

MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL  
DIVISION OF PUBLIC CHARITIES  
FORM PC - ANNUAL REPORT

To be filed by all organizations as required by G.L. c. 12, §8F

**IMPORTANT - PLEASE TYPE OR PRINT PLAINLY IN BLACK INK**

NAME:

READING EXTENDED DAY ACTIVITIES  
PROGRAM, INC

St. & No.:

62 OAKLAND ROAD

City, State:

READING, MA

Zip Code:

01867

FISCAL YEAR COVERED BY THIS FILING:

Beginning 07 - 01 - 86

Ending 06 - 30 - 87

ATTORNEY GENERAL'S ACCOUNT NUMBER:

Federal I.D. No.: 04-288404

IRS EXEMPTION UNDER: 501(c)(3)

Check if no IRS exemption:

Tel. Number: (781) 944-0044

FAX Number: (781) 944-5564

Indicate here if the above information is changed in any respect from that submitted in your last filing \_\_\_\_\_

\_\_\_\_\_. If there has been any amendment to your governing instrument or by-laws, check here and submit a copy \_\_\_\_\_

Check if first report \_\_\_\_\_ or final report \_\_\_\_\_  
If this is a first report, please submit a copy of the organization's governing instrument and a copy of its by-laws, if any.

**SUMMARY OF FINANCIAL DATA**

TO BE COMPLETED BY ALL FILING ORGANIZATIONS

1. "GROSS SUPPORT AND REVENUE"

\$ 326,326<sup>00</sup>

(For purposes of this form, "gross support and revenue" means Form 990, line 12 less line 8d; Form 990EZ, line 9 less line 5c; Form 990PF, Pt.I, line 12, col.A less line 6; Form 1120, line 11 less lines 8 & 9; Sched. B, line 11. See also 940 CMR §2:02)

2. FUND RAISING EXPENSE

\$ - 0 -

(Form 990, line 15; Form 990EZ enter amount from own records; Sched. B, line 30, col.B)

3. TOTAL ASSETS

\$ 112,383

(Form 990, line 59, col.B; Form 990EZ, line 25, col.B; Form 990PF, Pt.II, line 16, col.C; Sched. B, line 48, col.B)

4. TOTAL LIABILITIES

\$ 63,464

(Form 990, line 66, col.B; Form 990EZ, line 26, col.B; Form 990PF, Pt.II, line 23, col.B; Sched. B, line 55, col.B)

5. TOTAL GRANTS, CONTRIBUTIONS, AND ASSISTANCE AWARDED BY YOU

\$ 100 -

(Form 990, lines 22, col.A & 23, col.A; Form 990EZ, line 10; Form 990PF, Pt.I, line 25, col.A; Sched. B, line 12, col.A)

DO NOT WRITE IN THIS BLOCK

Payment Received

✓ \$ 125.00

Certificate Issued

Certificate End Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

1987 MAY 25 PM 1:05  
OFFICE

## QUESTIONNAIRE

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

1. On what date was the organization created? 1980  
Where? Reading MA

2. What is the form of the organization?  
Corporation \_\_\_\_\_ Unincorporated association \_\_\_\_\_  
Testamentary trust \_\_\_\_\_ Inter vivos trust \_\_\_\_\_  
Other (please describe) \_\_\_\_\_

3. Describe the programs and activities conducted by the organization: Extended-day Activities

4. Has the organization ever been judicially or administratively enjoined or prohibited from operating or from soliciting contributions? Yes \_\_\_\_\_ No ✓  
If yes, please attach an explanation.

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

1) Danons + Company CPA \$2,000-  
2) \_\_\_\_\_  
3) \_\_\_\_\_  
4) \_\_\_\_\_  
5) \_\_\_\_\_

PLEASE CONSULT THE INSTRUCTIONS AND DEFINITION SECTION  
FOR GUIDANCE IN ANSWERING QUESTIONS 6-11.

6. List the total compensation you provided to your chief executive (e.g., executive director) plus the four other current or former directors, trustees, officers or employees to whom you provided the highest total compensation.

NAME & TITLE	HOURS PER WEEK	SALARY & OTHER INCOME	BENEFIT PLANS	OTHER COMPEN- SATION
1) <u>Robin D'Antona</u>	<u>40</u>	<u>\$45000-</u>	<u>5,000</u>	<u>-0-</u>
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

6a. Was any compensation provided to any of the listed individuals which is not quantified above? Yes \_\_\_\_\_ No ☒ If yes, attach explanation.

**EXECUTIVE COMPENSATION PAID WITHIN A SYSTEM OF RELATED ORGANIZATIONS WILL BE REPORTED AT QUESTION 9 AND IN SCHEDULE RO.**

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

- (a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in question 6 or 6a above?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach a schedule showing payments or other value transferred and to whom.
- (b) Do you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, attach an explanation identifying the individual(s) with whom you have an agreement and describing the terms of each agreement.

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

If the answer to any part of Question 8 is "Yes", attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year has your organization -

- a. Sold or transferred assets to or purchased assets from or exchanged assets with a related party?
- b. Leased assets to or leased assets from a related party?
- c. Been indebted to a related party?
- d. Allowed a related party to be indebted to it?
- e. Made or held an investment in a related party?

YES NO

—	<input checked="" type="checkbox"/>
—	<input checked="" type="checkbox"/>
—	<input checked="" type="checkbox"/>
—	<input checked="" type="checkbox"/>
—	<input checked="" type="checkbox"/>

(Question 8 cont'd.)

- |  | YES | NO                                  |
|--|-----|-------------------------------------|
| f. Furnished goods, services or facilities to a related party?   | —   | <input checked="" type="checkbox"/> |
| g. Acquired goods, services or facilities from a related party who received compensation or other value in return? | —   | <input checked="" type="checkbox"/> |
| h. Paid or became obligated to pay wages, salary or other compensation to a related party?                         | —   | <input checked="" type="checkbox"/> |
| i. Transferred income or assets to or for use by a related party?  | —   | <input checked="" type="checkbox"/> |

9. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? Yes \_\_\_\_\_ No ☒

If yes, complete Attorney General Schedule RO at page 8 of this form.

10. If any restrictions have been removed during the year from donor-restricted funds, check here \_\_\_\_\_ and attach explanation of procedures followed.

11. If donor-restricted funds have been loaned to unrestricted funds or pledged as security for borrowing unrestricted funds, check here \_\_\_\_\_ and attach explanation.

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

13. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, have solicited contributions?  
Yes ☒ No \_\_\_\_\_

**IF YOUR ANSWER TO QUESTION 12 OR QUESTION 13 IS YES,  
YOU MUST COMPLETE SCHEDULES A-1 AND/OR A-2 UNLESS  
YOU ARE EXEMPT FROM THE SOLICITATION CERTIFICATE REQUIREMENT**

If you are claiming an exemption, please indicate below which exemption applies to your organization:

- \_\_\_\_\_ (a) a religious organization; or
- \_\_\_\_\_ (b) an organization which (i) does not raise more than \$5,000 during a calendar year or does not receive contributions from more than ten persons during a calendar year; and (ii) carries out all of its

activities, including fundraising, through unpaid volunteers. (The conditions at both (i) and (ii) must be met for your organization to qualify for this exemption.)

14. Indicate by a checkmark which form (whether or not filed with the IRS) is attached:

IRS Form 990 ☒      IRS Form 990EZ \_\_\_\_\_      IRS Form 990PF \_\_\_\_\_  
IRS Form 1120 \_\_\_\_\_      Attorney General Schedule B \_\_\_\_\_

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

Margaret Connell  
Signature of President or  
other authorized officer  
or trustee

President  
Title

6/30/97  
Date

Name and address of preparer: \_\_\_\_\_

THIS FORM, TOGETHER WITH ALL REQUIRED ATTACHMENTS,  
AND A CHECK PAYABLE TO THE COMMONWEALTH OF MASSACHUSETTS  
SHOULD BE MAILED TO:

Division of Public Charities  
One Ashburton Place, Room 1413  
Boston, MA 02108

**SCHEDULE A-1**  
**Solicitation Activities During Fiscal Year**  
**Covered by this Report**

*Reading Extended-day Activities Program*

Name of organization as it appears on page 1 of your Form PC  
Fiscal year covered by this report 7-1-96 to 6/30/97

1. List all names used by the organization in connection with the solicitation of funds other than the official name which appears above: \_\_\_\_\_

2. Types of solicitation activities engaged in:

<input type="checkbox"/> mass mailings	<input type="checkbox"/> raffle, beano, bingo,
<input type="checkbox"/> door-to-door	<input type="checkbox"/> or gaming event
<input type="checkbox"/> entertainment event	<input type="checkbox"/> sale of goods other
<input type="checkbox"/> telemarketing without	<input type="checkbox"/> than by telephone
<input type="checkbox"/> sale of goods or ads	<input type="checkbox"/> individual mailings
<input type="checkbox"/> telemarketing with	<input type="checkbox"/> corporate solicitation
<input type="checkbox"/> sale of goods	<input checked="" type="checkbox"/> grant proposals
<input type="checkbox"/> telemarketing with	<input type="checkbox"/> other (explain) _____
<input type="checkbox"/> sale of ads	

3. Identify the method or methods used for fundraising:

A. Professional solicitor	_____
B. Professional fundraising counsel	_____
C. Commercial co-venturer	_____
D. Own employees	_____
E. Volunteers	<input checked="" type="checkbox"/>

With respect to categories A, B, and C, furnish names and addresses: \_\_\_\_\_

4. Identify by name and title the individuals who had final responsibility for the charity's custody of contributions (e.g. specific board members or staff members): \_\_\_\_\_

*Robin A. Datona*

5. Identify by name and title the individuals who had final responsibility for the charity's distribution of contributions (e.g. specific board members or staff members): \_\_\_\_\_

*Robin A. Datona*

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

1. List any names which will be used by the organization in connection with the solicitation of funds other than the official name which appears above: \_\_\_\_\_

2. Types of solicitation activities which you expect to engage in:
- |  |   |
|--|---|
| <input type="checkbox"/> mass mailings         | <input type="checkbox"/> raffle, beano, bingo       |
| <input type="checkbox"/> door-to-door          | <input type="checkbox"/> or gaming event            |
| <input type="checkbox"/> entertainment event   | <input type="checkbox"/> sale of goods other        |
| <input type="checkbox"/> telemarketing without | <input type="checkbox"/> than by telephone          |
| <input type="checkbox"/> sale of goods or ads  | <input type="checkbox"/> individual mailings        |
| <input type="checkbox"/> telemarketing with    | <input type="checkbox"/> corporate solicitation     |
| <input type="checkbox"/> sale of goods         | <input checked="" type="checkbox"/> grant proposals |
| <input type="checkbox"/> telemarketing with    | <input type="checkbox"/> other (explain) _____      |
| <input type="checkbox"/> sale of ads           |   |

3. Identify the method or methods you expect to use for fundraising:
- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| A. Professional solicitor           | <input type="checkbox"/>            |
| B. Professional fundraising counsel | <input type="checkbox"/>            |
| C. Commercial co-venturer           | <input type="checkbox"/>            |
| D. Own employees                    | <input checked="" type="checkbox"/> |
| E. Volunteers                       | <input checked="" type="checkbox"/> |

With respect to categories A, B, and C, furnish names and addresses: \_\_\_\_\_

4. Identify by name and title the individuals who will have financial responsibility for the charity's custody of contributions (e.g. specific board members or staff members): \_\_\_\_\_  
Robin D. Antona

5. Identify by name and title the individuals who will have final responsibility for the charity's distribution of contributions (e.g. specific board members or staff members): \_\_\_\_\_  
Robin D. Antona

**TWO SIGNATURES ARE REQUIRED**

Under penalty of perjury, we declare that the information furnished in these schedules, including any attachments, is true and correct to the best of our knowledge.

Margaret Couell  
 Signature of President or  
 other authorized officer  
 or trustee

President  
 Title

6/30/97  
 Date

RC D Antona  
 Signature of Treasurer or  
 chief fiscal officer

Executive Director  
 Title

6/30/97  
 Date

I. Please read the instructions and definition of "Related Organization" carefully before completing this section.

Name	Primary Purpose or Activity	EYE	Net Assets (as of the most recent fiscal year end)			
			A	B	C	D
			Donor Restricted Funds (-) Liabilities	3rd Party Restricted Funds (-) Liabilities	Unrestricted Funds (-) Liabilities	Total Net Assets (A+B+C)

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

Name & Title	Income Source(s)	Salary & Other Income	Benefit Plans	Other Compensation
--------------	------------------	-----------------------	---------------	--------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

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

YES \_\_\_\_\_

NO \_\_\_\_\_