

**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)

Department of the Treasury  
 Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**Open to Public Inspection**

**A For the 2012 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> ASSOCIATED GRANT MAKERS, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 55 COURT STREET 520 City, town, or post office, state, and ZIP code BOSTON, MA 02108 <b>F Name and address of principal officer:</b> JEFFREY POULOS 55 COURT STREET, BOSTON, MA 02108	<b>D Employer identification number</b> 04-2457605 <b>E Telephone number</b> (617) 426-2606 <b>G Gross receipts \$</b> 1,936,943. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.AGMCONNECT.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1969 <b>M State of legal domicile:</b> MA

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>TO PROMOTE THE PRACTICE AND EXPANSION OF EFFECTIVE AND RESPONSIBLE PHILANTHROPY.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 25 4 Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 24 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) ..... <b>5</b> 12 6 Total number of volunteers (estimate if necessary) ..... <b>6</b> 1 7a Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. b Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> 0.																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">1,881,281.</td> <td style="text-align: right;">1,733,433.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">240,015.</td> <td style="text-align: right;">201,807.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">1,873.</td> <td style="text-align: right;">1,703.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">2,123,169.</td> <td style="text-align: right;">1,936,943.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h) .....	1,881,281.	1,733,433.	9 Program service revenue (Part VIII, line 2g) .....	240,015.	201,807.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	1,873.	1,703.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	0.	0.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	2,123,169.	1,936,943.						
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**Part II Signature Block**

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.

<b>Sign Here</b>	Signature of officer JEFFREY POULOS, EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DAVID KELLEHER, CPA Preparer's signature DAVID KELLEHER, CPA Date 08/13/13 Check if self-employed <input type="checkbox"/> PTIN P01059560 Firm's name ▶ ALEXANDER, ARONSON, FINNING & CO., P.C. Firm's EIN ▶ 04-2571780 Firm's address ▶ 21 EAST MAIN STREET WESTBORO, MA 01581 Phone no. 508-366-9100	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO PROMOTE THE PRACTICE AND EXPANSION OF EFFECTIVE AND RESPONSIBLE PHILANTHROPY TO IMPROVE THE HEALTH AND VITALITY OF THE REGION.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,414,687. including grants of \$ 1,210,096. ) (Revenue \$ 60,664. ) SUMMER FUND: SUPPORTS SUMMER PROGRAMS THAT HELP YOUTH TO BECOME MORE PRODUCTIVE CITIZENS AND ENCOURAGE INTERACTION AMONG CHILDREN FROM DIFFERENT BACKGROUNDS/NEIGHBORHOODS. IN 2012, OVER 28,000 CHILDREN AND YOUTH ATTENDED SUMMER CAMPS AND PROGRAMS. THE SUMMER FUND SUPPORTED 75 NONPROFITS OPERATING OVER 100 SUMMER CAMP AND PROGRAM SITES. OVER 10,000 CHILDREN AND YOUTH ATTENDED FREE FIELD TRIPS THROUGH CULTURAL DAY EVENTS.

4b (Code: ) (Expenses \$ 181,774. including grants of \$ ) (Revenue \$ 7,505. ) MEMBER AND GRANTMAKER SERVICES: LED BY ITS GRANTMAKING MEMBERS, AGM HOSTED A VARIETY OF NETWORKING AND KNOWLEDGE SHARING ACTIVITIES DURING 2012. IN ADDITION TO CONTINUING ITS QUARTERLY COMMUNITY FOUNDATION ROUNDTABLES AND SUPPORTING AFFINITY GROUPS, AGM DEVELOPED THE WEBSITE FOR MASSNEEDS.ORG AND PLAYED A KEY ROLE IN SUPPORTING THE COALITION COMPRISED OF MORE THAN 20 FUNDERS DEDICATED TO RAISING FUNDS AND AWARENESS TO ADDRESS URGENT NEEDS ACROSS THE COMMONWEALTH; AGM JOINED IN PARTNERSHIP WITH NORTHEASTERN UNIVERSITY'S STUDENTS GIVING AND THE LEARNING BY GIVING FOUNDATION TO PRESENT A CONFERENCE ON SOCIAL IMPACT IN THE NEW ECONOMY WHICH ATTRACTED OVER 200 ATTENDEES.

4c (Code: ) (Expenses \$ 71,041. including grants of \$ ) (Revenue \$ 600. ) THE RESOURCE CENTER FOR PHILANTHROPY: PROVIDES CUSTOMIZED RESEARCH FOR GRANTMAKER MEMBERS AND NONPROFIT PARTNERS (FELLOWS LEVEL). A SAMPLE OF RESEARCH PROJECTS FOR 2012 INCLUDE COMPENSATION BENCHMARKING RESEARCH FOR EIGHT OF OUR GRANTMAKER MEMBERS, PROVIDING EXAMPLES OF USE OF TECHNOLOGY SUCH AS IPADS TO DISSEMINATE MATERIAL TO FOUNDATION TRUSTEES AND BOARD MEMBERS AND GRANT RESEARCH ON POSSIBLE ENVIRONMENTAL FUNDERS FOR A NONPROFIT FELLOW WORKING TO SUSTAIN NEW ENGLANDS LOBSTER POPULATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 133,791. including grants of \$ ) (Revenue \$ 133,038.)

4e Total program service expenses 1,801,293.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b	Is the organization 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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent .....	24	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....	X	
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? .....	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official .....	X	
<b>15b</b>	b Other officers or key employees of the organization .....	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ANN GARCHINSKY, DIR OF FINANCE & AD - (617) 426-2606**  
**55 COURT STREET, BOSTON, MA 02108**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JEFFERY POULOS EXECUTIVE DIRECTOR	40.00	X		X				104,923.	0.	12,014.
(2) MARY PHILLIPS IMMEDIATE PAST CHAIR	1.30	X		X				0.	0.	0.
(3) MARI BRENNAN BARRERA VICE CHAIR	1.30	X		X				0.	0.	0.
(4) MARK PALEY TREASURER	1.30	X		X				0.	0.	0.
(5) ANNE MARIE BOURSQUOT KING AT LARGE, EXEC. COMM.	1.30	X		X				0.	0.	0.
(6) BYRON CHAMPLIN DIRECTOR	1.30	X						0.	0.	0.
(7) CRAIG DUTRA CLERK	1.30	X		X				0.	0.	0.
(8) ELLEN REMMER DIRECTOR	1.30	X						0.	0.	0.
(9) SYLVIA SIMMONS TRUSTEE	1.30	X						0.	0.	0.
(10) LOIS SMITH DIRECTOR	1.30	X						0.	0.	0.
(11) JEAN WHITNEY CHAIR	1.30	X		X				0.	0.	0.
(12) HEIDI BROOKS DIRECTOR	1.30	X						0.	0.	0.
(13) NANCY GARDINER DIRECTOR	1.30	X						0.	0.	0.
(14) ANN MCQUEEN DIRECTOR	1.30	X						0.	0.	0.
(15) ORLANDO WATKINS AT-LARGE, EXEC. COMM.	1.30	X		X				0.	0.	0.
(16) TREF BORDEN DIRECTOR	1.30	X						0.	0.	0.
(17) LAUREL DAVIS FERRETTI DIRECTOR	1.30	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JIM GRACE DIRECTOR	1.30	X						0.	0.	0.
(19) CLAUDIA JACOBS DIRECTOR	1.30	X						0.	0.	0.
(20) JENNIFER LEE DIRECTOR	1.30	X						0.	0.	0.
(21) AMANDA NORTHROP DIRECTOR	1.30	X						0.	0.	0.
(22) DORA ROBINSON DIRECTOR	1.30	X						0.	0.	0.
(23) RANDAL RUCKER DIRECTOR	1.30	X						0.	0.	0.
(24) DELIA ARELLANO-WEDDLETON DIRECTOR	1.30	X						0.	0.	0.
(25) LYNNE DOBLIN DIRECTOR	1.30	X						0.	0.	0.
<b>1b Sub-total</b>								104,923.	0.	12,014.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								104,923.	0.	12,014.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 90,000.				
	b	Membership dues	1b 350,600.				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,292,833.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	<b>Total.</b> Add lines 1a-1f		1,733,433.			
	Program Service Revenue	2 a	PROGRAM SERVICE FEE	Business Code 900099	201,807.	201,807.	
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		201,807.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,703.		1,703.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		Less: direct expenses	b				
		Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
	b						
	c						
	d	All other revenue					
	e	<b>Total.</b> Add lines 11a-11d					
12	<b>Total revenue.</b> See instructions.		1,936,943.	201,807.	0.	1,703.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,210,096.	1,210,096.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	116,937.	35,081.	76,009.	5,847.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	320,220.	213,657.	14,526.	92,037.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,467.	6,717.	274.	4,476.
9 Other employee benefits	30,667.	23,775.	3,842.	3,050.
10 Payroll taxes	39,076.	22,625.	7,488.	8,963.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	14,389.		14,389.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,864.	10,114.	2,400.	6,350.
12 Advertising and promotion				
13 Office expenses	55,047.	35,407.	12,388.	7,252.
14 Information technology				
15 Royalties				
16 Occupancy	167,528.	116,085.	37,800.	13,643.
17 Travel	4,889.	4,840.	49.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	119,159.	119,144.	15.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,809.	2,613.	1,230.	966.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>REGISTRATION FEES, DUES</b>	6,922.	644.	6,278.	0.
b <b>MISCELLANEOUS</b>	6,481.	495.	5,371.	615.
c				
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,126,551.	1,801,293.	182,059.	143,199.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	83,192.	1	326,478.	
	<b>2</b> Savings and temporary cash investments .....	985,077.	2	834,024.	
	<b>3</b> Pledges and grants receivable, net .....	40,000.	3	0.	
	<b>4</b> Accounts receivable, net .....	1,103.	4	12,209.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....		7		
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	23,284.	9	24,796.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 370,801.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 361,306.	14,304.	<b>10c</b> 9,495.	
	<b>11</b> Investments - publicly traded securities .....		11		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		12		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	43,100.	15	43,100.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,190,060.	16	1,250,102.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	45,309.	17	44,969.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	91,743.	21	341,733.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		23		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		25		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	137,052.	26	386,702.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	292,443.	27	335,585.	
	<b>28</b> Temporarily restricted net assets .....	760,565.	28	527,815.	
	<b>29</b> Permanently restricted net assets .....		29		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	1,053,008.	33	863,400.		
<b>34</b> Total liabilities and net assets/fund balances .....	1,190,060.	34	1,250,102.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,936,943.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,126,551.
3	Revenue less expenses. Subtract line 2 from line 1	3	-189,608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,053,008.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	863,400.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **ASSOCIATED GRANT MAKERS, INC.** Employer identification number **04-2457605**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,438,973.	2,173,249.	1,656,588.	1,881,281.	1,733,433.	9,883,524.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,438,973.	2,173,249.	1,656,588.	1,881,281.	1,733,433.	9,883,524.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2,716,304.
<b>6 Public support.</b> Subtract line 5 from line 4.						7,167,220.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	2,438,973.	2,173,249.	1,656,588.	1,881,281.	1,733,433.	9,883,524.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	26,987.	18,817.	4,964.	1,873.	1,703.	54,344.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						9,937,868.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,329,071.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	72.12	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	75.32	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

**ASSOCIATED GRANT MAKERS, INC.**

Employer identification number

**04-2457605**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) unrelated organizations   | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		161,469.	159,110.	2,359.
d Equipment		209,332.	202,196.	7,136.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>9,495.</b>

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and rows 2-11 are blank.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,936,943.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,936,943.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,936,943.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,126,551.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,126,551.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,126,551.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B: ASSOCIATED GRANT MAKERS, INC. HAS BEEN DESIGNATED AS A**

**FISCAL SPONSOR FOR VARIOUS COLLABORATIVES. AGM HAS NO VARIANCE POWER OVER**

**THE DISBURSEMENT OF THESE FUNDS.**

**PART X, LINE 2: AGM FOLLOWS THE STANDARDS FOR ACCOUNTING FOR**

**UNCERTAINTY IN INCOME TAXES, WHICH REQUIRE AGM TO REPORT ANY UNCERTAIN TAX**

**POSITIONS AND TO ADJUST ITS FINANCIAL STATEMENTS FOR THE IMPACT THEREOF.**

**AS OF DECEMBER 31, 2012, AGM DETERMINED THAT IT HAD NO TAX POSITIONS THAT**

**Part XIII** Supplemental Information *(continued)*

DID NOT MEET THE "MORE LIKELY THAN NOT" THRESHOLD OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. AGM FILES INFORMATION RETURNS IN THE UNITED STATES FEDERAL AND MASSACHUSETTS STATE JURISDICTIONS. THESE RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAX AUTHORITIES FOR THE LAST THREE YEARS.

COPY

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

**ASSOCIATED GRANT MAKERS, INC.**

Employer identification number

**04-2457605**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACEDONE 18 JOHN ELLIOTT SQUARE BOSTON, MA 02110	51-0419358	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
AGASSIZ BALDWIN COMMUNITY 238 BEDFORD STREET, #8 BOSTON, MA 02110	04-2160531	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
ALLIANCE FOR INCLUSION AND PREVENTION - 105 CUMMINS HWY - ROSLINDALE, MA 02131	04-3285237	501(C)(3)	6,050.	0.			FOR OPERATING AND PROGRAM SUPPORT.
ALLSTON/BRIGHTON AREA PLANNING 143 HARVARD AVENUE ALLSTON, MA 02134	04-2459167	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOSTON CATHOLIC SCHOOLS CONNECTION 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02135	22-2485502	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOSTON LOCAL DEVELOPMENT CORP BRA 22 DRYDOCK, 3RD FLOOR BOSTON, MA 02110	04-2681311	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65.**
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PARK TENANTS ASSOCIATION 246 HUMBOLDT AVENUE DORCHESTER, MA 02121	04-3265319	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
INQUILINOS BORICUAS EN ACCION 405 SHAWMUT AVENUE BOSTON, MA 02110	23-7102740	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
MYSTIC LEARNING CENTER, INC. 530 MYSTIC AVENUE, ROOM 103 SOMERVILLE, MA 02143	22-2800993	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SOCIEDAD LATINA 1530 TREMONT STREET ROXBURY, MA 02119	04-2678255	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
TRINITY BOSTON FOUNDATION 206 CLARENDON STREET BOSTON, MA 02110	04-2736718	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CELEBRITY SERIES OF BOSTON 20 PARK PLAZA, STE 1032 BOSTON, MA 02110	22-2958508	501(C)(3)	5,400.	0.			FOR OPERATING AND PROGRAM SUPPORT.
LESLEY UNIVERSITY 29 EVERETT STREET CAMBRIDGE, MA 02139	04-2103589	501(C)(3)	5,400.	0.			FOR OPERATING AND PROGRAM SUPPORT.
THE CITY SCHOOL 614 COLUMBIA ROAD BOSTON, MA 02110	02-0532474	501(C)(3)	9,900.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SUMMER INK/THE WRITER'S EXPRESS, INC. - 258 HARVARD STREET, #357 - CAMBRIDGE, MA 02139	04-3239179	501(C)(3)	5,400.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TENACITY, INC. 367 WESTERN AVENUE BOSTON, MA 02110	04-3452763	501(C)(3)	5,700.	0.			FOR OPERATING AND PROGRAM SUPPORT.
COMMUNITY ARTS CENTER, INC. 119 WINDSOR STREET CAMBRIDGE, MA 02139	04-2496097	501(C)(3)	6,120.	0.			FOR OPERATING AND PROGRAM SUPPORT.
ROCA, INC.(PROJECT SOL SUMMER CAMP) - 101 PARK STREET - CHELSEA, MA 02150	22-3223641	501(C)(3)	6,480.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CAMP STARFISH 31 HEATH STREET BOSTON, MA 02110	04-3454511	501(C)(3)	17,520.	0.			FOR OPERATING AND PROGRAM SUPPORT.
MASSACHUSETTS AUDUBON SOCIETY 208 SOUTH GREAT ROAD LINCOLN, MA 01773	04-3408662	501(C)(3)	8,167.	0.			FOR OPERATING AND PROGRAM SUPPORT.
YOUNG MEN'S CHRISTIAN ASSOCIATION 820 MASS AVENUE CAMBRIDGE, MA 02139	04-2103960	501(C)(3)	7,920.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOSTON SYMPHONY ORCHESTRA, INC 301 MASSACHUSETTS AVENUE BOSTON, MA 02110	04-2103550	501(C)(3)	28,050.	0.			FOR OPERATING AND PROGRAM SUPPORT.
COMMONWEALTH TENANTS ASSOCIATION 35 FIDELIS WAY BRIGHTON, MA 02135	04-2697769	501(C)(3)	8,910.	0.			FOR OPERATING AND PROGRAM SUPPORT.
EAST END HOUSE, INC. 105 SPRING STREET CAMBRIDGE, MA 02139	04-2104163	501(C)(3)	8,910.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAZEMAKERS 340 DORCHESTER STREET SOUTH BOSTON, MA 02127	23-6393377	501(C)(3)	9,870.	0.			FOR OPERATING AND PROGRAM SUPPORT.
THE B.E.L.L. FOUNDATION 60 CLAYTON STREET BOSTON, MA 02110	04-3182053	501(C)(3)	19,440.	0.			FOR OPERATING AND PROGRAM SUPPORT.
HYDE SQUARE TASK FORCE, INC. P.O. BOX 301871 JAMAICA PLAIN, MA 02130	04-3118543	501(C)(3)	9,690.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SPORTSMEN'S TENNIS CLUB 950 BLUE HILL AVENUE DORCHESTER, MA 02121	23-7037183	501(C)(3)	15,140.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SALESIAN BOYS & GIRLS CLUB 150 BYRON STREET EAST BOSTON, MA 02228	04-2558218	501(C)(3)	10,125.	0.			FOR OPERATING AND PROGRAM SUPPORT.
MARGARET FULLER NEIGHBORHOOD HOUSE 71 CHERRY STREET CAMBRIDGE, MA 02139	04-2103782	501(C)(3)	11,145.	0.			FOR OPERATING AND PROGRAM SUPPORT.
METROLACROSSE, INC. 150 MT. VERNON STREET, STE. 2 DORCHESTER, MA 02121	04-3482756	501(C)(3)	9,480.	0.			FOR OPERATING AND PROGRAM SUPPORT.
WEST END HOUSE BOYS & GIRLS CLUB 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501(C)(3)	10,800.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CURIOUS CREATURES 106 MAIN STREET GROVELAND, MA 01834	04-3248910	501(C)(3)	10,485.	0.			FOR OPERATING AND PROGRAM SUPPORT.



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBRIDGE COMMUNITY CENTER, INC. 5 CALLENDER STREET BOSTON, MA 02110	04-2477881	501(C)(3)	12,870.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOYS AND GIRLS CLUBS OF DORCHESTER 35 DEER STREET DORCHESTER, MA 02121	23-7076465	501(C)(3)	13,860.	0.			FOR OPERATING AND PROGRAM SUPPORT.
ST. KATHERINE DREXEL SUMMER PROGRAM - 175 RUGGLES STREET - ROXBURY, MA 02119	20-2729200	501(C)(3)	12,475.	0.			FOR OPERATING AND PROGRAM SUPPORT.
UPHAMS CORNER COMMUNITY CENTER 500 COLUMBIA ROAD DORCHESTER, MA 02121	04-2708670	501(C)(3)	14,070.	0.			FOR OPERATING AND PROGRAM SUPPORT.
YOUTH ENRICHMENT SERVICES 412 MASSACHUSETTS AVENUE BOSTON, MA 02110	04-2509466	501(C)(3)	13,585.	0.			FOR OPERATING AND PROGRAM SUPPORT.
GIRL SCOUTS OF EASTERN MA 95 BERKELEY STREET BOSTON, MA 02110	04-2104713	501(C)(3)	16,740.	0.			FOR OPERATING AND PROGRAM SUPPORT.
THE BRIDGE CENTER 470 PINE STREET BRIDGEWATER, MA 02324	04-6128271	501(C)(3)	16,200.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOYS & GIRLS CLUB OF BOSTON 50 CONGRESS STREET BOSTON, MA 02110	04-2103922	501(C)(3)	10,940.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SOMERVILLE YMCA 101 HIGHLAND AVENUE SOMERVILLE, MA 02143	04-2103853	501(C)(3)	18,850.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED SOUTH END SETTLEMENTS 566 COLUMBUS AVENUE BOSTON, MA 02110	04-2104280	501(C)(3)	17,820.	0.			FOR OPERATING AND PROGRAM SUPPORT.
MASS GENERAL HOSPITAL 73 HIGH STREET CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	18,810.	0.			FOR OPERATING AND PROGRAM SUPPORT.
HATTIE B. COOPER COMMUNITY CENTER 1891 WASHINGTON STREET ROXBURY, MA 02119	04-2173420	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CAPIC 100 EVERETT AVE., #14 CHELSEA, MA 02150	04-2428915	501(C)(3)	23,400.	0.			FOR OPERATING AND PROGRAM SUPPORT.
JUST A START 432 COLUMBIA STREET #12 CAMBRIDGE, MA 02139	23-7121174	501(C)(3)	19,800.	0.			FOR OPERATING AND PROGRAM SUPPORT.
WEDIKO CHILDREN'S SERVICES 72-74 EAST DEDHAM STREET BOSTON, MA 02110	24-6002778	501(C)(3)	34,560.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CROSSROADS FOR KIDS 119 MYRTLE STREET DUXBURY, MA 02331	04-2103837	501(C)(3)	46,760.	0.			FOR OPERATING AND PROGRAM SUPPORT.
ELIZABETH PEABODY HOUSE ASSOCIATION - 275 BROADWAY - SOMERVILLE, MA 02143	04-2104827	501(C)(3)	33,840.	0.			FOR OPERATING AND PROGRAM SUPPORT.
EAST BOSTON SOCIAL CENTERS 68 CENTRAL SQUARE EAST BOSTON, MA 02228	04-2104257	501(C)(3)	35,500.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

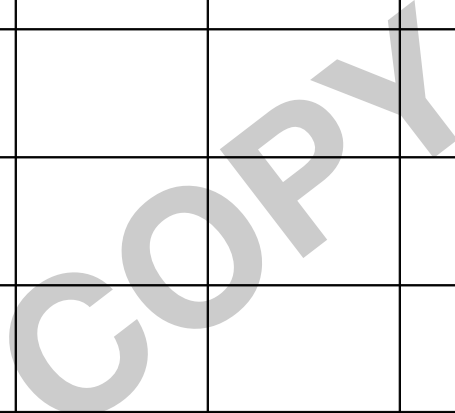
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHINATOWN NEIGHBORHOOD 885 WASHINGTON STREET BOSTON, MA 02110	23-7209691	501(C)(3)	40,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
COLLEGE BOUND DORCHESTER 18 SAMOSET STREET DORCHESTER, MA 02121	04-2383512	501(C)(3)	40,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
SOUTH BOSTON NEIGHBORHOOD HOUSE 21 EAST SEVENTH STREET SOUTH BOSTON, MA 02127	04-2104807	501(C)(3)	40,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
PHILLIPS BROOKS HOUSE ASSOCIATION HARVARD YARD CAMBRIDGE, MA 02139	04-6046123	501(C)(3)	40,480.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CAMP FIRE USA 56 ROLAND STREET, NORTH LOBBY BOSTON, MA 02110	04-2104042	501(C)(3)	38,260.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CAMBRIDGE CAMPING ASSOCIATION 99 BISHOP ALLEN DRIVE CAMBRIDGE, MA 02139	04-6002073	501(C)(3)	46,635.	0.			FOR OPERATING AND PROGRAM SUPPORT.
AGASSIZ VILLAGE 239 BEDFORD STREET #8 LEXINGTON, MA 02421	04-2160531	501(C)(3)	45,450.	0.			FOR OPERATING AND PROGRAM SUPPORT.
YMCA OF GREATER BOSTON 316 HUNTINGTON AVENUE BOSTON, MA 02110	04-2103551	501(C)(3)	57,263.	0.			FOR OPERATING AND PROGRAM SUPPORT.
BOSTON CENTERS FOR YOUTH & FAMILIES - 1483 TREMONT STREET - BOSTON, MA 02110	04-2602576	501(C)(3)	120,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF ST. STEPHEN'S B-SAFE PROGRAM - 419 SHAWMUT AVENUE - BOSTON, MA 02110	26-1749602	501(C)(3)	24,500.	0.			FOR OPERATING AND PROGRAM SUPPORT.
NEW ENGLAND AQUARIUM 1 CENTRAL WHARF BOSTON, MA 02110	04-2297514	501(C)(3)	14,101.	0.			FOR OPERATING AND PROGRAM SUPPORT.
NORTHEASTERN UNIV/ ALGEBRA PLUS 26 NIGHTENGALE HALL, NOTHEAST UNIVE BOSTON, MA 02110	22-3376427	501(C)(3)	10,800.	0.			FOR OPERATING AND PROGRAM SUPPORT.
CENTER FOR SOCIAL DEVELOPMENT/UNIV OF MASS - BOSTON - 100 MORRISSEY BLVD. - BOSTON, MA 02110	04-6013152	501(C)(3)	5,000.	0.			FOR OPERATING AND PROGRAM SUPPORT.
HALE RESERVATION 80 CARBY STREET WESTWOOD, MA 02090	04-2111550	501(C)(3)	6,241.	0.			FOR OPERATING AND PROGRAM SUPPORT.

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance



**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ASSOCIATED GRANT MAKERS, INC. REQUIRES GRANTEE  
PROGRESS REPORTS AS WELL AS MAKING SITE VISITS TO VERIFY ACTIVITIES.

Multiple horizontal lines for providing additional supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

ASSOCIATED GRANT MAKERS, INC.

Employer identification number

04-2457605

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

AGM NONPROFIT PARTNERS PROGRAM: SERVES MORE THAN 600 NONPROFIT ORGANIZATIONS AND CONSULTANTS. THE PARTNERS PROGRAM BRIDGES THE NONPROFIT AND GRANTMAKING COMMUNITIES BY GIVING PARTNERS ACCESS TO RESEARCH AND INFORMATION TO SUPPORT FUND DEVELOPMENT PROGRAMS, PROVIDING PROFESSIONAL DEVELOPMENT AND NETWORKING OPPORTUNITIES FOR NONPROFIT STAFF MEMBERS, AND GIVING NONPROFIT ORGANIZATIONS MORE VISIBILITY AMONG AND ACCESS TO GRANT MAKERS. ONE OF THE SIGNATURE PROGRAMS FOR AGM IS ITS MEET-THE-DONORS SERIES. THIS PROGRAM PROVIDES NONPROFIT ORGANIZATIONS THE UNIQUE OPPORTUNITY TO DIALOGUE FACE-TO-FACE WITH FUNDERS TO INCREASE THEIR KNOWLEDGE OF THE FUNDING PROCESS.

NONPROFIT EFFECTIVENESS FUND (NEF): IMPROVE THE PERFORMANCE AND EFFECTIVENESS OF SMALL-TO MEDIUM-SIZED NONPROFIT ORGANIZATIONS IN THE REGION BY PROVIDING INFORMATION AND TECHNICAL TRAINING HELPING THEM DEVELOP METHODS TO DELIVER THEIR PROGRAMS OR SERVICES MORE EFFECTIVELY AND TO INCREASE THEIR SOCIAL IMPACT.

INFORMATION TECHNOLOGY: OVERSEES THE USE AND APPLICATIONS OF ALL COMPUTER RELATED ACTIVITIES AT AGM. IN ADDITION TO THE PURCHASE AND INSTALLATION OF SOFTWARE PRODUCTS. IT SETS UP AND MAINTAINS THE SERVER ON WHICH AGM RUNS THEIR INTERNAL APPLICATIONS AND NETWORK; CREATES AND CUSTOMIZES SOFTWARE PRODUCTS; BUILDS WEBSITES; AND BUILDS AND MAINTAINS SOME OF THE DATABASES AGM RELIES ON TO GATHER INFORMATION TO SERVE MEMBERS AND NONPROFIT PARTNERS

EXPENSES \$ 133,791. INCLUDING GRANTS OF \$ 0. REVENUE \$ 133,038.

Name of the organization

ASSOCIATED GRANT MAKERS, INC.

Employer identification number

04-2457605

FORM 990, PART VI, SECTION A, LINE 6: ASSOCIATED GRANT MAKERS, INC. IS A MEMBER ORGANIZATION. MEMBERS ARE REQUIRED TO MAKE ANNUAL PAYMENTS FOR THEIR MEMBERSHIP.

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS WHO HAVE PAID THEIR ANNUAL MEMBERSHIP FEES ARE ENTITLED TO ONE VOTE. BOARD MEMBERS ARE NOMINATED BY THEIR PEERS AND ARE VOTED BY MEMBERS DURING THE ANNUAL MEETING.

FORM 990, PART VI, SECTION A, LINE 7B: EVERY MEMBER IS ENTITLED TO ONE VOTE. WHEN A QUORUM IS REACHED, BOARD MEMBERS ARE ELECTED BY MAJORITY VOTES FROM MEMBERS. MAJORITY VOTES BY MEMBERS ARE ALSO REQUIRED TO AMEND CERTAIN PROVISIONS OF THE BY-LAWS INCLUDING, DETERMINATION OF MEMBERS OF THE CORPORATION, REMOVAL OF DIRECTORS, INDEMNIFICATION OF DIRECTORS & OTHERS AND TRANSACTIONS WITH INTERESTED MEMBERS, DIRECTORS, OFFICERS OR EMPLOYEES, EXCEPT WHERE A LARGER MAJORITY VOTE MAY BE REQUIRED BY LAW, THE ARTICLES OF ORGANIZATION AND BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS DESIGNATED THE BOARD TREASURER AS THE REVIEWER OF THE FORM 990. THE TREASURER REVIEWS THE FORM 990 AND THEN CONTACTS THE TAX RETURN PREPARER WITH QUESTIONS AND CHANGES. ONCE QUESTIONS HAVE BEEN ADDRESSED, THE TREASURER INFORMS THE FINANCE COMMITTEE AND THEN EMAILS THE FORM 990 TO ALL THE BOARD MEMBERS. SUBSEQUENTLY THE TREASURER AUTHORIZES THE TAX PREPARER TO ELECTRONICALLY SUBMIT THE FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: ASSOCIATED GRANT MAKERS, INC.

Name of the organization

ASSOCIATED GRANT MAKERS, INC.

Employer identification number

04-2457605

REQUIRES AN ANNUAL SIGN OFF FROM OFFICERS, DIRECTORS, AND KEY EMPLOYEES  
DISCLOSING INTERESTS THAT COULD GIVE RISE TO CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE REVIEWS THE  
EXECUTIVE DIRECTOR'S PERFORMANCE AND SETS COMPENSATION AFTER COMPLETION OF  
AN ANNUAL REVIEW BY THE CHAIR AND VICE CHAIR. COMPENSATION IS SET BASED  
AFTER REVIEW OF REGIONAL NON-PROFIT COMPENSATION DATA AND AGM'S BUDGET  
PARAMETERS AS SET BY THE FINANCE COMMITTEE. THE EXECUTIVE DIRECTOR AND  
FINANCE COMMITTEE SET THE OTHER EMPLOYEES' SALARIES BASED ON SALARY SURVEYS  
THAT THE COUNCIL ON FOUNDATIONS CONDUCTS AND RELATES IT TO OTHER  
INDIVIDUALS HOLDING SIMILAR POSITIONS IN SIMILAR AGENCIES.

FORM 990, PART VI, SECTION C, LINE 19: ASSOCIATED GRANT MAKERS, INC. USES  
ITS WEBSITE TO PUBLICIZE ITS MISSION STATEMENT, LISTS ITS BOARD MEMBERS, AS  
WELL AS ITS PROGRAM AND ANNUAL REPORTS. OTHER ORGANIZATIONAL DOCUMENTS,  
INCLUDING 990'S, ARE AVAILABLE UPON A WRITTEN REQUEST. THE ORGANIZATIONAL  
990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.COM AND ON ASSOCIATED GRANT MAKERS'  
WEBSITE.

FORM 990, PART XII, LINE 2C: ASSOCIATED GRANT MAKERS HAS NOT CHANGED  
THEIR OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <b>ASSOCIATED GRANT MAKERS, INC.</b>	Employer identification number (EIN) or <b>04-2457605</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>55 COURT STREET, NO. 520</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BOSTON, MA 02108</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ANN GARCHINSKY, DIR OF FINANCE & AD**

• The books are in the care of  **55 COURT STREET - BOSTON, MA 02108**  
Telephone No.  **(617) 426-2606** FAX No.  **000-000-0000**

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2013.**

5 For calendar year **2012**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**INFORMATION NEEDED TO FILE A RETURN IS NOT YET AVAILABLE.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date