

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

Please use IRS label or print or type See Specific instructions.

C Name of organization Boston Area Gleaners, Inc.		D Employer identification number 30-0434755	
Number and street (or P.O. box, if mail is not delivered to street address)		Room/suite	E Telephone number 781-894-3212
240 Beaver Street			F Group Exemption Number ▶
City or town, state or country, and ZIP + 4 Waltham, MA 02452			

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.bostonareagleaners.org

H Check if the organization is not

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **9161.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

		1	2	3	4	5a	5b	5c	6a	6b	6c	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
Revenue	1 Contributions, gifts, grants, and similar amounts received																9161.														
	2 Program service revenue including government fees and contracts																														
	3 Membership dues and assessments																														
	4 Investment income																														
	5a Gross amount from sale of assets other than inventory																														
	b Less: cost or other basis and sales expenses																														
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																														
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>																														
	a Gross revenue (not including \$ _____ of contributions reported on line 1)																														
b Less: direct expenses other than fundraising expenses																															
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)																															
7a Gross sales of inventory, less returns and allowances																															
b Less: cost of goods sold																															
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																															
8 Other revenue (describe ▶ _____)																															
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8																														9161.	
Expenses	10 Grants and similar amounts paid (attach schedule)																														
	11 Benefits paid to or for members																														
	12 Salaries, other compensation, and employee benefits																													6015.	
	13 Professional fees and other payments to independent contractors																														
	14 Occupancy, rent, utilities, and maintenance																													1321.	
	15 Printing, publications, postage, and shipping																													847.	
	16 Other expenses (describe ▶ <u>Transportation</u>)																													2698.	
17 Total expenses. Add lines 10 through 16																													10881.		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																													-1720.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)																													3065.	
	20 Other changes in net assets or fund balances (attach explanation)																														
	21 Net assets or fund balances at end of year. Combine lines 18 through 20																													1345.	

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments		3065.	22	1345.	
23 Land and buildings			23		
24 Other assets (describe ▶ _____)			24		
25 Total assets		3065.	25	1345.	
26 Total liabilities (describe ▶ _____)		0.	26	0.	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		3065.	27	1345.	

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Statement 3

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Statement 2

(Grants \$) If this amount includes foreign grants, check here

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28a 2698.

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31a

32 Total program service expenses (add lines 28a through 31a)

32 2698.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Rows include Oakes Plimpton (President), Hayden Crilley (Treasurer), Amy Meblin (Director), Scott Munsey (Director), Jennifer Riley (Director), Stephen Ronan (Director), Robert Sondak (Director), and Laurel Kayne (Clerk).

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 ▶ 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities ▶ 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ MA		
42a	The organization's books are in care of ▶ Oakes Plimpton Telephone no. ▶ 781-648-5117 Located at ▶ 67 Coolidge Road, Arlington, MA ZIP + 4 ▶ 02476		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
42b	If "Yes," enter the name of the foreign country: ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

Table with 3 columns: Question (46-49b), Yes, No. Contains questions about political campaign activities, lobbying, and transfers to exempt organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances. Entry: NONE.

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Entry: NONE.

d Total number of other independent contractors each receiving over \$100,000

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

Paid Preparer's Use Only Preparer's signature, Date, Check if self-employed (X), Preparer's identifying number (See instr.), Firm's name (or yours if self-employed), address, and ZIP + 4: John M. Monticone, CPA, 5 High Street, Suite 207, Medford, MA 02155, EIN, Phone no. (781) 395-0024.

May the IRS discuss this return with the preparer shown above? See instructions (X) Yes () No

FORM 990-EZ

Information Regarding Transfers
Associated with Personal Benefit Contracts

Statement 1

A) Did the organization, during the year, receive any funds,
directly or indirectly, to pay premiums on a personal
benefit contract? [] Yes [X] No

B) Did the organization, during the year, pay premiums,
directly or indirectly, on a personal benefit contract? . . [] Yes [X] No

Harvested/Gleaned from area farms crops left in the field by the farmers, transported and donated all produce to food banks, food pantries, meal programs and shelters. Collected produce seconds donated and transported boxes to the Red Cross Food Pantry and various area shelters.

To harvest for charity, glean, unwanted produce from Boston area farms for food pantries, meal programs and homeless shelters. "Gleaning" is a biblical term referring to the law of those times requiring farmers to let poor people onto their farms after harvest to "glean" whatever produce was left in the fields. We organize "gleaning crews" to harvest the produce for charity, and then to donate it to food banks and pantries, meal programs and homeless shelters, or below wholesale price markets at low income public housing. Food salvage or rescue from supermarkets and other food stores and sources are undertaken. Also, we educate low income people on the health and nutrition of local organic produce and offer information on how to prepare and cook the greens and roots in a healthy and simple way.