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Scott E. Squillace
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Kate Walsh
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director (left 2/23)

C.A. Webb
75 Arlington Street, FL 3
Boston, MA 02116-3936

Director

Name and Address	Area of Responsibility
Alfred F. Van Ranst Jr 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
M. Lee Pelton 75 Arlington Street Boston, MA 02116	Authorized to sign checks

State

Reg Agency

Alabama

Office of the Attorney General

Date of Reg

Reg Number

Other Names Used

08/04/14

AL 14-404

Solicit Date

Type of Solicitation

State

Reg Agency

Alaska

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

Arkansas

Office of the Attorney General

Date of Reg

Reg Number

Other Names Used

11/05/14

04-2104021

Solicit Date

Type of Solicitation

State

Reg Agency

California

Dept of Justice

Date of Reg

Reg Number

Other Names Used

08/08/14

CT0209714

Solicit Date

Type of Solicitation

State

Reg Agency

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

Solicit Date

Type of Solicitation

State

Reg Agency

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

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

Solicit Date

Type of Solicitation

<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>	

State

Reg Agency

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

Oklahoma Secretary of State

Date of Reg

Reg Number

Other Names Used

07/30/14

431246415

Solicit Date

Type of Solicitation

<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 such an agreement with any individual described in Related Party definition, sections (a) or (b)? 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.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, 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?	<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 become 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 4

Name and Address

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

Nature of Transaction

Amount Involved

Investment management & administrative management services

90,674.

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

Amount Involved

Investment management & administrative management services

51,158.

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

Amount Involved

Investment management & administrative management services

53,987.

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

Nature of Transaction

Amount Involved

Cash & Investments

13,506,530.

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

5,686,596.

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

4,056,019.

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

Amount Involved

Philanthropic Advising

150.

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

Nature of Transaction

Amount Involved

Employees and Benefits

603,211.

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, Inc
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, Inc
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 or officer recuses themselves of any Board decisions to be made regarding such grants.

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: 5/9/24

Printed Name: Brian Douglas

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):

Table with 2 columns of solicitation activities and checkboxes. Includes 'Mass Mailing', 'Door-to-door', 'Entertainment event', 'Telemarketing without sale of goods or ads', 'Telemarketing with sale of goods', 'Telemarketing with sale of ads', 'Via the Internet', 'Raffle, beano, bingo or gaming event', 'Sale of goods other than by telephone', 'Individual Mailings', 'Corporate solicitations', 'Grant Proposals', and 'Other (specify): Education & Printed Advertisements'.

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

Table with 2 columns of fundraising methods and checkboxes. Includes 'Professional solicitor*', 'Professional fundraising counsel*', 'Commercial co-venturer*', 'Own employees', and 'Volunteers'.

* 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:

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

Identify 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, 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):

Table with 2 columns of solicitation activities and checkboxes. Includes 'Mass Mailing', 'Door-to-door', 'Entertainment event', 'Telemarketing without sale of goods or ads', 'Telemarketing with sale of goods', 'Telemarketing with sale of ads', 'Via the Internet', 'Raffle, beano, bingo or gaming event', 'Sale of goods other than by telephone', 'Individual Mailings', 'Corporate solicitations', 'Grant Proposals', and 'Other (specify): Education & Printed Advertisements'.

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

Table with 2 columns of fundraising methods and checkboxes. Includes 'Professional solicitor*', 'Professional fundraising counsel*', 'Commercial co-venturer*', 'Own employees', and 'Volunteers'.

* 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:

M. Lee Pelton

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Brian Douglas

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:

M. Lee Pelton

Name and Title: President & CEO

Address 75 Arlington Street, Fl 3

City Boston

State MA

ZIP Code 02116

Brian Douglas

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: 5/9/24

Printed Name: Brian Douglas

Title: CFO & Treasurer

Signature: _____ Date: _____

Printed Name: Kate Guedj

Title: Senior Vice President and CPO

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. Anderson Name: Foundation		Primary purpose or activity: Charitable Grant Making		
FYE 06/30/23	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities 5,432,084.	D. Total net assets (A+B+C) 5,432,084.

Deshpande Foundation, Inc Name: Deshpande Foundation, Inc		Primary purpose or activity: Charitable Grant Making		
FYE 06/30/23	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities 13,509,379.	D. Total net assets (A+B+C) 13,509,379.

James M. & Cathleen D. Name: Stone Foundation		Primary purpose or activity: Charitable Grant Making		
FYE 06/30/23	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities 4,273,486.	D. Total net assets (A+B+C) 4,273,486.

Horace A. Moses Foundation Name: Horace A. Moses Foundation		Primary purpose or activity: Charitable Grant Making		
FYE 06/30/23	A. Donor restricted funds (-) liabilities 3,904,122.	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities 151,897.	D. Total net assets (A+B+C) 4,056,019.

Boston Foundation Support Name: Trust		Primary purpose or activity: Charitable Gift Receipt		
FYE 06/30/23	A. Donor restricted funds (-) liabilities 0.	B. 3rd party restricted funds (-) liabilities 0.	C. Unrestricted funds (-) liabilities 0.	D. Total net assets (A+B+C)

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)
06/30/23	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)
06/30/23	0.	0.		

Name: Cromwell Harbor Supporting Foundation, 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)
06/30/23			45,745,892.	45,745,892.

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: M. Lee Pelton		Title: President & CEO	
Income Source: Boston Foundation, Inc.	Salary and Other Income: 746,956.	Benefits Plan: 66,561.	Other Compensation

Name: Alfred F. Van Ranst, Jr.		Title: CFO & Treasurer	
Income Source: Boston Foundation, Inc.	Salary and Other Income: 400,440.	Benefits Plan: 36,086.	Other Compensation

Name: George C. Wilson		Title: Assistant Treasurer	
Income Source: Boston Foundation, Inc.	Salary and Other Income: 388,767.	Benefits Plan: 60,622.	Other Compensation

Name: Kate Guedj		Title: VP & Chief Philanthropy Officer	
Income Source: Boston Foundation, Inc.	Salary and Other Income: 381,676.	Benefits Plan: 65,842.	Other Compensation

Name: Makeeba McCreary		Title: Exec Dir of NCF	
Income Source: Boston Foundation, Inc.	Salary and Other Income: 343,379.	Benefits Plan: 21,849.	Other Compensation

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