

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form
Return of Organization Exempt From Income Tax**Under sections 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Operating organizations of other address funds, organizations that operate like a stockholder service, and certain controlling organizations as defined in section 513(a)(10) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No. 1545-0047

2012Open to Public
Inspection**A** For the 2012 calendar year, or tax year beginning **APR 1, 2012** and ending **MAR 31, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Renewed return <input type="checkbox"/> Rollover assets	C Name of organization GLOUCESTER WRITERS CENTER INC		D Employer identification number 27-2817445
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (978) 468-7338
	126 EAST MAIN STREET		F Group Exemption Number ▶
	City or town, state or country, and ZIP + 4 GLOUCESTER, MA 01930		

B Accounting Method: Cash Accrual Other (specify) ▶**I** Website: ▶ **GLOUCESTERWRITERS.ORG/****J** Tax-exempt status (check only one) — 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)**K** Check if the organization is not a section 509(a)(2) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7c, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 21, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **70,591.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	55,988.
	2 Program service revenue including government fees and contracts	2	5,235.
	3 Membership dues and assessments	3	
	4 Investment income	4	35.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	9,333.
c Less: direct expenses from gaming and fundraising events	6c	5,666.	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,667.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,925.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	45,287.
	13 Professional fees and other payments to independent contractors	13	6,156.
	14 Occupancy, rent, utilities, and maintenance	14	2,777.
	15 Printing, publications, postage, and shipping	15	3,162.
	16 Other expenses (describe in Schedule O)	16	2,219.
17 Total expenses. Add lines 10 through 16	17	59,601.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,324.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	98,543.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	103,867.

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

Form **990-EZ** (2012)2012
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15480128 805028 GLO7445

2012.06010 GLOUCESTER WRITERS CENTER I GLO74451

Part II Balance Sheets (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	8,543.22	13,867.
23 Land and buildings	100,000.28	100,000.
24 Other assets (describe in Schedule O)		
25 Total assets	108,543.28	113,867.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	10,000.28	10,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 27)	98,543.27	103,867.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner. Describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 SEE SCHEDULE O

28	Grants \$ 2,500.) if this amount includes foreign grants, check here <input type="checkbox"/>	28a	45,289.
29			
30	Grants \$) if this amount includes foreign grants, check here <input type="checkbox"/>	29a	
31	Other program services (describe in Schedule O)		
	Grants \$) if this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	45,289.

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Non taxable compensation (Form W-91048-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HENRY FERRINI PRESIDENT	24.00	24,000.	0.	0.
ANNE THOMAS CLERK	16.00	14,400.	0.	0.
PETER G HIGGINS TREASURER	3.00	0.	0.	0.
WENDY FITTING DIRECTOR	2.00	0.	0.	0.
GREGOR GIBSON DIRECTOR	2.00	0.	0.	0.
ANDRE SPEARS DIRECTOR	1.00	0.	0.	0.
KATE COLBY DIRECTOR	1.00	0.	0.	0.
DOROTHY SHUBOW NELSON DIRECTOR	1.00	0.	0.	0.
AMANDA COOK DIRECTOR	2.00	1,160.	0.	0.

Part V Other information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confirmed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6A, and 7A, among others)?		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		N/A
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(29) organization subject to section 6033(x) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8866-T	40e	X
41	List the states with which a copy of this return is filed ▶ MA		
42a	The organization's books are in care of ▶ BRENDA M. HILTZ Telephone no. ▶ 978-468-7338 Located at ▶ 75 RAILROAD AVENUE, S. HAMILTON, MA ZIP + 4 ▶ 01982		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
	If "Yes," enter the name of the foreign country: ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax exempt interest received or accrued during the tax year ▶ 43 N/A		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 513(b)(13)?	45a	X
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 513(b)(13)? If "Yes," Form 990 and Schedule B may need to be completed instead of Form 990-EZ (see instructions)	45b	

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?
If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities or have a section 501(c)(3) election in effect during the tax year? If "Yes," complete Sch. C, Part II

	Yes	No
47		X

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		X
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reported compensation (Forms W-2, 1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A. Yes No
Order prepared by preparer. Taxpayer must maintain this record, including accompanying schedules and statements, and to the best of his 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

BRENDA M. HILTZ, TREASURER

Type or print name and title

Paid Preparer Use Only

Print preparer's name

Preparer's signature

Date

Check if PTIN self-employed

BRENDA M. HILTZ, CPACPA

BRENDA M. HILTZ,

01/28/15

P00149615

Firm's name ▶ ANTHONY & DODGE P.C.

Firm's EIN ▶ 04-3256180

Firm's address ▶ 75 RAILROAD AVENUE
S. HAMILTON, MA 01982-2218

Phone no. 978-468-7338

May the IRS discuss this return with the preparer shown above? See instructions.

Yes No

Form 990-EZ (2012)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			94,695.	47,606.	55,988.	198,289.
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			94,695.	47,606.	55,988.	198,289.
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						198,289.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4			94,695.	47,606.	55,988.	198,289.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			14.	41.	35.	90.
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.)			2,791.	760.	8,902.	12,453.
11 Total support. Add lines 7 through 10						210,832.

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

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 94.05 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2012. 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 ▶ b 33 1/3% support test - 2011. 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 ▶ 17a 50% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 50% 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 ▶ b 50% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 50% 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 ▶ 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 ▶

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
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						
7a. Amounts included on lines 1, 2, and 3 received from disqualified persons						
7b. 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						
7c. Add lines 7a and 7b						
8. Public support. (Sum of 6, 7a, and 7b.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9. Amounts from line 8						
10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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. (Sum of lines 9, 10a, 10b, 11, and 12.)						
14. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

GLOUCESTER WRITERS CENTER INC

Employer identification number

27-2817445

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
	35.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
EDUCATION SUPPLIES	451.
RENTALS	322.
FEES	368.
ADVERTISEMENT	268.
EQUIPMENT	357.
REIMBURSEMENT	201.
INTEREST	252.
TOTAL TO FORM 990-EZ, LINE 16	2,219.

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
	10,000.	10,000.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE PROGRAM OF THE
GLOUCESTER WRITERS CENTER WILL INCLUDE A LIBRARY FOCUSED ON THE WORKS
OF AND ABOUT OLSON, FERRINI, AND RELATED WRITERS; A RESIDENCY FOR
VISITING WRITERS; PUBLIC PROGRAMS INCLUDING LECTURES, FILMS, AND
DISCUSSIONS OF THE WORK OF OLSON, FERRINI, AND OTHERS; WRITING
WORKSHOPS; AND OUTREACH TO YOUNG WRITERS AND READERS. SUPPORT WILL BE
SOLICITED FROM FOUNDATIONS, GOVERNMENT AGENCIES AND THE GENERAL PUBLIC.

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

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

GLOUCESTER WRITERS CENTER INC

27-2817445

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR FIRST APRIL EVENT, POSTS OF ALL AGES 16 TO 70,
FEATURED BOTH TEACHERS AND STUDENT POETS. LATER IN THE
MONTH, SUSAN DEER CLOUD, OUR FIRST WRITER-IN-RESIDENCE,
SPOKE TO CHARLEE BIANCHINI AND HER WOMEN WRITERS CLASS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

AMENDMENT:

THE PROGRAM EXPENSES WERE INADVERTANTLY MISSTATED. AMENDED FILED TO
ADJUST PROGRAM EXPENSES IN LINES 28A AND 32.

MA FORM PC LINE 5 FINANCIAL DATA - C. PROGRAM SERVICES, D. FUNDRAISING
EXPENSES, E. MANAGEMENT EXPENSES AND H. NET ASSETS WERE INADVERTANTLY
MISSTATED ON THE FINANCIAL DATA. AMENDED FILED TO ADJUST EACH EXPENSES
AND NET ASSETS ON THE FINANCIAL DATA.

MA FORM PC LINE 6: THE SALARY FOR ANNIE THOMAS ON THE ORIGINAL RETURN
WAS INADVERTANTLY REPORTED MISSTATED. AMENDED FILED TO REPORT CORRECT
SALARY FOR ANNIE THOMAS ON MA FORM PC LINE 6.