

**Short Form
Return of Organization Exempt From Income Tax**

2008

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C</p> <p>MASSACHUSETTS CHILDREN'S ALLIANCE, INC. 14 BEACON STREET #505 BOSTON, MA 02108</p>	<p>D Employer identification number 34-2006038</p> <p>E Telephone number (617) 573-9800</p> <p>F Group Exemption Number</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ WWW.MACHILDRENSALLIANCE.ORG

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **533,599.**

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

	1 Contributions, gifts, grants, and similar amounts received	1	33,599.
	2 Program service revenue including government fees and contracts	2	500,000.
	3 Membership dues and assessments	3	
	4 Investment income	4	
REVENUE	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) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	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 ▶)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	533,599.
EXPENSES	10 Grants and similar amounts paid (attach schedule) SEE STATEMENT 1	10	267,032.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	176,423.
	13 Professional fees and other payments to independent contractors	13	28,010.
	14 Occupancy, rent, utilities, and maintenance	14	11,794.
	15 Printing, publications, postage, and shipping	15	9,738.
	16 Other expenses (describe ▶ SEE STATEMENT 2)	16	40,740.
	17 Total expenses (add lines 10 through 16)	17	533,737.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-138.
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	47,633.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	47,495.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	95,493.	22	63,577.
23	Land and buildings		23	
24	Other assets (describe ▶ SEE STATEMENT 3)	68,599.	24	60,782.
25	Total assets	164,092.	25	124,359.
26	Total liabilities (describe ▶ SEE STATEMENT 4)	116,459.	26	76,864.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	47,633.	27	47,495.

Part V Other Information (Note the statement requirement in General Instruction V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35 a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35 b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37 a	0.
37 b	Did the organization file Form 1120-POL for this year?		X
38 a	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 unpaid at the start of the period covered by this return?		X
38 b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38 b	N/A
39	501(c)(7) organizations. Enter:		
39 a	Initiation fees and capital contributions included on line 9.	39 a	N/A
39 b	Gross receipts, included on line 9, for public use of club facilities.	39 b	N/A
40 a	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.		
40 b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.		X
40 c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40 d	Enter amount of tax on line 40c reimbursed by the organization.		0.
40 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41	List the states with which a copy of this return is filed ▶ <u>MA</u>		

42 a The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (617) 573-9800
 Located at ▶ 14 BEACON STREET BOSTON MA ZIP + 4 ▶ 02108

		Yes	No
42 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)? If 'Yes,' enter the name of the foreign country: ... ▶ _____		X
42 c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ... ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 6**

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.....		X
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.....		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.....		X
49a Did the organization make any transfers to an exempt non-charitable related organization?.....		X
49b If 'Yes,' was the related organization(s) a section 527 organization?.....		

50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

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

51 Complete this table for the 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		

Total number of other independent contractors receiving over \$100,000..... ▶		

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

Sign Here

▶ Signature of officer _____ Date _____

▶ Type or print name and title. _____

Paid Preparer's Use Only	Preparer's signature ▶ NANCY KELLY	Date 10/10/09	Check if self-employed ▶ <input type="checkbox"/>	Preparer's Identifying Number (See instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ METIS GROUP TAX ASSOCIATES LLC 14 PENN PLAZA SUITE 1800 NEW YORK, NY 10122-1800	EIN ▶ N/A	Phone no. ▶ (212) 822-8299	

May the IRS discuss this return with the preparer shown above? See instructions. ▶ **Yes** **No**

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33-1/3 support test – 2007. 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 – 2008. 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 – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)		299,275.	65,000.	41,870.	63,599.	469,744.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.			499,999.	704,450.	50,000.	1,254,449.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1-5.	0.	299,275.	564,999.	746,320.	113,599.	1,724,193.
7a Amounts included on lines 1, 2, 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,724,193.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6.	0.	299,275.	564,999.	746,320.	113,599.	1,724,193.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						1,724,193.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.	18	%

19a 33-1/3 support tests – 2008. 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 – 2007. If the organization did not check a box on line 14 or 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.

CLIENT MCA

MASSACHUSETTS CHILDREN'S ALLIANCE, INC.

34-2006038

10/10/09

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**STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

DONEE'S NAME:	BERKSHIRE COUNTY KIDS PLACE AND VIOLENC		
DONEE'S ADDRESS:	63 WENDELL AVE PITTSFIELD, MA 01201		
CASH AMOUNT GIVEN:		\$	23,500.
DONEE'S NAME:	CHILDREN'S ADVOCACY CENTER OF BRISTOL		
DONEE'S ADDRESS:	139 SOUTH MAIN STREET FALL RIVER, MA 02721		
CASH AMOUNT GIVEN:		\$	26,000.
DONEE'S NAME:	CHILDREN'S ADVOCACY CENTER NORFOLK		
DONEE'S ADDRESS:	45 SHAWMUT ROAD CANTON, MA 02021		
CASH AMOUNT GIVEN:		\$	23,500.
DONEE'S NAME:	CHILDREN'S ADVOCACY CENTER OF SUFFOLK		
DONEE'S ADDRESS:	989 COMM AVE BOSTON, MA 02215		
CASH AMOUNT GIVEN:		\$	24,200.
DONEE'S NAME:	CHILDREN'S COVE ADVOCACY CENTER		
DONEE'S ADDRESS:	P.O. BOX 427 BARNSTABLE , MA 02630		
CASH AMOUNT GIVEN:		\$	25,000.
DONEE'S NAME:	CONWAY CHILDREN'S ADVOCACY CENTER		
DONEE'S ADDRESS:	C/O THE CORPORATION BOSTON, MA 02108		
CASH AMOUNT GIVEN:		\$	25,000.
DONEE'S NAME:	ESSEX CHILDREN'S ADVOCACY CENTER		
DONEE'S ADDRESS:	55 HIGHLAND AVE SALEM, MA 01970		
CASH AMOUNT GIVEN:		\$	24,000.
DONEE'S NAME:	FAMILY ADVOCACY CTR AT BAYSTATE		
DONEE'S ADDRESS:	2 MEDICAL CTR DRIVE SUITE 205 SPRINGFIELD, MA 01199		
CASH AMOUNT GIVEN:		\$	24,000.
DONEE'S NAME:	MIDDLESEX CHILD ADVOCACY CENTER		
DONEE'S ADDRESS:	C/O THE CORPORATION BOSTON, MA 02108		
CASH AMOUNT GIVEN:		\$	23,500.
DONEE'S NAME:	NORTHWESTERN CHILDREN'S ADVOCACY CENTER		
DONEE'S ADDRESS:	ONE GLEASON PLAZA NORTHAMPTON, MA 01060		
CASH AMOUNT GIVEN:		\$	24,000.

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MASSACHUSETTS CHILDREN'S ALLIANCE, INC.

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STATEMENT 1 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

DONEE'S NAME: UMASS MEDICAL SCHOOL
 DONEE'S ADDRESS: 55 LAKE AVE NORTH
 WORCESTER, MA 01655

CASH AMOUNT GIVEN: \$ 24,332.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

CONFERENCES, CONVENTIONS, AND MEETINGS.....	\$	773.
DEPRECIATION.....		2,841.
EQUIPMENT.....		4,977.
FILING FEES.....		558.
INFORMATION TECHNOLOGY.....		2,317.
INSURANCE.....		2,345.
INTEREST.....		50.
MEMBERSHIP DUES.....		2,760.
OFFICE EXPENSES.....		1,587.
PAYROLL PROCESSING.....		1,859.
PROFESSIONAL FEES.....		2,150.
SUBSCRIPTIONS.....		380.
TELEPHONE.....		5,177.
TRAVEL.....		12,966.
TOTAL	\$	<u>40,740.</u>

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE.....	\$ 66,483.	\$ 58,220.
PREPAID EXPENSES AND DEFERRED CHARGES.....	2,116.	2,562.
TOTAL	<u>\$ 68,599.</u>	<u>\$ 60,782.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES.....	\$ 37,526.	\$ 20,423.
ADVANCE PAYMENTS.....	14,694.	0.
OTHER LIABILITIES.....	64,239.	56,441.
TOTAL	<u>\$ 116,459.</u>	<u>\$ 76,864.</u>

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MASSACHUSETTS CHILDREN'S ALLIANCE, INC.

34-2006038

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**STATEMENT 5
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
THOMAS M. KING 14 BEACON STREET BOSTON, MA 02108	CEO 40.00	\$ 108,727.	\$ 9,844.	\$ 0.
JANET FINE C/O MASS OFFICE OF VICTIM ASST BOSTON, MA 02108	CHAIRMAN 2.00	0.	0.	0.
DR. KEVIN BECKER BETH ISRAEL DEACONESS/MEDICAL BOSTON, MA 02108	VICE-CHAIR 2.00	0.	0.	0.
MARILEE KENNEY HUNT MKH CONSULTING BRIDGEWATER, MA 02108	SECRETARY 0	0.	0.	0.
JENNIFER SANIUK 14 BEACON STREET BOSTON, MA 02108	TREASURER 0	0.	0.	0.
ROBIN ANAPOL PLYMOUTH COUNTY DA OFFICE BROCKTON, MA 02301	DIRECTOR 0	0.	0.	0.
JEANMARIE CARROLL C/O NORFOLK COUNTY DA OFFICE CANTON, MA 02021	DIRECTOR 0	0.	0.	0.
JANE CHEVALIER C/O NORTHWESTER DA OFFICE NORTHAMPTON, MA 01060	DIRECTOR 0	0.	0.	0.
TED CROSS CHILDREN AND FAMILY RESEARCH URBANA, IL	DIRECTOR 0	0.	0.	0.
NANCY A. SCANNELL C/O MSPCC BOSTON, MA 02210	DIRECTOR 0	0.	0.	0.
LEE DELANEY C/O BAIN AND COMPANY BOSTON, MA 02116	0	0.	0.	0.
PI HESELTINE MASS STATE POLICE MAYNARD, MA 01754	0	0.	0.	0.

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MASSACHUSETTS CHILDREN'S ALLIANCE, INC.

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STATEMENT 5 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAT SYNDER-MATHEWS ESSEX COUNTY DA OFFICE SALEM, MA 01970	0	\$ 0.	\$ 0.	\$ 0.
LUCIA ZUNIGA C/O SANE BOSTON, MA 02108	0	0.	0.	0.
TOTAL		\$ 108,727.	\$ 9,844.	\$ 0.

STATEMENT 6
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO