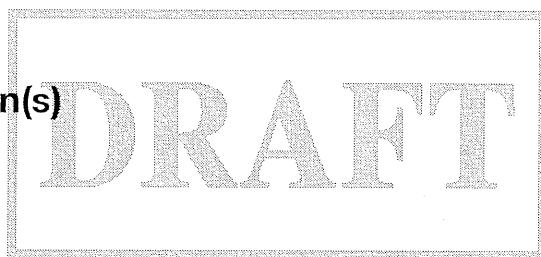


2010 Tax Return(s)



Prepared for

BCLF VENTURES, INC.
CLIENT CODE: 27099D

Account Number
Release Number

715045
2010.04020

Prepared by

ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBOROUGH, MA
01581

508-366-9100

Processing

Date: 09/15/2011
Time: 11:16:40

**Special
Instructions**

Messages

Return Information

CAUTION

- Massachusetts. Federal Form 990, Page 7, Part VII contains employee compensation. This information will be included on Form PC, Page 2, Line 6, when present on the corresponding field on the Federal Return Type 990 worksheet, List of Officers, Directors, Trustees, Key Employees section for the applicable employee. (24858)
- Massachusetts. Form PC. Page 2, Line 4. This question has been answered "Yes" on, the corresponding field on the Form PC worksheet, Form PC General Information Continued therefore Schedule RO must be completed. (24504)
- Massachusetts. Form PC, Page 2, Line 5. The Summary of Financial Information must be completed in its entirety whether or not a similar question has been answered on the attached federal form. You must use your completed federal IRS form to answer question five. Even if you are not required to file an informational return with the IRS, you must still complete one and submit it with Form PC. This information can be entered on the corresponding field on the Massachusetts Form PC worksheet, Summary of Financial Data section. (24505)
- Massachusetts. Form PC, Page 2, Line 6. This question must be answered whether or not a question regarding employee compensation is answered on the federal return. This information can be entered on Massachusetts the corresponding field on the Massachusetts Form PC worksheet, Five Highest Paid Employees' Information section. (24506)
- Massachusetts. No apportionment data has been entered, therefore a 100 percent apportionment factor has been assumed. (24523)
- Massachusetts. Form PC, Page 2, Line 5B. The organization's "gross support and revenue" is greater than \$500,000, audited financial statements, prepared by an independent CPA in accordance with generally accepted accounting principles (GAAP), must be submitted with Form PC. The financial statement should be a final versions, not drafts and be unbound. Organizations exempt from this requirement are private foundations that file 990-PF with the IRS, trusts filing probate accounts, and trusts audited by certain state and federal agencies. (24512)
- Massachusetts. Schedule RO. This schedule must be completed if the organization solicits funds from the public. To obtain a certificate for solicitation, there must be two signatures on Form PC, Page 12 and one signature on Form PC, Page 7. (24514)

Return Information

- Form 990-T, Page 1. No entry has been made on the Form 990-T worksheet, General Information section, Book value of assets at EOY field. The amount from Form 990, Page 11, line 16 has been used. If necessary, an entry on the Form 990-T worksheet, General Information section, Book value of assets at EOY field, may be used to override this amount. (20037)
- Massachusetts. Form UBIT-ES has not been produced since the Massachusetts tax liability is less than \$1000. If an estimate is desired, enter a code 2 or a code 4 on Massachusetts the corresponding field on the Massachusetts Form 990-T worksheet, Estimate Preparation section. (24521)

INFORMATIONAL

- Form 990. Page 1. The preparer's PTIN and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer PTIN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)
- Form 990. Page 8, Part VII, line 2. The total number (3) of individuals who received more than \$100,000 in reportable compensation from the organization has been calculated from the entries on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section. This should be reviewed. If there were any individuals who received more than \$100,000 in reportable compensation from the organization that were not included on the Form 990 worksheet, List of Officers, Directors, Trustees, Key Employees, etc., section, this calculated number will be incorrect. An entry may be made on the Form 990 worksheet, Other Compensation Information section to override this item. (33424)
- Schedule D (Form 990). Page 4. Parts XII and XIII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section to suppress the preparation of Schedule D, Parts XII and XIII. (30037)
- Schedule D (Form 990). Page 4. Part XI is not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on the Schedule D worksheet, Reconciliation of Revenue and Expenses section, Suppress reconciliation statements when not required field to suppress the preparation of Schedule D, Part XI. (30414)

Return Information

- Form 990-T, Page 2, Part V, line 1. The question regarding a financial account in a foreign country has defaulted to an answer of "No." This should be reviewed to determine if this is the correct response. If instead this question should be answered as "Yes," make an entry on the Form 990-T worksheet, General Information section and recalculate the return. (31009)
- Electronic Filing. The following EFIN 041989 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)
- Electronic Filing. The following Name Control BCLF has been computed and is being used to electronically file Form 990 for BCLF Ventures, Inc.. This Name Control is used to match the organization's Name and EIN with the IRS e-File database. If this information does not match the IRS database the return will be rejected and must be corrected before being resubmitted. The IRS help desk (800 829-4933) may be contacted to verify the information in the e-File database. If the Name Control cannot be computed correctly because the organization's name shown on Form 990 does not match the IRS database it can be overridden on the Electronic Filing worksheet, General Information section, Organization name control - override field. (37026)
- Electronic Filing. Form 990 has qualified for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-EO must be retained by the electronic return originator for three years. Please note that Form 990-T is also present and must be filed by conventional paper filing. (39495)
- Form 8868. Form 8868, Part II has been prepared to request an additional extension of time to file Form 990. Form 8868 must be filed by August 15, 2011.

If Form 8868 is NOT being filed electronically.

Mail Form 8868 to: Internal Revenue Service Center
Ogden, UT 84201-0045

Note that specific extension filing instructions may be prepared by making the appropriate entry on the Letters and Filing Instructions worksheet, Filing Instructions and Cover Letter section, Extension filing instructions field and/or the Letters and Filing Instructions worksheet, Transmittal Letter section, Extension transmittal letter field. (30124)

Return Information

Form 990. Page 9, Part VIII, line 12, Column B. The total Related or Exempt Function Revenue amount on Part VIII, line 12, Column B does not match the corresponding amounts on Form 990, Page 2, Part III. This should be reviewed. (33422)

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27099D

Field Override Report

09/15/11

Form	Description	Amount\Text
M-7004	d1 - 03/02/11 11:21AM	0 DRAFT

27099D

Input Override Report

09/15/11

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Prior Year Revenue

Total revenue - O/R..... 2,304,453

Section: Prior Year Expenses

Revenue less expenses - O/R..... 1,333,809

DRAFT

2010 Return Summary

BCLF VENTURES, INC.

04-3246552

FORM 990:

TOTAL REVENUE	3,540,659.
TOTAL EXPENSES	1,356,253.
EXCESS <DEFICIT>	2,184,406.
BEGINNING NET ASSETS	2,274,460.
CHANGES IN NET ASSETS	0.
ENDING NET ASSETS	4,458,866.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	8,379,336.
ENDING TOTAL LIABILITIES	3,920,470.
ENDING TOTAL NET ASSETS OR FUND BALANCES	4,458,866.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0.

FORM 990-T:

TAXABLE INCOME	0.
TAX	0.
TOTAL DUE <REFUND>	0.

2010 Return Summary

BCLF VENTURES, INC.

MASSACHUSETTS FORM M-990T:

TAXABLE INCOME

TAX

TOTAL DUE <REFUND>

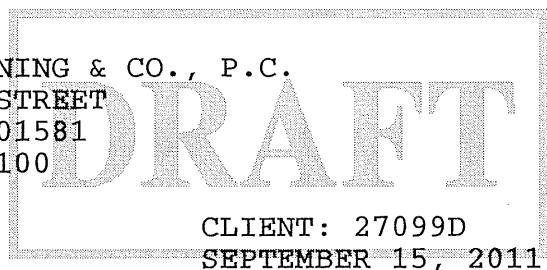
04-3246552
DRAFT

0.

0.

0.

ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBORO, MA 01581
(508) 366-9100



BCLF VENTURES, INC.
56 WARREN STREET NO. 300
BOSTON, MA 02119-3236

PROFESSIONAL SERVICES RENDERED IN THE PREPARATION OF YOUR 2010 EXEMPT ORGANIZATION TAX RETURNS, INCLUDING:

FORM 990, RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
SCHEDULE A, PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
SCHEDULE B, SCHEDULE OF CONTRIBUTORS
SCHEDULE D, SUPPLEMENTAL FINANCIAL STATEMENT
SCHEDULE J, COMPENSATION INFORMATION
SCHEDULE O, SUPPLEMENTAL INFORMATION
SCHEDULE R, RELATED ORG/UNRELATED PARTNERSHIPS
FORM 8868, APPLICATION FOR ADDITIONAL FILING EXTENSION
FORM 8879-EO, E-FILE SIGNATURE AUTHORIZATION
FORM 990-T, UNRELATED BUSINESS INCOME RETURN
MA FORM PC, FORM PC
MA M-990T, UNRELATED BUSINESS INCOME TAX RETURN
MA M-990T-7004, UNRELATED BUSINESS INCOME TAX EXT WKS

TAX PREPARATION FEE

ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBORO, MA 01581
(508) 366-9100

DRAFT

SEPTEMBER 13, 2011

BCLF VENTURES, INC.
56 WARREN STREET NO. 300
BOSTON, MA 02119-3236

DEAR ELYSE:

ENCLOSED ARE THE ORGANIZATION'S 2010 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURNS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2011.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2011.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

MASSACHUSETTS FORM PC RETURN:

MAIL TO - NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIV
OFFICE OF THE ATTORNEY GENERAL
ONE ASHBURTON PLACE
BOSTON, MA 02108

PLEASE SIGN AND MAIL FORM PC AS SOON AS POSSIBLE.

ENCLOSE A CHECK FOR \$500 MADE PAYABLE TO COMMONWEALTH OF MASSACHUSETTS.

INCLUDE THE ORGANIZATION'S MASSACHUSETTS ATTORNEY GENERAL
SIX-DIGIT ACCOUNT NUMBER AND "2010 FORM PC" ON THE
REMITTANCE. ALSO INCLUDE THE ORGANIZATION'S FISCAL YEAR END
DATE IN THIS FORMAT (12/10).

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FORM PC MUST BE SIGNED AND DATED BY THE AUTHORIZED
INDIVIDUAL(S). ALSO BE SURE THAT ALL THE NECESSARY
ATTACHMENTS ARE INCLUDED WITH FORM PC BEFORE FILING.

MASSACHUSETTS FORM M-990T RETURN:

MAIL TO - MASS. DEPARTMENT OF REVENUE
PO BOX 7067
BOSTON, MA 02204

PLEASE SIGN AND MAIL FORM M-990T ON OR BEFORE NOVEMBER 15,
2011.

NO PAYMENT IS REQUIRED.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

THOMAS A. WASHBURN, C.P.A.

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)

OMB No. 1545-0047

2010

Open to Public
Inspection

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

A For the 2010 calendar year, or tax year beginning

and ending

B Check if applicable:	C Name of organization BCLF VENTURES, INC.		D Employer identification number 04-3246552
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (617) 427-8600
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) 56 WARREN STREET		
<input type="checkbox"/> Initial return	Room/suite 300		G Gross receipts \$ 3,540,659.
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 BOSTON, MA 02119-3236		
<input type="checkbox"/> Amended return	F Name and address of principal officer: ELYSE CHERRY 56 WARREN ST, BOSTON, MA 02119		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending	I Tax-exempt status: <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		
J Website: ► WWW.BOSTONCOMMUNITYCAPITAL.ORG		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		H(c) Group exemption number ►	
		L Year of formation: 1994 M State of legal domicile: MA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: COMMUNITY VENTURE CAPITAL		
	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) 3		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5		
	6 Total number of volunteers (estimate if necessary) 6		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a		
b Net unrelated business taxable income from Form 990-T, line 34 7b			
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,040,000.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 707,546.	1,074,848.	1,173,186.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0.	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 556,907.	1,292,625.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,304,453.	3,540,659.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 738,744.	1,003,759.	
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	231,900.	352,494.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 970,644.	1,356,253.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,333,809.	2,184,406.		
19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16) 6,051,685.	8,379,336.		
21 Total liabilities (Part X, line 26) 3,777,225.	3,920,470.		
22 Net assets or fund balances. Subtract line 21 from line 20 2,274,460.	4,458,866.		

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.

Sign Here	► Signature of officer	Date			
	► ELYSE CHERRY, CEO				
Type or print name and title					
Paid Preparer	Print/Type preparer's name THOMAS A. WASHBURN, C.P.	Preparer's signature THOMAS A. WASHBURN, 09/13/11	Date 09/13/11	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C.	Firm's EIN ►			
Use Only	Firm's address ► 21 EAST MAIN STREET WESTBOROUGH, 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 AccomplishmentsCheck if Schedule O contains a response to any question in this Part III

- 1 Briefly describe the organization's mission:

COMMUNITY VENTURE CAPITAL

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- 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 No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 666,292. including grants of \$ _____) (Revenue \$ 645,900)
THE ORGANIZATION MANAGES EQUITY INVESTMENT FUNDS WHICH INVEST IN BOTH EMERGING AND EXISTING BUSINESSES THAT CREATE JOBS OR PROVIDE SERVICES FOR LOW-INCOME COMMUNITIES.

4b (Code: _____) (Expenses \$ 582,027. including grants of \$ _____) (Revenue \$ 527,286)
THE ORGANIZATION'S DISREGARDED ENTITY, AURA MORTGAGE ADVISORS, ACTS AS A MORTGAGE BROKER/LENDER FOR LOW-INCOME PEOPLE AND COMMUNITIES.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

- 4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 1,248,319.

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>	1 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 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>	3 X	
4	Section 501(c)(3) organizations. 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>	4 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>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	6 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>	7 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>	8 X	
9	Did the organization report an amount in Part X, line 21; 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>	9 X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 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>	11a 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>	11b 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>	11c 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>	11d 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>	11e 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>	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a 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, XII, and XIII is optional</i>	12b X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b 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>	15 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>	16 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>	17 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>	18 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>	19 X	
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a X	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note: Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **1a** **42**
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable **1b** **0**
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? **1c**
- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** **20**
- b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2b** **X**
- Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)
- 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **3a**
- b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O **3b**
- 4a 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)? **4a** **X**
- b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. **5a** **X**
- 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? **5b** **X**
- c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? **5c**
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? **6a** **X**
- b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? **6b**
- 7 **Organizations that may receive deductible contributions under section 170(c).**
- a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? **7a**
- b If "Yes," did the organization notify the donor of the value of the goods or services provided? **7b**
- c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? **7c** **X**
- d If "Yes," indicate the number of Forms 8282 filed during the year **7d**
- e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **7e**
- f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7f**
- g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? **7g**
- h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? **7h**
- 8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? **8**
- 9 **Sponsoring organizations maintaining donor advised funds.**
- a Did the organization make any taxable distributions under section 4966? **9a**
- b Did the organization make a distribution to a donor, donor advisor, or related person? **9b**
- 10 **Section 501(c)(7) organizations.** Enter:
- a Initiation fees and capital contributions included on Part VIII, line 12 **10a**
- b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**
- 11 **Section 501(c)(12) organizations.** Enter:
- a Gross income from members or shareholders **11a**
- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**
- 12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? **12a**
- b If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**
- 13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**
- a Is the organization licensed to issue qualified health plans in more than one state? **13a**
- Note.** See the instructions for additional information the organization must report on Schedule O.
- b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**
- c Enter the amount of reserves on hand **13c**
- 14a Did the organization receive any payments for indoor tanning services during the tax year? **14a** **X**
- b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O **14b**

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 X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 11	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 8	
2	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?	2 X	
3	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?	3 X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X	
6	Does the organization have members or stockholders?	6 X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a X	
b	Each committee with authority to act on behalf of the governing body?	8b X	
9	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	9 X	

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

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

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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
E. MATTHEW GAUTIERI, CONTROLLER – 617-427-8600
56 WARREN ST, BOSTON, MA 02119-3236

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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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			
ELYSE CHERRY <u>CEO & EX-OFFICIO BOARD MEM</u>	40.00	X		X			47,271.	425,435.	14,331.
CHARLES CLARK <u>CHAIRMAN OF THE BOARD</u>	1.00	X		X			0.	0.	0.
EDWARD DUGGER III <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
PATRICIA HANRATTY <u>PRESIDENT OF AURA MORTGAGE</u>	40.00	X		X			128,332.	128,332.	18,502.
DEWITT JONES <u>EXECUTIVE VP & EX-OFFICIO</u>	40.00	X		X			0.	270,114.	22,925.
SARAH LINCOLN <u>TREASURER OF THE BOARD</u>	1.00	X		X			0.	0.	0.
MARIA MAFFEI <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
REBECCA REGAN <u>COO & EX-OFFICIO BOAR</u>	40.00	X		X			0.	240,144.	22,827.
MERCEDES TOMPKINS <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
REVEREND JAMES WALSH, S.J. <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
VICTOR R. RIVERA <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
JULIE GOULD <u>BOARD MEMBER</u>	1.00	X					0.	0.	0.
ANDREW CHEN <u>MANAGING DIR. - BCLF VENTU</u>	40.00				X		212,727.	0.	22,696.
SHARON SHEPARD <u>MANAGING DIR. - BCLF VENTU</u>	40.00				X		209,273.	0.	9,692.
E. MATTHEW GAUTIERI <u>CONTROLLER</u>	40.00				X		30,507.	154,384.	20,657.
JESSICA BROOKS <u>DIRECTOR OF DEVELOPMENT</u>	40.00				X		0.	119,374.	17,354.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(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			
1b Sub-total	►	628,110.	1,337,783.	148,984.					
c Total from continuation sheets to Part VII, Section A	►	0.	0.	0.					
d Total (add lines 1b and 1c)	►	628,110.	1,337,783.	148,984.					

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 3

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	300,000.		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	774,848.		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f		1074848.		
Program Service Revenue	2 a MANAGEMENT FEES	Business Code 900099	645,900.	645,900.	
	b LOAN FEES REIMBURSEMENT	900099	400,332.	400,332.	
	c INTEREST ON LOANS	900099	70,422.	70,422.	
	d LOAN FEES	900099	56,532.	56,532.	
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		1173186.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6 a Gross Rents	(i) Real	(ii) Personal		
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d 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			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a			
	b Less: direct expenses	b			
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances	a			
	b Less: cost of goods sold	b			
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
	11 a SHARE OF BCLF VENTURES	900099	1289917.	1289917.	
	b SHARE OF BCLF VENTURES	900099	2,708.	2,708.	
	c				
	d All other revenue				
	e Total. Add lines 11a-11d		1292625.		
	12 Total revenue. See instructions		3540659.	2465811.	0.
					0.

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	186,287.	176,414.	9,873.	
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	719,776.	681,628.	38,148.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,458.	19,374.	1,084.	
9 Other employee benefits	41,941.	39,718.	2,223.	
10 Payroll taxes	35,297.	33,437.	1,860.	
11 Fees for services (non-employees):				
a Management				
b Legal	25,250.	25,250.		
c Accounting	20,788.		20,788.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	42,629.	36,705.	5,924.	
12 Advertising and promotion	9,039.	9,039.		
13 Office expenses	20,336.	12,877.	7,459.	
14 Information technology				
15 Royalties				
16 Occupancy	28,056.	24,157.	3,899.	
17 Travel	11,608.	10,996.	612.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	637.	293.	344.	
20 Interest	72,000.	72,000.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	17,675.	16,744.	931.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a CONSULTANT	52,883.	50,097.	2,786.	
b PAYROLL SERVICE FEES	25,185.	23,858.	1,327.	
c MEMBERSHIPS	15,810.	7,135.	8,675.	
d MISCELLANEOUS	5,396.	4,646.	750.	
e STAFF DEVELOPMENT	4,182.	2,931.	1,251.	
f All other expenses	1,020.	1,020.		
25 Total functional expenses. Add lines 1 through 24f	1,356,253.	1,248,319.	107,934.	0.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	1	
	2 Savings and temporary cash investments	2	1,034,448.
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4	1,311,062.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	5	
	6 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 instructions)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	9	3,867.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments - publicly traded securities	11	
	12 Investments - other securities. See Part IV, line 11	12	
	13 Investments - program-related. See Part IV, line 11	13	6,029,959.
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	0.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16	8,379,336.
	17 Accounts payable and accrued expenses	17	11,395.
Liabilities	18 Grants payable	18	
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	87,631.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	15,000.
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities. Complete Part X of Schedule D	25	3,806,444.
	26 Total liabilities. Add lines 17 through 25	26	3,920,470.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	4,458,866.
	28 Temporarily restricted net assets	28	
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building, or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	33	4,458,866.
	34 Total liabilities and net assets/fund balances	34	8,379,336.

Part XI Reconciliation of Net AssetsCheck 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	3,540,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,356,253.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,184,406.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,274,460.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,458,866.

Part XII Financial Statements and ReportingCheck 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?	2a	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant?	2b	<input checked="" type="checkbox"/>
c	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?	2c	<input checked="" type="checkbox"/>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
	<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	3a	<input checked="" type="checkbox"/>
b	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.	3b	<input checked="" type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

Employer identification number

BCLF VENTURES, INC.

04-3246552

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.)

- | <p>1 <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</p> <p>2 <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</p> <p>3 <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</p> <p>4 <input type="checkbox"/> 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: _____</p> <p>5 <input type="checkbox"/> 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.)</p> <p>6 <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</p> <p>7 <input type="checkbox"/> 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.)</p> <p>8 <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</p> <p>9 <input checked="" type="checkbox"/> 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.)</p> <p>10 <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</p> <p>11 <input type="checkbox"/> 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.</p> | <p>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other</p> <p>e <input type="checkbox"/> 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).</p> <p>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 _____</p> <p>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</p> <p>(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? _____</p> <p>(ii) A family member of a person described in (i) above? _____</p> <p>(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____</p> <p>h Provide the following information about the supported organization(s).</p> | | | | | | | | |
|--|---|-----|----|--------|--|---------|--|----------|--|
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50%;">Yes</th> <th style="text-align: center; width: 50%;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11g(i)</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">11g(ii)</td> <td style="text-align: center;"></td> </tr> <tr> <td style="text-align: center;">11g(iii)</td> <td style="text-align: center;"></td> </tr> </tbody> </table> | | Yes | No | 11g(i) | | 11g(ii) | | 11g(iii) | |
| Yes | No | | | | | | | | |
| 11g(i) | | | | | | | | | |
| 11g(ii) | | | | | | | | | |
| 11g(iii) | | | | | | | | | |

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			DRAFT			
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2009. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. 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 stop here. 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 10% -facts-and-circumstances test - 2009. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		475,000.	400,000.	1,040,000.	1,074,848.	2,989,848.
2 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	645,900.	661,553.	658,030.	707,546.	772,101.	3,445,130.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	645,900.	1,136,553.	1,058,030.	1,747,546.	1,846,949.	6,434,978.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	110,328.	585,328.	510,328.	400,328.	410,328.	2,016,640.
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	329,171.	357,684.	366,650.	302,652.	276,663.	1,632,820.
c Add lines 7a and 7b	439,499.	943,012.	876,978.	702,980.	686,991.	3,649,460.
8 Public support (Subtract line 7c from line 6.)						2,785,518.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	645,900.	1,136,553.	1,058,030.	1,747,546.	1,846,949.	6,434,978.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,011.	11,137.				24,148.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	13,011.	11,137.				24,148.
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)	658,911.	1,147,690.	1,058,030.	1,747,546.	1,846,949.	6,459,126.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	43.13	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	-35.21	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.37	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.57	%
19a 33 1/3% support tests - 2010. 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			<input checked="" type="checkbox"/>
b 33 1/3% support tests - 2009. 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			<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			<input type="checkbox"/>

Schedule A

**Payments from Disqualified Persons
Included on Part III, Line 7a**

2010

**** Do Not File ****

Total to Schedule A,
Part III, Line 7a

110,328. 585,328. 510,328. 400,328. 410,328.

Schedule A

Excess Payments from Non-Disqualified Persons Included on Part III, Line 7b

2010

**** Do Not File ****
***** Not Open to Public Inspection *****

Total to Schedule A,
Part III, Line 7b

329,171. 357,684. 366,650. 302,652. 276,663.

Schedule A

**Identification of Excess Support Payments
Included on Part III, Line 7b, column (e)**

2010

**** Do Not File ****
***** Not Open to Public Inspection *****

Total Excess Payments to Schedule A, Part III, Line 7b, column (e)

276,663.

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

OMB No. 1545-0047

► Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

BCLF VENTURES, INC.

Employer identification number

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

BCLF VENTURES, INC.

Employer identification number

04-3246552**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BCLF MANAGED ASSETS CORPORATION 56 WARREN STREET BOSTON, MA 02119	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	COMMONWEALTH OF MASSACHUSETTS DHCD 100 CAMBRIDGE STREET SUIRE 300 BOSTON, MA 02114	\$ 24,848.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CDFI FUND 601 THIRTEENTH ST. NW SUITE 200 WASHINGTON, DC 20005	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

BCLF VENTURES, INC.

Employer identification number

04-3246552

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

BCLF VENTURES, INC.

Employer identification number

04-324652

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

BCLF VENTURES, INC.

Employer identification number

04-3246552

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
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 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?
- 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)?
- 9 In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items.
- 1b 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 XIV.

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

DRAFT

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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
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 XIV.

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 year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations	Yes	No
(ii) related organizations	3a(i)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3a(ii)	
4 Describe in Part XIV the intended uses of the organization's endowment funds.	3b	

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

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

Description of investment	(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				
d Equipment				
e Other				

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 0 .

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN BCLF		
(2) VENTURES I, LLC	3,790,738.	END-OF-YEAR MARKET VALUE
(3) INVESTMENT IN BCLF		
(4) VENTURES II, LLC	997,712.	END-OF-YEAR MARKET VALUE
(5) LOANS AND INTEREST		
(6) RECEIVABLE	1,241,509.	COST
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►	6,029,959.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	3,806,444.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► 3,806,444.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

2. FIN 48 (ASC 740)

032053

12-20-10

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,540,659.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,356,253.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,184,406.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	
9 Total adjustments (net). Add lines 4 through 8	9	0.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,184,406.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	3,540,659.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	3,540,659.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,540,659.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	1,356,253.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,356,253.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,356,253.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B: AURA MORTGAGE HOLDS CASH BALANCE OF \$87,631 IN ESCROW

FOR OUTSIDE PARTIES AS OF 12/31/10. THESE AMOUNTS ARE MAINTAINED BY

AGREEMENT WITH AURA MORTGAGE'S BORROWERS.

PART X, LINE 2: THE CORPORATION ADOPTED THE ACCOUNTING FOR UNCERTAINTY

IN INCOME TAXES STANDARD WHICH REQUIRES THE CORPORATION TO REPORT

UNCERTAIN TAX POSITIONS, RELATED INTEREST AND PENALTIES, AND TO ADJUST ITS

ASSETS AND LIABILITIES RELATED TO UNRECOGNIZED TAX BENEFITS AND ACCRUED

Part XIV Supplemental Information (continued)

INTEREST AND PENALTIES ACCORDINGLY. AS OF DECEMBER 31, 2010, THE CORPORATION DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT.

DRAFT

INFORMATION RETURNS FILED FOR THE YEARS ENDED DECEMBER 31, 2009, 2008, AND 2007, REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND MASSACHUSETTS. THE CORPORATION DOES NOT EXPECT THAT THE AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL CHANGE SIGNIFICANTLY WITHIN THE NEXT TWELVE MONTHS.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

- Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.
- Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

BCLF VENTURES, INC.

Employer identification number

04-3246552

Part I Questions Regarding Compensation

- 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,

Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel
<input type="checkbox"/> Travel for companions
<input type="checkbox"/> Tax indemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |
|---|--|

Yes No

- b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

- 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee
<input type="checkbox"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Approval by the board or compensation committee |
|---|---|

- 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment from the organization or a related organization?
 - b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

4a X

4b X

4c X

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

- 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
 - b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

5a X

5b X

- 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
 - b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

6a X

6b X

- 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7 X

- 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 X

- 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9 X

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)-(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ELYSE CHERRY	(i) 47,271.	0.	0.	0.	9,800.	453.	4,8704.
	(ii) 4,254,35.	0.	0.	0.	8,820.	4,078.	438,333.
2 PATRICIA HANRATTY	(i) 128,332.	0.	0.	0.	4,900.	4,351.	137,583.
	(ii) 128,332.	0.	0.	0.	4,900.	4,351.	137,583.
3 DEWITT JONES	(i) 270,114.	0.	0.	0.	0.	0.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 REBECCA REGAN	(i) 240,144.	0.	0.	0.	9,411.	13,416.	262,971.
	(ii) 212,727.	0.	0.	0.	8,492.	14,204.	235,423.
5 ANDREW CHEN	(i) 0.	0.	0.	0.	0.	0.	0.
6 SHARON SHEPARD	(i) 209,273.	0.	0.	0.	8,332.	1,360.	218,965.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 E. MATTHEW GAUTIERI	(i) 30,507.	0.	0.	0.	1,217.	2,191.	33,915.
	(ii) 154,384.	0.	0.	0.	6,159.	11,090.	171,633.
8	(i)						
9	(i)						
10	(i)						
11	(i)						
12	(i)						
13	(i)						
14	(i)						
15	(i)						
16	(i)						

9/15/2011
932112 12-21-10

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

2010
Open to Public
Inspection

Name of the organization

BCLF VENTURES, INC.

Employer identification number
04-3246552

FORM 990, PART VI, SECTION B, LINE 11: THE CEO, FINANCIAL CONSULTANT,

CONTROLLER, AND FINANCE COMMITTEE REVIEW THE 990 BEFORE GOING TO THE BOARD

FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONTROLLER AND INFRASTRUCTURE
MANAGER REVIEW THE ANNUAL SIGNED CONFLICT OF INTEREST POLICIES FOR ANY
CONFLICTS TO BE DISCLOSED TO THE BOARD. IF CONFLICTS ARISE, THEY ARE
ADDRESSED ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 15: EVERY FEW YEARS, A SALARY SURVEY OF
THE INDUSTRY IS PERFORMED TO ENSURE THAT THE ORGANIZATION'S SALARY EXPENSES
ARE REASONABLE. THE EXECUTIVE COMMITTEE OF THE BOARD MEETS TO SET THE
SALARY RANGES FOR ALL POSITIONS AND TO APPROVE THE CEO'S COMPENSATION FOR
THE YEAR. THE EXECUTIVE COMMITTEE KEEPS MINUTES OF EACH MEETING.

FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE
AVAILABLE ON THE ORGANIZATION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICT
OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART V, LINE 2A

BOSTON COMMUNITY CAPITAL, INC. (BCC) (SEE SCHEDULE R) IS A RELATED
ORGANIZATION OF BCLF VENTURES, INC. ALL EMPLOYEES OF BCC AND ITS

Name of the organization

BCLF VENTURES, INC.

Employer identification number
04-3246552

AFFILIATES ARE HANDLED THROUGH ONE PAYROLL PROVIDER AND THEIR TIME IS
INTERNALLLY ALLOCATED TO THE VARIOUS ENTITIES BASED UPON MANAGEMENT'S
ESTIMATE. THE TOTAL NUMBER OF EMPLOYEES REPORTED ON FORM W-3 FOR ALL
ENTITIES IS 20.

Name of the organization

BCLF VENTURES, INC.

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
- Attach to Form 990.
- See separate instructions.

Employer identification number
04-3246552

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AURA MORTGAGE ADVISORS, LLC - 20-5460472 56 WARREN STREET BOSTON, MA 02119	MORTGAGE BROKER/LENDER FOR LOW-INCOME PEOPLE & COMMUNITIES	MASSACHUSETTS	126,954.	2,270,802	BCLF VENTURES, INC.

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
BOSTON COMMUNITY CAPITAL, INC. - 04-3246555 56 WARREN ST. BOSTON, MA 02119	HOLDING COMPANY FOR AFFILIATES THAT PROVIDE CAPITAL AND COMMUNITY	MASSACHUSETTS	3	N/A	DRA	X
BCLF MANAGED ASSETS CORP. - 04-3246547 56 WARREN ST. BOSTON, MA 02119	DEVELOPS NEW BUSINESS INITIATIVES AND FUNDING VEHICLES FOR LOW-INCOME	MASSACHUSETTS	3	PF	N/A	X
NSP RESIDENTIAL, LLC (A DISREGARDED ENTITY OF BOSTON COMMUNITY CAPITAL, INC.), 56 WARREN ST., BOSTON, MA 02119	TO COMBAT COMMUNITY DETERIORATION IN LOW-INCOME AREAS.	MASSACHUSETTS	N/A	N/A	PE	X
9 BOSTON COMMUNITY LOAN FUND, INC. - 152-2593378, 56 WARREN ST., BOSTON, MA 02119	COMMUNITY LENDING	MASSACHUSETTS	3	N/A	PE	X

Schedule R (Form 990) 2010

art III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a,r)	(c) Amount involved	(d) Method of determining amount involved
(1) BOSTON COMMUNITY LOAN FUND, INC.	E	2,300,000. FAIR VALUE	FAIR
(2) BOSTON COMMUNITY CAPITAL, INC.	E	100,000. FAIR VALUE	FAIR
(3) BOSTON COMMUNITY LOAN FUND, INC.	N	1,232,515. FAIR VALUE	FAIR
(4) BOSTON COMMUNITY CAPITAL, INC.	N	610,152. FAIR VALUE	FAIR
(5) BCLF MANAGED ASSETS CORPORATION	N	485,367. FAIR VALUE	FAIR
(6) BOSTON COMMUNITY LOAN FUND, INC.	M	167,814. FAIR VALUE	FAIR

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved	(d) Method of determining amount involved
(7) BCLF MANAGED ASSETS CORPORATION	C	300,000.	FAIR VALUE
(8) BCLF VENTURES I, LLC	K	150,900.	FAIR VALUE
(9) BCLF VENTURES II, LLC	K	495,000.	FAIR VALUE
(10) BOSTON COMMUNITY CAPITAL, INC.	C	1,000,000.	FAIR VALUE
(11) BCLF VENTURES III, LLC	D	1,140,384.	FAIR VALUE
(12) BCLF VENTURES I, LLC	D	150,900.	FAIR VALUE
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
9/15/2011 (24)			

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part VI, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets Yes No	(f) Dispropor- tionate allocations? Yes No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Yes No	(h) General or managing partner? Yes No
DRAFT							

Schedule R (Form 990) 2010

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

DRAFT

(This section contains 20 lines for supplemental information.)

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

OMB No. 1545-0687

2010Open to Public Inspection for
501(c)(3) Organizations Only

For calendar year 2010 or other tax year beginning _____, and ending _____

A Check box if address changed

B Exempt under section

 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)Print
or
TypeName of organization (Check box if name changed and see instructions.)**BCLF VENTURES, INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

56 WARREN STREET, NO. 300

City or town, state, and ZIP code

BOSTON, MA 02119-3236D Employer identification number
(Employees' trust, see instructions.)**04-3246552**E Unrelated business activity codes
(See instructions.)

C Book value of all assets at end of year

8,379,336.

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Describe the organization's primary unrelated business activity. ► **NONE**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **E. MATTHEW GAUTIERI, CONTROLLER** Telephone number ► **617-427-8600****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances	c Balance		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12.	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages	15
16 Repairs and maintenance	16
17 Bad debts	17
18 Interest (attach schedule)	18
19 Taxes and licenses	19
20 Charitable contributions (See instructions for limitation rules.)	20
21 Depreciation (attach Form 4562)	21
22 Less depreciation claimed on Schedule A and elsewhere on return	22a
23 Depletion	23
24 Contributions to deferred compensation plans	24
25 Employee benefit programs	25
26 Excess exempt expenses (Schedule I)	26
27 Excess readership costs (Schedule J)	27
28 Other deductions (attach schedule)	28
29 Total deductions. Add lines 14 through 28	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31 Net operating loss deduction (limited to the amount on line 30)	31
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	1,000.
	34
	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.

Controlled group members (sections 1561 and 1563) check here ► See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) (2) (3) b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) c Income tax on the amount on line 34

36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:

 Tax rate schedule or Schedule D (Form 1041) 37 Proxy tax. See instructions 38 Alternative minimum tax 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

DRAFT

35c	0.
36	
37	
38	
39	0.

Part IV Tax and Payments40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

40a

b Other credits (see instructions)

40b

c General business credit. Attach Form 3800

40c

d Credit for prior year minimum tax (attach Form 8801 or 8827)

40d

e Total credits. Add lines 40a through 40d

40e	
41	0.
42	
43	0.

41 Subtract line 40e from line 39

41

42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)

42

43 Total tax. Add lines 41 and 42

43

44a Payments: A 2009 overpayment credited to 2010

44a

b 2010 estimated tax payments

44b

c Tax deposited with Form 8868

44c

d Foreign organizations: Tax paid or withheld at source (see instructions)

44d

e Backup withholding (see instructions)

44e

f Credit for small employer health insurance premiums (Attach Form 8941)

44f

g Other credits and payments: Form 2439

44g

 Form 4136 Other Total ► 45 Total payments. Add lines 44a through 44g

45	
46	

46 Estimated tax penalty (see instructions). Check if Form 2220 is attached ►

46	
47	0.

47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed

47	
48	0.

48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid

48	
49	0.

49 Enter the amount of line 48 you want Credited to 2011 estimated tax ► Refunded ►

49	
----	--

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1	At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► <input type="text"/>		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. <input type="text"/>		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ <input type="text"/>		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A

1 Inventory at beginning of year	1 <input type="text"/>	6 Inventory at end of year	6 <input type="text"/>
2 Purchases	2 <input type="text"/>	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7 <input type="text"/>
3 Cost of labor	3 <input type="text"/>	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a Additional section 263A costs	4a <input type="text"/>		
b Other costs (attach schedule)	4b <input type="text"/>		
5 Total. Add lines 1 through 4b	5 <input type="text"/>		X

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Date Title CEO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name THOMAS A. WASHBURN, C.P.A.	Preparer's signature THOMAS A. WASHBUR	Date 09/13/11	Check <input type="checkbox"/> if self-employed	PTIN P00537319
	Firm's name ► ALEXANDER, ARONSON, FINNING & CO., P.C.			Firm's EIN ►	04-2571780
	21 EAST MAIN STREET				
	Firm's address ► WESTBOROUGH, MA 01581			Phone no.	508-366-9100

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

DRAFT

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)	►	0.
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8			►	0.
				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			►	0.
				0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).	0.	Enter here and on page 1, Part I, line 9, column (B).

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).	0.	0.		Enter here and on page 1, Part II, line 26.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

- 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).	
Type or print	Name of exempt organization BCLF VENTURES, INC.	Employer identification number 04-3246552
File by the extended due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 56 WARREN STREET, NO. 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02119-3236	

Enter the Return code for the return that this application is for (file a separate application for each return) **0 1**

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

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

E. MATTHEW GAUTIERI, CONTROLLER

- The books are in the care of ► **56 WARREN ST - BOSTON, MA 02119-3236**
- Telephone No. ► **617-427-8600** FAX No. ►
- 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, 2011**.

5 For calendar year **2010**, 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.

8a	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.	8a	\$	0.
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.	8b	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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 ► **CEO**

Date ►

Form 8868 (Rev. 1-2011)

***** THIS IS NOT A FILEABLE COPY *****

Form 8879-EO

Department of the Treasury
Internal Revenue Service

Name of exempt organization

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 2010

- Do not send to the IRS. Keep for your records.
► See instructions.

2010

Employer identification number

DRA
04-3246552

BCLF VENTURES, INC.

Name and title of officer

ELYSE CHERRY
CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than 1 line in Part I.

- 1a Form 990 check here ► b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 3540659
2a Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9) 2b _____
3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22) 3b _____
4a Form 990-PF check here ► b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b _____
5a Form 8868 check here ► b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize ALEXANDER, ARONSON, FINNING & CO., P.C. to enter my PIN 27099
ERO firm name Enter five numbers, but
do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► **** THIS IS NOT A FILEABLE COPY **** Date ► _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

04198955555
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► _____ Date ► 09/13/11

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

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

Office Use Only: Fiscal Year

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

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Form PC

Report for the Fiscal Period: 01/01/10 to 12/31/10

Attorney General's Account #: 479583

Federal ID #: 04-3246552

When did the organization first engage in charitable work in Massachusetts?

09/21/1994

Has the organization applied for or been granted IRS tax exempt status?

Yes No

Check all items attached (if applicable)

- Schedule A-1
- Schedule A-2
- Schedule RO
- Probate Account
- Copy of IRS Return
- Audited Financial Statements/Review
- Filing Fee
- Amended Articles/By-Laws

If yes, date of application OR date of determination letter:

06/07/96

IRS Exemption under 501(c):

3

If exempt under 501(c), are contributions to the organization tax deductible as charitable contributions?

Yes No

Organization Data

Name: BCLF VENTURES, INC.

Mailing Address: 56 WARREN STREET, NO. 300

City: BOSTON State: MA ZIP: 02119-3236

Phone Number: (617) 427-8600 Fax Number: (617)-427-9300

Email: EMGAUTIERI@BOSTONCOMMUNITYCAPITAL Website: WWW.BOSTONCOMMUNITYCAPI

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.

Enter up to 2 codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	13	Organization Purpose Code 1	30
Type of Organization (Table 2)	19	Organization Purpose Code 2	

Please check box if final return prior to dissolution:

Office Use Only: Payment Received

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

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1. On what date was the organization created? 09/21/1994

2. Where was the organization created? MA

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

Corporation	<input checked="" type="checkbox"/>
Unincorporated Association	<input type="checkbox"/>

Testamentary Trust	<input type="checkbox"/>
Inter Vivos Trust	<input type="checkbox"/>

Other (please describe): _____

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

5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	1,074,848
B.	Gross support and revenue	3,540,659
C.	Program services and similar amounts paid out	1,248,319
D.	Fundraising expenses	0
E.	Management and general expenses	107,934
F.	Payments to affiliates	0
G.	Total expenses	1,356,253
H.	Net assets or fund balances at the end of the year	4,458,866

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

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	SEE SUPPLEMENTAL STATEMENT 1				
2.					
3.					
4.					
5.					

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

BCLF VENTURES, INC.

04-3246552

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

Name/Title	Amount of Compensation	Type(s) of Service
1. LISA W. ZAPPALA	32,356	FINANCIAL CONSULTING
2. ALEXANDER, ARONSON, FINNING &	20,391	AUDIT AND TAX
3. THRIVE NETWORKS	19,320	TECHNOLOGY CONSULTING
4. KIRKWOOD PRINTING	10,374	PRINTING
5. JED STRUM	4,000	RESEARCH

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

Bank	Address	Phone Number
SEE STATEMENT 1		

10. What is the organization's accounting method? Cash Accrual

Other (specify): _____

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

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: E. MATTHEW GAUTIERI

Street Address: 56 WARREN STREET

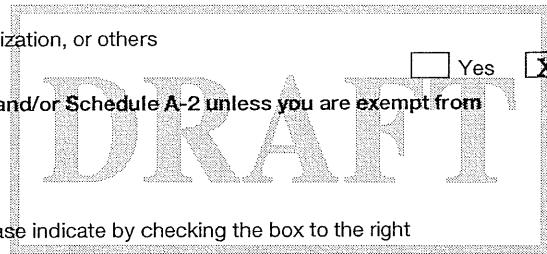
City: BOSTON State: MA ZIP Code: 02119

Phone Number: 617-427-8600

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

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

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



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

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

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

STATEMENT 2

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

STATEMENT 3

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

STATEMENT 4

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

Yes No

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

FORM PC	BANK IN WHICH FUNDS ARE DEPOSITED	STATEMENT	1
BANK		PHONE NUMBER	
CENTURY BANK		617-578-9250	
ADDRESS			
710 ALBANY STREET BOSTON, MA 02118			
BANK		PHONE NUMBER	
CITIZENS BANK		617-445-2330	
ADDRESS			
2343 WASHINGTON STREET ROXBURY, MA 02119			
BANK		PHONE NUMBER	
EASTERN BANK		617-478-4000	
ADDRESS			
53 FRANKLIN STREET BOSTON, MA 02110			
BANK		PHONE NUMBER	
BANK OF AMERICA		617-445-6548	
ADDRESS			
1104 MASSACHUSETTS AVE BOSTON, MA 02110			

FORM PC	NAME, ADDRESS, PHONE OF OTHER OFFICES	STATEMENT	2
NAME		PHONE NUMBER	
SEE SUPPLEMENTAL STATEMENT #1			
ADDRESS		DRAFT	
FORM PC	OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES	STATEMENT	3
NAME AND ADDRESS		TITLE	
CHARLES CLARK 56 WARREN ST BOSTON , MA 02119		CHAIRMAN OF THE BOARD	
NAME AND ADDRESS		TITLE	
ELYSE CHERRY 56 WARREN ST BOSTON , MA 02119		CEO & EX-OFFICIO	
NAME AND ADDRESS		TITLE	
EDWARD DUGGAR III 56 WARREN ST BOSTON , MA 02119		BOARD MEMBER	
NAME AND ADDRESS		TITLE	
JULIE GOULD 56 WARREN ST BOSTON , MA 02119		BOARD MEMBER	
NAME AND ADDRESS		TITLE	
DEWITT JONES 56 WARREN ST BOSTON , MA 02119		EXECUTIVE VP & EX-OFFICIO	
NAME AND ADDRESS		TITLE	
SARAH C. LINCOLN 56 WARREN ST BOSTON , MA 02119		TREASURER OF THE BOARD	

JAME AND ADDRESS

MARIA MAFFEI
56 WARREN ST
BOSTON , MA 02119

JAME AND ADDRESS

REBECCA REGAN
56 WARREN ST
BOSTON , MA 02119

JAME AND ADDRESS

VICTOR R. RIVERA
56 WARREN ST
BOSTON , MA 02119

JAME AND ADDRESS

REV. JAMES WALSH, S.J
56 WARREN ST
BOSTON , MA 02119

JAME AND ADDRESS

MERCEDES TOMPKINS
56 WARREN ST
BOSTON , MA 02119

TITLE

BOARD MEMBER

DRAFT

COO & EX-OFFICIO

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

TITLE

BOARD MEMBER

FORM PC

PAGE 4 LINE 18

STATEMENT

4

NAME

E. MATTHEW GAUTIERI

AREA OF RESPONSIBILITY

RESPONSIBLE FOR CUSTODY OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

ELYSE D. CHERRY

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

DEWITT JONES

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

REBECCA REGAN

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

JESSICA BROOKS

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

E. MATTHEW GAUTIERI

AREA OF RESPONSIBILITY

RESPONSIBLE FOR DISTRIBUTION OF FUNDS

ADDRESS

56 WARREN ST BOSTON, MA 02119

BCLF VENTURES, INC.

04-3246552

NAME

ELYSE D. CHERRY

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

DRAFT

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

NAME

DEWITT JONES

ADDRESS

56 WARREN ST BOSTON, MA 02119

NAME

REBECCA REGAN

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

RESPONSIBLE FOR FUNDRAISING

NAME

J. MATTHEW GAUTIERI

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

CUSTODY OF FINANCIAL RECORDS

NAME

J. MATTHEW GAUTIERI

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

NAME

ELYSE D. CHERRY

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

NAME

DEWITT JONES

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

BCLF VENTURES, INC.

04-3246552

NAME

REBECCA REGAN

ADDRESS

56 WARREN ST BOSTON, MA 02119

AREA OF RESPONSIBILITY

AUTHORIZED TO SIGN CHECKS

DRAFT

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

If yes, please attach an explanation.

- (a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? Yes No
- (b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? Yes No
- (c) Been the subject of a proceeding regarding any solicitation or registration? Yes No
- (d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? Yes No

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

If yes, please attach an explanation.

Yes No

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

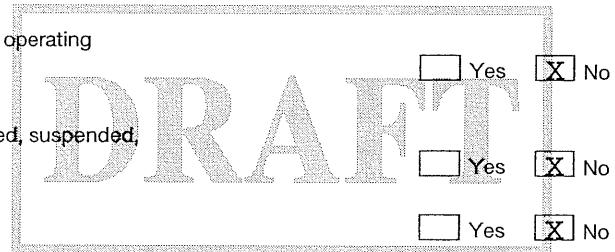
If yes, please attach an explanation.

Yes No

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

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

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



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

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

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

STATEMENT 5

FORM PC

PAGE 6 LINE 24

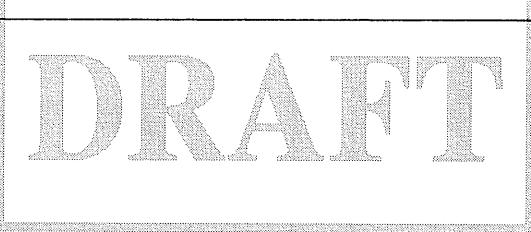
STATEMENT

5

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS



NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

BCLF VENTURES, INC.

04-3246552

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

DRAFT

AMOUNT INVOLVED

PROCEDURE FOLLOWED

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

BCLF VENTURES, INC.

04-3246552

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

DRAFT

AMOUNT INVOLVED

PROCEDURE FOLLOWED

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

BCLF VENTURES, INC.

04-3246552

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

DRAFT

AMOUNT INVOLVED

PROCEDURE FOLLOWED

NAME

SEE SUPPLEMENTAL STATEMENT #2

ADDRESS

NATURE OF TRANSACTION

AMOUNT INVOLVED

PROCEDURE FOLLOWED

DRAFT

Signature Required

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

Signature: _____ Date: _____

Printed Name: _____

Title: CEO _____

Name of Preparer: ALEXANDER, ARONSON, FINNING & CO., P.C.

Address 21 EAST MAIN STREET

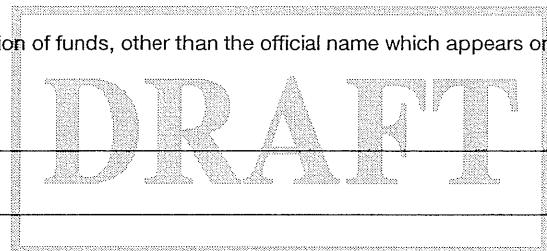
City WESTBOROUGH State MA ZIP Code 01581

Phone Number 508-366-9100

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

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

N/A



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

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

Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

BCLF VENTURES, INC.

04-3246552

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

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

BOARD OF DIRECTORS

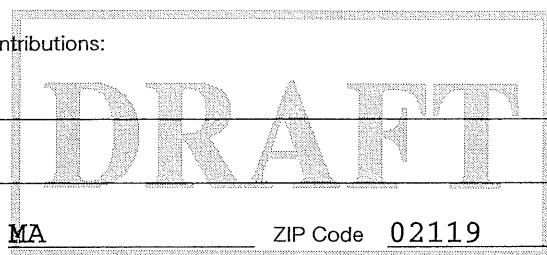
Name and Title: _____

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119



Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

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

BOARD OF DIRECTORS

Name and Title: _____

Address 56 WARREN STREET

City BOSTON State MA ZIP Code 02119

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

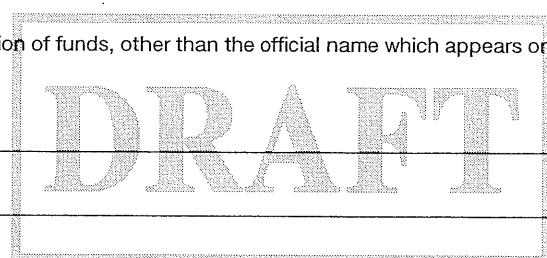
Address _____

City _____ State _____ ZIP Code _____

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

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

N/A



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

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

Other (specify): _____

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

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

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

BCLF VENTURES, INC.

04-3246552

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

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

BOARD OF DIRECTORS

Name and Title: _____

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119

DRAFT

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

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

BOARD OF DIRECTORS

Name and Title: _____

Address 56 WARREN STREET

City BOSTON

State MA

ZIP Code 02119

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Name and Title: _____

Address _____

City _____

State _____

ZIP Code _____

Certification by Organization

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

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

Signature: _____

Date: _____

Print Name: _____

Title: CEO _____

DRAFT

Signature: _____

Date: _____

Print Name: _____

Title: _____

Schedule RO

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

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

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

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

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

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

Schedule RO ctd.

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

Name: SEE SUPPLEMENTAL STMT #1		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Yes No

Form M-990T-7004
Unrelated Business Income Tax
Extension Worksheet

Massachusetts
 Department of
 Revenue

Tentative Return

- | | |
|--|---|
| 1 Estimated amount of tax for the taxable year | 1 |
| 2 Advance and/or estimated payments made (if any) | 2 |
| 3 Tax due with this application. Subtract line 2 from line 1 | 3 |

Payment in full of the tax due must be made with the extension request for it to be considered valid. If at least 50% of the tax due for the taxable year is not paid, the extension is null and void. Penalties for a late return will be assessed from the original due date of the return.

DRAFT

078041 11-01-10

DETACH HERE

Form M-990T-7004		Application for UBIT Extension - 2010	Massachusetts Department of Revenue
Federal Identification number	Is the corporation incorporated in Massachusetts?		Period end date
04-3246552	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12/31/10
Business name	Amount enclosed		
BCLF VENTURES, INC.	Type of extension being applied for		
Mailing address	City/Town	State ZIP	
56 WARREN STREET	BOSTON	MA 02119-3236	
Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.			
Signature of officer or agent	Signature of paid preparer		Date
ELYSE CHERRY	THOMAS A. WASHBURN, C.P.A.		09/13/11
Employer Identification number of paid preparer	Social Security number or PTIN of paid preparer		
04-2571780	P00537319		

Form M-990T
Unrelated Business
Income Tax Return

2010

Massachusetts
 Department of
 Revenue

078031 12-29-10

For calendar year 2010 or taxable year beginning

2010 and ending

Name of company

BCLF VENTURES, INC.

Federal Identification number

04-3246552

Mailing address

56 WARREN STREET, NO. 300

City/Town

BOSTON

State

MA

ZIP

02119-3236

Name of treasurer

SARAH LINCOLN

Is a Taxpayer Disclosure Statement enclosed?

► Yes No**Excise Calculation**

		Use whole dollar method
1	Unrelated business taxable income (from U.S. Form 990T, line 34)	► 1
2	Foreign, state or local income, franchise, excise or capital stock taxes deducted from U.S. net income	► 2
3	Section 168(k) "bonus" depreciation adjustment	► 3
4	Section 31I and 31K intangible expense add back adjustment	► 4
5	Federal NOL add back adjustment (from U.S. Form 990T, line 31)	► 5
6	Loss carryover deduction (from Schedule E-2)	► 6
7	Section 31J and 31K interest expense add back adjustment	► 7
8	Federal production activity add back adjustment	► 8
9	Abandoned building renovation deduction Total cost ► \$ _____ X .10	► 9
10	Other adjustments, including research and development expenses (enclose explanation)	► 10
11	Income subject to apportionment. See instructions	11
12	Income apportionment percentage (from Schedule F, line 5 or 1.0, whichever applies)	► 12 1.000000
13	Multiply line 11 by line 12	13
14	Income not subject to apportionment	► 14
15	Add lines 13 and 14	15
16	Certified Massachusetts solar or wind power deduction	► 16
17	Taxable income. Subtract line 16 from line 15	17
18	Multiply line 17 by .0875	18
19	Credit recapture (enclose Schedule(s) H and/or H-2) and/or additional tax on installment sales. See instructions	► 19
20	Excise due before credits. Add lines 18 and 19	20

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

21	Economic Opportunity Area Credit (from Schedule EOAC)	► 21
22	Economic Development Incentive Program Credit. Certificate number ► _____	► 22
23	Investment Tax Credit (from Schedule H)	► 23
24	Vanpool Credit (from Schedule VP)	► 24
25	Research Credit (from Schedule RC)	► 25
26	Harbor Maintenance Tax Credit (from Schedule HM, line 21)	► 26
27	Brownfields Credit. Certificate number ► _____	► 27
28	Low-Income Housing Credit. Building identification number ► _____	► 28
29	Historic Rehabilitation Credit. Certificate number ► _____	► 29
30	Film Incentive Credit. Certificate number ► _____	► 30
31	Medical Device Credit. Certificate number ► _____	► 31
32	Life Science Company Investment Tax Credit under section 38U	► 32
33	Life Science Company FDA User Fee Credit under section 31M	► 33
34	Life Science Company Research and Development Credit under section 38W	► 34
35	Total credits. Add lines 21 through 34	35

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.
 Signature of appropriate corporate officer (see instructions) Social Security number Telephone number Date

Signature of paid preparer Employer Identification number Address Date

THOMAS A. WASHBURN, C.P.A 04-2571780 **21 EAST MAIN STRE**
WESTBOROUGH, MA 0 09/13/11

If you are signing as an authorized delegate of the appropriate corporate officer, check here and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.
9/15/2011

Excise After Credits

36 Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0"	36	0 .
37 Voluntary contribution for endangered wildlife conservation	► 37	
38 Total excise plus voluntary contribution. Add lines 36 and 37	► 38	0 .

Payments

39 2009 overpayment applied to 2010 estimated tax	► 39	
40 2010 Massachusetts estimated tax payments (do not include amount in line 39)	► 40	
41 Payment made with extension	► 41	
42 Pass-through entity withholding. Payer identification number ► _____	► 42	
43 Refundable film credit	► 43	
44 Refundable dairy credit. Certificate number ► _____	► 44	
45 Refundable life science credit	► 45	
46 Refundable economic development incentive program credit	► 46	
47 Total payments. Add lines 39 through 46	► 47	

Refund or Balance Due

48 Amount overpaid. Subtract line 38 from line 47	48	
49 Amount overpaid to be credited to 2011 estimated tax	► 49	
50 Amount overpaid to be refunded. Subtract line 49 from line 48	► 50	
51 Balance due. Subtract line 47 from line 38	51	
52 M-2220 penalty ► \$ _____ ; Other penalties ► \$ _____	Total penalty	52
53 Interest on unpaid balance	► 53	
54 Total payment due at time of filing	► 54	

BOSTON COMMUNITY CAPITAL, INC. AND AFFILIATES

SUPPLEMENTAL STATEMENT 1
12/31/2010

BOSTON COMMUNITY CAPITAL, INC. (FED. I.D. 04-3246555, STATE # 479582) FUNCTIONS AS THE HOLDING COMPANY TO MANAGE AND DEVELOP SEVERAL OTHER ORGANIZATIONS.

BOSTON COMMUNITY LOAN FUND, INC.
BCLF VENTURES, INC.
BCLF MANAGED ASSETS CORPORATION
AURA MORTGAGE ADVISORS, LLC
NSP RESIDENTIAL, LLC
SEA SOLAR ENERGY ADVANTAGE, INC.
SUN INITIATIVE FINANCING, LLC

A - AURA MORTGAGE ADVISORS, LLC, IS INCLUDED IN FEDERAL FORM 990 AND MASSACHUSETTS FORM PC OF BCLF VENTURES, INC., AS A DISREGARDED ENTITY.

B - NSP RESIDENTIAL, LLC, IS INCLUDED IN FEDERAL FORM 990 AND MASSACHUSETTS FORM PC OF BOSTON COMMUNITY CAPITAL, INC., AS A DISREGARDED ENTITY.

ALL ORGANIZATIONS ARE LOCATED AT 56 WARREN STREET, ROXBURY, MA 02119. THE PHONE NUMBER IS 617-427-8600.

OFFICE, OCCUPANCY AND ADMINISTRATIVE EXPENSES, SUCH AS PAYROLL, ARE RECORDED AS EXPENSES OF BOSTON COMMUNITY CAPITAL, INC. (THE HOLDING COMPANY), AND ARE ALLOCATED TO EACH AFFILIATE BASED ON A FORMULA WHICH ESTIMATES EACH AFFILIATE'S RESPECTIVE SHARE OF THE OPERATING EXPENSES OF THE CORPORATIONS.

THE HIGHEST PAID EMPLOYEES OF THE ORGANIZATIONS LISTED ABOVE ARE AS FOLLOWS:

NAME	TITLE	BREAKOUT BY AFFILIATE					
		HOURS	SALARY PER W-2	Boston Community Loan Fund, Inc.	BCLF Ventures, Inc.	BCLF Managed Assets Corporation	Boston Community Capital, Inc.
DEWITT JONES	CHIEF EXECUTIVE OFFICER; PRESIDENT OF BCLF VENTURES, INC.	40	\$ 472,706	\$ -	\$ 47,271	\$ 236,353	\$ 189,082
REBECCA REGAN	EXECUTIVE VICE-PRESIDENT; PRESIDENT OF BCLF MANAGED ASSETS CORPORATION	40	\$ 270,114	\$ -	\$ 67,528	\$ 135,057	\$ 67,529
E. MATTHEW GAUTHIER	CHIEF OPERATING OFFICER; PRESIDENT OF BOSTON COMMUNITY LOAN FUND, INC.	40	\$ 240,144	\$ 156,093	\$ -	\$ 36,022	\$ 46,029
ANDREW CHEN	CONTROLLER	40	\$ 184,891	\$ 81,352	\$ 30,507	\$ 20,338	\$ 22,187
SHARON SHEPARD	MANAGING DIRECTOR - BCLF VENTURES, INC.	40	\$ 212,727	\$ -	\$ 212,727	\$ -	\$ -
MICHELLE VOLPE	MANAGING DIRECTOR - BCLF VENTURES, INC.	40	\$ 209,273	\$ -	\$ 209,273	\$ -	\$ -
MICHAEL NILLES	SENIOR VICE-PRESIDENT - BOSTON COMMUNITY LOAN FUND, INC.	40	\$ 154,772	\$ 154,772	\$ -	\$ -	\$ -
JESSICA BROOKS	DIRECTOR OF DEVELOPMENT	40	\$ 119,374	\$ 47,750	\$ -	\$ 35,612	\$ 35,612
KATHRYN MCUGH	SENIOR LENDER	32	\$ 107,341	\$ -	\$ -	\$ -	\$ -
MATTHEW ALBERTI	LENDING OFFICER	40	\$ 105,561	\$ 31,668	\$ -	\$ 73,893	\$ -
PATRICIA HANRATTY	PRESIDENT OF NSP RESIDENTIAL, LLC, AND AURA MORTGAGE ADVISORS, LLC	40	\$ 256,665	\$ -	\$ 126,332	\$ -	\$ 128,333

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Mass. Form PC Items 24A and 24I

The Board of Directors periodically authorizes transfers of the unrestricted general net assets among the affiliates comprising the Corporation.

Transfers from BCLF Managed Assets Corporation to Boston Community Capital, Inc., to support new initiatives were \$400,000 for the year ended December 31, 2010. \$300,000 of this amount was then used to make a capital contribution from Boston Community Capital, Inc., into NSP Residential, LLC, its disregarded entity. \$100,000 was used for funding of WEGOWise

Transfers from BCLF Managed Assets Corporation to BCLF Ventures, Inc., to support new initiatives were \$200,000 for the year ended December 31, 2010. This amount was then used to make a capital contribution from BCLF Ventures, Inc., into Aura Mortgage Advisors, LLC, its disregarded entity.

BCLF Managed Assets Corporation transferred \$1,000,000 to Boston Community Loan Fund, Inc. to support its lending activities.

Mass. Form PC Item 24D

Boston Community Capital, Inc., and Boston Community Loan Fund, Inc., have loans receivable for \$100,000 and \$2,300,000, respectively, from BCLF Ventures, Inc. as of December 31, 2010. Interest received from these loans was \$72,000 for 2010.

Boston Community Loan Fund, Inc., has a loan receivable for \$3,000,000 from Boston Community Capital, Inc., as of December 31, 2010, and received \$90,000 of interest for the year. Boston Community Capital, Inc., has a loan receivable for this \$3,000,000 with BCC Solar Energy Advantage, Inc., as of December 31, 2010, and received \$90,000 of interest for the year.

BCLF Managed Assets Corporation has receivables of \$2,400, \$2,400, \$24,675, \$14,115 and \$688,095 from BCC NMTC CDE I, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII, and BCC NMTC CDE VIII respectively, as of December 31, 2010.

BCLF Ventures, Inc., has a \$1,140,384 receivable from BCLF Ventures II, Inc., as of December 31, 2010. BCLF Ventures, Inc., has a \$150,900 receivable from BCLF Ventures I, Inc., as of December 31, 2010.

BCLF Managed Assets Corporation has two loans for a total of \$202,516 from BCLF Ventures II as of December 31, 2010.

Mass. Form PC Item 24C

BCLF Ventures, Inc., has a \$100,000 payable to Boston Community Capital, Inc., and a \$2,300,000 payable to Boston Community Loan Fund as of December 31, 2010. Interest paid on these loans was \$72,000 as of December 31, 2010.

BCC Community Capital, Inc., has a \$3,000,000 payable to Boston Community Loan Fund as of December 31, 2010, and paid \$90,000 of interest for the year. BCC Solar Energy Advantage, Inc. has a payable for this \$3,000,000 to Boston Community Capital, Inc., as of December 31, 2010, and paid \$90,000 of interest for the year.

BCC NMTC CDE I has a \$2,400 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE V has a \$2,400 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VI has a \$24,675 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VII has a \$14,115 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCC NMTC CDE VIII has a \$688,095 payable to BCLF Managed Assets Corporation as of December 31, 2010.

BCLF Ventures II, Inc. has a \$1,140,384 payable to BCLF Ventures, Inc., as of December 31, 2010.

BCLF Ventures I, Inc. has a \$150,900 payable to BCLF Ventures, Inc., as of December 31, 2010.

BCLF Ventures II has two loans payable for a total of \$202,516 due to BCLF Managed Assets Corporation as of December 31, 2010.

Mass. Form PC Item 24E

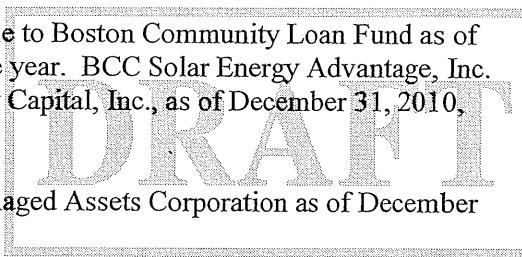
Boston Community Ventures Fund holds an investment in BCLF Ventures I, LLC of \$3,790,738, an investment in BCLF Ventures II, LLC of \$997,713, and an investment of \$1,070,000 in Aura Mortgage Advisors, LLC, as of December 31, 2010. \$200,000 of the Aura Mortgage Advisors, LLC, investment is from a capital contribution made in 2010. (See Items 24A and 24I above.)

Boston Community Capital, Inc., holds an investment in BCC Solar Energy Advantage, Inc., of \$800,000 and an investment in NSP Residential, LLC, of \$3,400,000 as of December 31, 2010. \$300,000 of these investments, respectively, are from capital contributions made in 2010 (see items 24A ad 24I above).

BCLF Managed Assets Corporation holds an investment of \$2,844, \$892, \$575, \$2,137, \$551, \$4,421, \$15,805, \$8,502, and \$7,500 in BCC NMTC CDE I, BCC NMTC CDE BCC II, BCC NMTC CDE III, BCC NMTC CDE IV, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII, BCC NMTC CDE VIII, and BCC NMTC CDE IX respectively, as of December 31, 2010.

Mass. Form PC Item 24F

BCLF Ventures, Inc. received \$150,900 in management fees from BCLF Ventures I, LLC and \$495,000 in management fees from BCLF Ventures II, LLC during 2010.



BCLF Managed Assets Corporation received \$114,525, \$35,974, \$23,175, \$86,086, \$22,166, \$189,000, \$150,000 and \$688,095 in management fees from BCC NMTC CDE I, BCC NMTC CDE II, BCC NMTC CDE III, BCC NMTC CDE IV, BCC NMTC CDE V, BCC NMTC CDE VI, BCC NMTC CDE VII and BCC NMTC CDE VIII, respectively, during 2010. In addition, BCLF Managed Assets Corporation received \$30,000 in management fees relating to NMTC CDE VII from that CDE's investor member during 2010.

Of the upfront fees earned by BCLF Managed Assets Corporation during 2010 from BCC NMTC CDE VIII, \$4,250,000 and \$3,750,000 from BCC NMTC CDE IX.

Boston Community Capital, Inc. provides facility and personnel to its affiliates (see Supplemental Statement I). Boston Community Capital, Inc., also rendered development services to BCC Solar Energy Advantage, Inc., for which it earned \$32,356 in 2010.

See 990, Part VII and Supplemental Statement 1

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See 990, Part VII and Supplemental Statement 1

Mass. Form PC Item 24L

Boston Community Capital, Inc., maintains common checking and investment accounts for itself and its affiliates (see Supplemental Statement 1).

Boston Community Capital, Inc. and Affiliates
Supplemental Statement 3

FORM P.C. SCHEDULE K0, I.
RELATED ORGANIZATIONS
December 31, 2010

NAME	PRIMARY PURPOSE OR ACTIVITY	FYE	DONOR		3RD PARTY RESTRICTED FUNDS (-) LIABILITIES		UNRESTRICTED FUNDS (-) LIABILITIES		TOTAL NET ASSETS
			12/31/10	1.184,942	-	3,166,679	-	13,188,209	
BOSTON COMMUNITY CAPITAL, INC.	To act as a holding company to manage and develop the other corporations.	12/31/10	878,091	-	-	-	-	14,065,300	4,351,621
BOSTON COMMUNITY LOAN FUND, INC.	To provide below market rate capital to community based organizations for the development of affordable housing.	12/31/10	-	-	-	-	-	-	
BCLF VENTURES, INC.	To assist small community-based businesses and entrepreneurs to start, grow, and expand businesses which strengthen the low-income business community.	12/31/10	-	-	-	-	-	-	
BCLF MANAGED ASSETS CORPORATION	To manage, design, implement, and evaluate programs on behalf of third parties that provide loan underwriting, management, servicing, and financial and managerial technical assistance services.	12/31/10	-	-	-	-	-	-	
AURA MORTGAGE ADVISORS, LLC	To act as a mortgage broker/lender for low-income people and communities.	12/31/10	-	-	-	-	-	-	
BCC SOLAR ENERGY ADVANTAGE, INC.	To facilitate the delivery of solar energy to affordable housing projects and others.	12/31/10	-	-	-	-	-	-	
NSP RESIDENTIAL, LLC (NSP)	To combat community deterioration and to improve general conditions where low-income people live and work.	12/31/10	-	-	-	-	-	-	
BCLF VENTURES I, LLC.	To make investments in businesses that benefit low-income people and communities.	12/31/10	-	-	-	-	-	-	
BCLF VENTURES II, LLC.	To make investments in businesses that benefit low-income people and communities.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE I, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE II, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE III, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE IV, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE V, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE VI, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE VII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE VIII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE IX, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE X, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE XI, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE XII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
BCC NMTC COE XIII, LLC	Formed by Boston Community Capital, Inc. to syndicate allocations of New Market Tax Credits.	12/31/10	-	-	-	-	-	-	
SUN INITIATIVE FINANCING, LLC	To finance the operations of the Stabilizing Urban Neighborhoods Initiative, operated by NSP (see above),	12/31/10	-	-	-	-	-	-	

A \$1,070,000 of Aura Mortgage Advisors, LLC's member's investment are from capital contributions made to it by BCLF Ventures, Inc. This \$1,070,000 is eliminated in the consolidating financial statements.

B \$800,000 of BCC Solar Energy Advantage, Inc.'s stockholder's equity are from capital contributions made to it by Boston Community Capital, Inc. This \$800,000 is eliminated in the consolidating financial statements.

C \$3,400,000 of ISIP Residential, LLC's member's investment are from capital contributions made to it by Boston Community Capital, Inc. This \$3,400,000 is eliminated in the consolidating financial statements.

DRAFT