

Return of Organization Exempt From Income Tax

2013

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: People Making a Difference through Community Service, Inc.
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 P.O. Box 120189
 City or town, state or province, country, and ZIP or foreign postal code
 Boston, MA 02112-1089

D Employer identification number: 04-3191846

E Telephone number: 781-963-0373

G Gross receipts \$: 88,605

F Name and address of principal officer: Lori Tsuruda
 5 Milton Terrace, Randolph, MA 02368

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.pmd.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1993

M State of legal domicile: MA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PMD promotes informed and responsible volunteerism by engaging individuals in meaningful, hands-on work that meets local needs and by helping other charities and businesses develop successful community involvement programs. In 2013, PMD helped 31 partner charities in 21 communities.		
	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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	658
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	71,912	72,740
	9 Program service revenue (Part VIII, line 2g)	14,445	13,804
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66	27
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	(107)	4
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	86,316	86,575
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	61,663	61,996
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,495	28,888
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	95,158	90,884	
19 Revenue less expenses. Subtract line 18 from line 12	(8,842)	(4,309)	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 50,255	End of Year: 52,748
	21 Total liabilities (Part X, line 26)	2,399	8,420
	22 Net assets or fund balances. Subtract line 21 from line 20	47,856	44,328

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: *Lori Tsuruda* Date: 11/14/14
 Lori Tsuruda, President
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

PMD seeks to create a world in which people and businesses are socially aware and engaged in their communities such that they approach volunteerism by learning about problems and needs, volunteering their time, providing resources to address these problems and needs, and carrying out these activities dependably, safely, and enjoyably.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 72,377 including grants of \$ _____) (Revenue \$ 13,804)

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

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 ►

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	✓
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b 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? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

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

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 or note to any line in this Part VI

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► Massachusetts
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Barrett Heacock, 141 Dorchester Ave., Unit 214, South Boston, MA 02127, 617-835-0013

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jennifer Blackmon Vice President & Director	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(2) Jenny Hartwell Director	1	<input checked="" type="checkbox"/>						0	0	0
(3) Barrett Heacock Treasurer & Director	2	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(4) Andrew Kalinowski Director	1	<input checked="" type="checkbox"/>						0	0	0
(5) Caroline Reinsch Clerk & Director	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(6) Neal Rosen Board Chair & Director	1	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(7) Amy Troutman Director	0.5	<input checked="" type="checkbox"/>							0	
(8) Lori Tsuruda President & Executive Director	51	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			51,202	0	6,622
(9) Bill Varnell Director	1	<input checked="" type="checkbox"/>						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							51,202	0	6,622	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							51,202	0	6,622	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	3,575					
	b Membership dues	1b	0					
	c Fundraising events	1c	13,445					
	d Related organizations	1d	0					
	e Government grants (contributions)	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	55,720					
	g Noncash contributions included in lines 1a-1f: \$		2,268					
	h Total. Add lines 1a-1f			72,740				
Program Service Revenue	Business Code							
	2a Service Project Planning & Mngmt		541900	13,306	13,306	0	0	
	b Service Project Supplies		900099	176	176	0	0	
	c Volunteer Management Training		611430	250	250	0	0	
	d DOVA Fiscal Sponsor Fee		5614990	72	72	0	0	
	e _____							
	f All other program service revenue .							
g Total. Add lines 2a-2f			13,804					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			27	27	0	0	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7a 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)						
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		2,014				
		b Less: direct expenses	b	2,014				
		c Net income or (loss) from fundraising events			0		0	0
	9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses		b						
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a		20					
	b Less: cost of goods sold	b	16					
	c Net income or (loss) from sales of inventory			4				
Miscellaneous Revenue			Business Code					
11a _____								
	b _____							
	c _____							
	d All other revenue							
e Total. Add lines 11a-11d				0				
12 Total revenue. See instructions.				86,575				

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	51,202	40,962	2,560	7,680
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	6,622	5,359	316	947
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	4,129	3,304	206	619
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	968	0	968	0
c Accounting	600	0	600	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,455	1,396	0	59
12 Advertising and promotion	0	0	0	0
13 Office expenses	8,187	7,152	83	952
14 Information technology	1,179	1,029	37	113
15 Royalties				
16 Occupancy	6,506	5,205	325	976
17 Travel	4,098	3,606	104	388
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	740	592	37	111
23 Insurance	2,891	2,368	12	511
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Service Fees	733	555	31	147
b Training	147	147	0	0
c	0	0	0	0
d	0	0	0	0
e All other expenses	1,427	702	177	548
25 Total functional expenses. Add lines 1 through 24e	90,884	72,377	5,456	13,051
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	10,274	1	6,595
	2 Savings and temporary cash investments	25,931	2	23,859
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	1,581	4	7,361
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,279	8	1,905
	9 Prepaid expenses and deferred charges	4,684	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,376		
	b Less: accumulated depreciation	10b 1,347	11,931	10c 13,028
	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	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		55,680	16 52,748	
Liabilities	17 Accounts payable and accrued expenses	2,399	17	2,446
	18 Grants payable		18	
	19 Deferred revenue	0	19	2,000
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,425	21	3,974
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		7,824	26 8,420
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	47,856	28	44,328
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	47,856	33	44,329
34 Total liabilities and net assets/fund balances	55,680	34	52,748	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	86,575
2	Total expenses (must equal Part IX, column (A), line 25)	2	90,884
3	Revenue less expenses. Subtract line 2 from line 1	3	(4,309)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,856
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	781
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	44,328

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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?		✓
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.		



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2013
Notice date	September 8, 2014
Employer ID number	04-3191846
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

000140.482180.195047.11259 1 AV 0.381 370



PEOPLE MAKING A DIFFERENCE THROUGH
COMMUNITY SERVICE INC
PO BOX 120189
BOSTON MA 02112-0189

Page 1 of 1

000140

Important information about your December 31, 2013 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2013 Form 990. Your new due date is November 15, 2014.

What you need to do

File your December 31, 2013 Form 990 by November 15, 2014. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization People Making a Difference through Community Service, Inc.	Employer identification number 04-3191846
---	---

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

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

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

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

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

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	81,848	79,499	85,716	60,568	59,219	366,850
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	81,848	79,499	85,716	60,568	59,219	366,850
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)						366,850
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	81,848	79,499	85,716	60,568	59,219	366,850
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	142	83	108	66	27	426
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						367,276
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 2013 (line 6, column (f) divided by line 11, column (f))	14	99.88 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	99.85 %
16a 33 1/3% support test—2013. 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 checked="" type="checkbox"/>
b 33 1/3% support test—2012. 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—2013. 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—2012. 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"/>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

People Making a Difference through Community Service, Inc.

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

04-3191846

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116..., 1b If the organization elected, as permitted under SFAS 116..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		12,138	1,214	10,924
d Equipment		400	133	267
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 11,191

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►		

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

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

People Making a Difference through Community Service, Inc.

Employer identification number

04-3191846

Part VI, Lines 6 & 7a. The organization has corporate members who elect other corporate members and directors.

Part VI, Line 11b. The organization bases its Form 990 filing on financial statements approved by vote of the board of directors.

All directors receive electronic copies of Form 990 after it is filed, and we provide a link to it on our web site.

Part VI, Line 15a. The process for determining compensation was begun by the board of directors to hire the organization's first (and sole employee), paid executive director (Lori Tsuruda) on 10/13/1999. The board last convened in December 2010 to determine compensation.

Part VI, Line 15b. The executive director is the organization's only paid employee. The organization has no other officers or key employees.

Part VII. No hours were devoted to any related organization. Other compensation was the direct cost of health insurance benefits provided.

Part III Statement of Program Service Accomplishments, Line 4a Detail:

In 2013, People Making a Difference directly helped 31 charities and their clients and trained 207 nonprofit leaders from around the world in effective volunteer engagement philosophies and practices. PMD partnered with these charities to plan and to complete 60 productive, high quality service projects involving 658 motivated volunteers. Furthermore, PMD provided three workshops and e-discussion on volunteer management.

In 2013, PMD recruited 473 new volunteers who participated in the service projects described below. Together with 185 PMD volunteers who had participated in prior PMD projects, they gave 2,729 hours to complete needed work in 21 communities. Nearly two-thirds (61%) of the charities that PMD assisted had no staff dedicated to working with volunteers or relied on part-time staff, while the remainder received PMD assistance due to seasonal volunteer shortages and/or special needs.

In 2013, PMD's community service program addressed the following issues:

Literacy (youth, Braille, prisoner, science) 50%

Environmental/Conservation 15%

Youth Development 12%

Elderly 12%

Poverty/Homelessness/Hunger 11%

Continued on Pages that Follow: Descriptions of 2013 PMD Service Projects & Workshops

Name of the organization

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People Making a Difference through Community Service, Inc.**04-3191846****DESCRIPTIONS OF 2013 PMD SERVICE PROJECTS**

19 projects throughout yr	Assemble dynamic Lego® science kits (atoms & molecules, protein, DNA, and RNA) to improve science education via hands-on learning by middle and high school students at science centers/museums and district-wide shared resource centers. In close collaboration with the MIT Center for Environmental Health Sciences, MIT Edgerton Center, and inventor Dr. Kathleen Vandiver, Volunteers carefully count, assemble, label, check, and glue molecules, plus count “atoms” and label and build storage boxes, so that students and teachers can immediately use these accurate working models to master key concepts and discover what happens if...thus learning, instead of memorizing, basic scientific processes like protein synthesis and DNA replication, as well as conservation of mass.
6 projects throughout yr	Prepare and share meals and socialize with formerly homeless or at-risk for homelessness residents of the Anna Bissonnette House of HEARTH, South End HEARTH (formerly called the Committee to End Elder Homelessness) strives to advocate on behalf of homeless elders, to reach out to, identify, and assist homeless elders in Boston, and to provide housing and services for this often neglected, vulnerable population. The Anna Bissonnette House is home to 40 elderly residents who were homeless or at-risk for eviction/homelessness. Nutrition and appropriate socialization are often challenges to the frail residents.
1/12 & 8/17	Serve dinner to the men at Pine Street Inn, Boston’s largest homeless shelter, South End Pine Street Inn provides emergency shelter, street outreach, permanent, affordable housing, job training, and transitional programs. After the holidays and in the summer, severe volunteer shortages slow distribution of needed food to homeless guests, so PMD volunteers contribute needed labor, fruit, and desserts.
1/21 & 2/11	Cut and bundle tubing for “human digestive tract” science kits used by thousands of K-8 Boston Public School (BPS) students These specially-designed science kits engage students in hands-on learning and inquiry, but there is insufficient staffing to restock tubing in the kits for reuse by more students who get to push an oiled tennis ball through 9.1 meters of tubing representing the human digestive tract.
1/26	Make cozy, double fleece security blankets for needy children served by GiftsToGive, New Bedford GiftsToGive puts new and gently used children’s essentials into the hands of children age 0-17 who need them the most AND provides opportunities for youth age 3+ to work for social justice and learn the power of giving and community service by volunteering and sharing their unique talents..
2/9 & 3/3	Officiate for the Regional “Blue Lobster Bowl” Competition of the National Ocean Sciences Bowl as rules judges, timekeepers, scorekeepers, science judges, science graders, and moderators, Cambridge This national competition tests ocean knowledge, including the biology, chemistry, geology, physics, history, and economics of the ocean as well as ocean-related current events in a fast-paced, quiz-show style. One of the main goals is to expose talented and aspiring students to the wonder of marine science and the opportunities that exist within the field. Officiating PMD volunteers enable up to 24 teams composed of 120 students from Massachusetts high schools to compete. PMD recruits, trains, assigns, and supports all volunteers. In 2013, PMD assumed regional co-coordinator responsibilities for MIT Sea Grant. The original competition (2/9) had to be canceled due to severe “Nemo” blizzard that cause public transit and road closures for several days and then it was rescheduled (3/3), so we essentially recruited and prepared volunteers for two, separate competitions in 2013. High schools able to participate on the snow postponement date included Acton-Boxborough Regional, Brookline, Cambridge Rindge & Latin, Chelmsford, Lexington, Lincoln-Sudbury Regional, Marblehead, Newton North, Newton South, North Andover, Phillips Academy, and Shrewsbury.
& 4/20	Moderate for the national finals competition in Milwaukee, WI
2/23 & 1/21	Pack & organize the Needham Science Center supplies, plus prepare components for kits for elementary school students, Needham The Needham Science Center, part of the Needham public schools, makes science meaningful, valuable, and fun for pre-K through grade 5 students and teachers in Needham, by providing science expertise, live animals, hands-on materials, exhibits, and programs.
3/2	Paint hundreds of 4x4’ signs for Project Bread’s Walk for Hunger, East Boston Project Bread is the non-profit organization that organizes the annual Walk for Hunger to raise funds to support 400 emergency feeding programs in 130 communities in Massachusetts, its FoodSource Hotline, food drives, and shaping public policies that address hunger, particularly among children. Signs educate, inform, motivate, and thank the 40,000 walkers along the 20-mile route through Boston, Brookline, Newton, and Cambridge.

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People Making a Difference through Community Service, Inc.04-3191846**DESCRIPTIONS OF MORE 2013 PMD SERVICE PROJECTS**

- 3/7 Fill seed orders for community gardeners, Boston
Sort nearly 10,000 bulk-ordered seed packets and then fill orders by community gardeners through the Boston Natural Areas Network (BNAN), to be distributed at the annual Gardeners Gathering. BNAN works to preserve, expand and improve urban open space through community organizing, acquisition, ownership, programming, development and management of urban wilds, greenways and community gardens.
- 3/16 Fulfill prisoners' requests for educational, self-help, research, spiritual, and other books donated to the Prison Book Program, Quincy
The all-volunteer Prison Book Program strives to provide prisoners across the country with free, quality reading materials to expand their minds beyond the walls that cage them, to change their own lives, and to speak out for their rights.
- 3/30 Prepare and serve nutritious and tasty lunch for 150 women and children at Rosie's Place, multi-service homeless shelter for women, Roxbury
Rosie's Place is a sanctuary for poor and homeless women. Rosie's Place offers both emergency and long-term assistance to women who have nowhere else to turn. Rosie's Place is committed to welcoming each guest with respect and unconditional love.
- 3/31 Deliver Easter meals and visit with 3 homebound elders through Little Brothers-Friends of the Elderly, Dorchester, Mattapan, and Jamaica Plain
Little Brothers-Friends of the Elderly is a nonprofit, non-sectarian voluntary organization committed to relieving isolation and loneliness among the elderly. Little Brothers, founded on the philosophy of nurturing the spirit as well as the body, serves elderly Friends who are 70 years or older, have little or no family involvement, and live on an annual income of \$8,000-\$10,000 or less.
- 4/23 Prepare content for and then assemble and decorate reading comprehension folders that tutors and parents of kindergartners served by GiftsToGive's Early Literacy program will use to help public school children learn to read, New Bedford
- 4/27 Help care for 120 children as part of the annual parents conference at Perkins School for the Blind, Watertown
The annual New England Regional Seminar for Families with Children with Visual Impairments conference is for families throughout New England and New York state. Volunteer-provided childcare is an integral part of the program since it encourages participation by many families who would otherwise be unable to attend. Parents attend conference sessions to learn more about a variety of topics and meet other families that have a child with vision loss.
- 4/30 & 11/20 Assemble 500 print-Braille children's books for the National Braille Press, Boston
The guiding purposes of the National Braille Press are to promote the literacy of blind children in North America through Braille and to enable blind people to better participate in work, family, and civic affairs through information. Braille books are sold for the same prices as printed books are sold to sighted people, so donations and volunteer labor make up the cost difference. 2013 titles included *Thunder Cake* and *Gerald McBoing Boing*.
- 5/4 & 9/28 Mitigate trail erosion, replace water bars, weed, and take visitor census at Fresh Pond Reservation to increase public enjoyment and protect the drinking water supply from erosion and runoff, Cambridge
A sanctuary of upland forests, meadows, wetlands, and wildlife on the western side of densely populated Cambridge, Fresh Pond Reservation surrounds and protects the ancient glacial pond called Fresh Pond, which since 1852 has provided drinking water to the City of Cambridge.
- 5/18 Staff "perennial divide" for community gardeners to share plants at City Native Nursery, Mattapan in partnership with the Boston Natural Areas Network (BNAN), which works to preserve, expand and improve urban open space through community organizing, acquisition, ownership, programming, development and management of special kinds of urban land: community gardens, urban wilds, and greenways.
- 6/1 National Trails Day: Build observation mound and control invasive knotweed at Belle Isle Marsh, East Boston
Belle Isle Marsh Reservation preserves 152 of the 241-acre Belle Isle Marsh, Boston's last remaining salt marsh. The reservation provides unique opportunities to explore the type of wetlands that once lined the shores of Massachusetts Bay. Rich in nutrients and protected from ocean water, Belle Isle Marsh provides critical habitat for wildlife such as migratory birds and ocean fishes.

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People Making a Difference through Community Service, Inc.04-3191846**DESCRIPTIONS OF MORE 2013 PMD SERVICE PROJECTS**

- 6/8 & 9/15 Install/bury rodent barrier around bird wetland habitat and plant bamboo in red panda exhibit for the Children's Zoo at Franklin Park Zoo, Dorchester
The struggling, nonprofit zoo relies heavily on volunteers to maintain its vast grounds and exhibits. Our work made the exhibits healthier for the animals and more inviting to the public. The zoo's mission is to inspire people to protect and to sustain the world for future generations by creating fun and engaging experiences that integrate wildlife and conservation programs, research, and education.
- 6/22 Clear trails and remove invasive species with Mission Hill Green in the Iroquois Woods, Mission Hill
Join with neighbors to make the Iroquois Street Woods urban wild, a 25,000 ft² area of undeveloped land that neighbors are reforesting by planting native species to replace invasives, more accessible, safe, and biodiverse. Mission Hill Green is a community of neighbors dedicated to restoration and maintenance of, and advocacy for, natural areas on Mission Hill.
- 6/29 Paint children's faces at Old Colony (public housing) Unity Day, South Boston
Assist the tenants association in providing positive, community building activities in this public housing development.
- 7/13 Weed, prune, and remove debris from the pond shore with the Friends of Spy Pond Park, Arlington
Spy Pond Park is a nonprofit organization that preserves and enhances community enjoyment of Spy Pond Park and Spy Pond.
- 7/25 Paint children's faces at WIC Summer Safety Health Fair at Carson Beach, South Boston
Support women, infant, and child nutrition and family health outreach by engaging children in positive activities while parents learn and network.
- 7/25 Package and prepare ingredients for meals for ill families served by Community Servings, Jamaica Plain
Community Servings prepares and delivers free meals for individuals and families ill with HIV/AIDS or other acute, life-threatening illnesses. In the late summer, volunteer shortages slow distribution of needed food, so PMD volunteers contribute needed labor.
- 8/1 Clear trails and remove invasive species from floodplain habitat adjacent to the Housatonic River with the Berkshire Natural Resource Council (BNRC) and Housatonic Valley Association (HVA), South Lee
BNRC works throughout the Berkshire to preserve threatened lands through land conservation, with special emphasis on protecting farms, forests, streams, and ridgelines that provide clean water, fresh air, local produce, healthy wildlife, and outstanding recreational opportunities. HVA works to protect the natural character and environmental health of communities by protecting the lands and waters of the Housatonic Watershed for this and future generations by bringing together a wide range of people and organizations that are deeply concerned about the resources and environmental quality of Housatonic River Valley.
- 8/5 Prepare materials for reading comprehension activity kits to be distributed by Jumpstart, South Boston
Jumpstart is a national early education organization that recruits and trains college students and community volunteers to work with preschool children in low-income neighborhoods so that they can develop the language, literacy, and social skills they need to be ready for school, setting them on a path to close the achievement gap before it begins.
- 10/5 Run "Harvest Day" kids' activities at the Community Growing Center, Somerville
Somerville's Community Growing Center serves as an outdoor classroom for elementary school students. Harvest Day is one way to build awareness and celebrate where food comes from. Approximately 50 kids and their families participate each year in pumpkin carving, apple bobbing, cider pressing, butter "making," and food tastings that incorporate ingredients from the garden.
- 10/26 Run Hawthorne Youth & Community Center's annual Halloween Party at Marcella Park, Roxbury
Hawthorne Youth and Community Center's mission is to provide educational, cultural, recreational and vocational opportunities for community youth and adults; to celebrate the rich diversity of the neighborhood; and to work with residents to strengthen the quality of neighborhood life. Each year, 50-75 children and their families participate in this safe celebration of Halloween in their community park. PMD volunteers setup and staff crafts, face painting, games, and refreshments.

Name of the organization

Employer identification number

[People Making a Difference through Community Service, Inc.](#)

04-3191846

DESCRIPTIONS OF MORE 2013 PMD SERVICE PROJECTS

- 11/2 Run youth literacy activities and clean up for Family (Literacy) Fun Day of Cambridge Family Literacy Collaborative, Cambridge City Hall
The Cambridge Family Literacy Collaborative educates the community about family literacy and promotes city-wide commitment to family literacy. Family literacy is an educational model that focuses on the strengths and needs of the family. ("Family" is understood to include not only parents, but also grandparents, older siblings, and other family members. "Literacy" includes not only reading and writing, but also math, speaking, and listening skills.) Family Fun Day is a free, annual event organized to celebrate National Family Literacy Day and Family Literacy Month
- 12/11 Make cozy, double fleece security blankets for needy children in Greater Boston who are served by Cradles to Crayons, Brighton
Cradles to Crayons provides new and gently used essentials to children who need them the most. Providing children with essentials like new blankets helps build self-confidence and improves self-esteem, meaning they are more likely to arrive at daycare or school warm, on-time, and ready to learn.

2013 PMD WORKSHOPS

- 1/18 "Adapting to Facebook EdgeRank" (philanthropy.com moderated e-discussion)
- 4/10 Engaging Volunteers Who Make a Difference Workshop (Community Foundation for Greater New Haven)
- 9/27 Annual Fund Volunteer Training (MIT Alumni Leadership Conference)
- 2006-2013 PMD Executive Director Lori Tsuruda leads Boston Directors of Volunteer Administration (DOVA) to enhance the professionalism of its members; advance the creative development and support of voluntary human resources in achieving agency and organizational goals; and provide members with opportunities to share experiences, ideas, and skills with colleagues.