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 Essex Day Activities Program, Inc
St. & No.: 62 Oaklawn Road
City, State: Reading, MA
Zip Code: 01867

FISCAL YEAR COVERED BY THIS FILING:
Beginning 07 - 01 - 96
Ending 06 - 30 - 97

ATTORNEY GENERAL’S ACCOUNT NUMBER:

Federal I.D. No.: 04-2884041
IRS EXEMPTION UNDER: 501(c)(3)
Check if no IRS exemption:
Tel. Number: (781) 944-0041
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
(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
(From 990, line 15; Form 990EZ enter amount from own records; Sched. B, line 30, col.B)

3. TOTAL ASSETS $ 112,383
(From 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
(From 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)

5. TOTAL GRANTS, CONTRIBUTIONS, AND ASSISTANCE AWARDED BY YOU $ 50
(DO NOT WRITE IN THIS BLOCK)

Payment Received $ 125.00
Certificate Issued
Certificate End Date

SCHEDULES AND REPORTS TO BE MAINTAINED:

5. A list of all grants and contributions received
6. A list of all property and assets received
7. A copy of the organization’s articles of incorporation
8. A copy of the organization’s by-laws
9. A copy of the organization’s various agreements, leases
10. A copy of the organization’s monthly financial reports

Revised 5/9
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 seeking 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).

<table>
<thead>
<tr>
<th>NAME &amp; TITLE</th>
<th>HOURS PER WEEK</th>
<th>SALARY &amp; OTHER INCOME</th>
<th>BENEFIT PLANS</th>
<th>OTHER COMPENSATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin D'Anton</td>
<td>40</td>
<td>$50,000</td>
<td>5,000</td>
<td>0</td>
</tr>
</tbody>
</table>

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 compensation.
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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sold or transferred assets to or purchased assets from or exchanged assets with a related party?</td>
<td></td>
</tr>
<tr>
<td>b. Leased assets to or leased assets from a related party?</td>
<td></td>
</tr>
<tr>
<td>c. Been indebted to a related party?</td>
<td></td>
</tr>
<tr>
<td>d. Allowed a related party to be indebted to it?</td>
<td></td>
</tr>
<tr>
<td>e. Made or held an investment in a related party?</td>
<td></td>
</tr>
</tbody>
</table>
(Question 8 cont'd.)

f. Furnished goods, services or facilities to a related party?  
   Yes _____ No _____

g. Acquired goods, services or facilities from a related party who received compensation or other value in return?  
   Yes _____ No _____

h. Paid or became obligated to pay wages, salary or other compensation to a related party?  
   Yes _____ No _____

i. Transferred income or assets to or for use by a related party?  
   Yes _____ No _____

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 [ ]

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

[Signature]
Signature of President or other authorized officer or trustee

[Title]

[Date] 6/30/97

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

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:
   - mass mailings
   - door-to-door
   - entertainment event
   - telemarketing without sale of goods or ads
   - telemarketing with sale of goods
   - telemarketing with sale of goods

   raffle, beano, bingo,
   or gaming event
   sale of goods other than by telephone
   individual mailings
   corporate solicitation
   grant proposals
   other (explain)

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

   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 D. Antene

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 D. Antene

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:

- mass mailings
- door-to-door
- entertainment event
- telemarketing without sale of goods or ads
- telemarketing with sale of goods
- telemarketing with sale of ads
- raffle, beano, bingo
- sale of goods other than by telephone
- individual mailings
- corporate solicitation
- grant proposals
- other (explain)

3. Identify the method or methods you expect to use for fundraising:

A. Professional solicitor
B. Professional fundraising counsel
C. Commercial co-venturer
D. Own employees
E. Volunteers

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 DiDomenica

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):

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 Counsel
Signature of President or other authorized officer or trustee

President
Title
6/30/97
Date

R. C. Antone
Signature of Treasurer or chief fiscal officer

Special Director
Title
6/30/97
Date

PCF.49

-7-


<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Primary</td>
</tr>
</tbody>
</table>

Schedule B

I. Total compensation paid by your organization and/or any other source

<table>
<thead>
<tr>
<th>Source (a)</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Benefit</td>
<td></td>
</tr>
<tr>
<td>Plan</td>
<td></td>
</tr>
</tbody>
</table>

II. Use additional lines below to itemize by compensation source. See instructions and above, reporting the highest aggregate compensation (salary) or the system of the current or former directors, trustees, officers or employees within the system or retained organization to your current executive (e.g., executive director) and to the four other organizations related to your organization. Be certain to indicate the value and year.

<table>
<thead>
<tr>
<th>Date</th>
<th>c</th>
<th>b</th>
<th>a</th>
</tr>
</thead>
</table>

Schedule B:

 Rewards

(4.6+) Net Assets (as of the most recent fiscal year end)