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Form	99	Return of Organization Exemp Under section 501(c), 527, or 4947(a)(1) of the Internal benefit trust or private found The organization may have to use a copy of this return to	Reveni					2001 Open to Pub
Depart ifiterna	ment of ti I Revenue	The organization may have to use a copy of this return to		state re	porting requir	ements.		Inspection
A Fo	r the 20	106 calendar year, or tax year beginning	and en	ding				
В сн	eck if	Please C Name of organization	•			D Employ	er ident	tification number
ap	plicable Address	use IRS						0000
<u>_</u>	change Name	print or ASSABET VALLEY IPA, INC.			10			0933
<u></u>	change Initial	type See Number and street (or P 0. box if mail is not delivered to street address) Specific 3 2 0 BOLTON STREET			Room/suite			10e1 5-0104
	return Final	Instruc- tions City or town, state or country, and ZIP + 4		-	L			X Cash
	return Amended return						cify)	
	Applicati pending	Cooligii do Hollo) organizationo ana 1011 (a)(1) nonexempt energable il e	ts	H and	are not app	licable to	section	527 <u>org</u> anizati
		must attach a completed Schedule A (Form 990 or 990-EZ).			this a group i			_
		N/A	7 507		"Yes," enter n			
		ion type (check only one) ► X 501(c) (4) ◀ (insert no) 4947(a)(1) or	527	(1	re all affiliates f "No," attach a	ı lıst.)	N/	
		e Lifthe organization is not a 509(a)(3) supporting organization and its gros re normally not more than \$25,000. A return is not required, but if the organization	S	H(d) is	this a separat anization cove	te return fik red by a or	ed by an	n or- ng? Yes
		o file a return, be sure to file a complete return.			roup Exemption			N/A
								is not required t
		eipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 72, 25			ch. B (Form 9	90, 990-EZ	, or 990	-PF).
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund	Bala	nces		<u> </u>		
2010	1	Contributions, gifts, grants, and similar amounts received:						
	_	Contributions to donor advised funds Direct public support (not included on line 1a)	1a 1b			$\overline{}$		
6		Indirect public support (not included on line 1a)	10					
		Government contributions (grants) (not included on line 1a)	1d					
₩.		Total (add lines 1a through 1d) (cash \$ noncash \$)	1e	
SCANNED MAR	2	Program service revenue including government fees and contracts (from Part VII, III	16937/	TUT	ELINIT		2	
M	3	Membership dues and assessments Interest on savings and temporary easit investments	RE	ECF	アンドラ		3	45,
			r c	D 9 6	3	_	5	26,
8	5 6 a	Dividends and interest rom securities Gross rents Gross rents Gross rents	[5]E	B 1 9	2010	-	3	
(N)	b	Clossians (S) LESS D Q ESTO (O)		D D	ANCH			
		Net rental income or (loss). Subtracting quiffdin in the wa		ÖĞDI	FN FN		6c	
Revenue	7	Other investment income (described)	,				7	
e e	8 a		ļ		(B) Other			
		than inventory	8a				Ì	
	b	Less: cost or other basis and sales expenses	8b					
ļ	C C	Gain or (loss) (attach schedule) Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	L			8d	
	d 9	Special events and activities (attach schedule). If any amount is from gaming, check	k here !]		-	
	a	Gross revenue (not including \$	9a					
	b	Less: direct expenses other than fundraising expenses	9b					
	C	Net income or (loss) from special events. Subtract line 9b from line 9a	1	1			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b	100			100	
	C	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b fro	uiii iine	108			10c	
	11 12	Other revenue (from Part VII, line 103) Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	72,
_	13	Program services (from line 44, column (B))					13	49,
Ses	14	Management and general (from line 44, column (C))					14	11,
Expenses	15	Fundraising (from line 44, column (D))					15	
Ä	16	Payments to affiliates (attach schedule)					16	
	17	Total expenses. Add lines 16 and 44, column (A)					17	60,
S	18	Excess or (deficit) for the year. Subtract line 17 from line 12				_	18	11,
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in not assets or fund balances (attach explanation)	ववद	G ttl 3/	ր բ Μբչյու		19	368, 24,
ASS	20	Other changes in net assets or fund balances (attach explanation)	كت	OIW.	TEMENT		20	44,

Part II Statement of All or	ganization		(A). Columns (B), (C), and a)(1) nonexempt charitable	(D) are required for section	
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	,, organiz	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds	1 1				
(attach schedule)					
(cash \$ 0 • noncash \$ 0	⊿				
If this amount includes foreign grants, check here	22a				
22b Other grants and allocations (attach schedule	*)				
(cash \$ 0 • noncash \$ 0	-1)				
If this amount includes foreign grants, check here	22b				
23 Specific assistance to individuals (attach			(
schedule)	23				
24 Benefits paid to or for members (attach					
schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 2	25-	34,467.	27,574.	6,893.	0.
b Compensation of former officers, directors, key	25a	34,407.	21,314.	0,095.	
employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included					•
above, to disqualified persons (as defined under	'l l				
section 4958(f)(1)) and persons described in		•			
section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not					
included on lines 25a, b, and c	26	12,360.	9,888.	2,472.	
27 Pension plan contributions not included on					
lines 25a, b, and c	27				
28 Employee benefits not included on lines					
25a - 27	28				
29 Payroli taxes	29				
30 Professional fundraising fees	30			·	
31 Accounting fees	31	3,557.	2,846.	711.	
32 Legal fees	32				
33 Supplies	33	57.	46.	11.	
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	3,680.	<u>3,6</u> 80.		
37 Equipment rental and maintenance	37				
38 Printing and publications	38		-		
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42			·	
43 Other expenses not covered above (itemize)	40-	53.	42.	11.	
a MISCELLANEOUS b STATE TAXES	43a 43b	5,994.	4,795.	1,199.	
c MEALS	43c	753.	602.	151.	
d MEADS	43d	755.	002.	171.	
	43e		·		
e	43f				
9	43g			-	
44 Total functional expenses. Add lines 22a through					
43g. (Organizations completing columns (B)-(D),					
carry these totals to lines 13-15)	44	60,921.	49,473.	11,448.	0.
Joint Costs. Check ► ☐ If you are following Are any joint costs from a combined educational campa	SOP 9	8-2			Yes X No

If "Yes," enter (i) the aggregate amount of these joint costs \$ ____ N/A ; (ii) the amount allocated to Program services \$_ N/A (iii) the amount allocated to Management and general \$ e23011 01-23-07 N/A N/A ; and (iv) the amount allocated to Fundraising \$

04-2800933

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What i	s the organization's prin	mary exempt purpose?	SEE STATEM	ENT 3		Program Service Expenses
clients	served, publications is:	ne their exempt purpose a sued, etc Discuss achiev nonexempt charitable trus	ements that are not me	easurable (Section 501)	c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
F(B)	OR LOCAL DOC	OCAL COMMUNI	WORKERS, DI	ETICIANS ANI	NURSES TO	
(G b	irants and allocations	\$) If this amount	ıncludes foreign grants	, check here	49,473.
(G c	irants and allocations	\$) If this amount	ıncludes foreign grants	, check here	
(G	irants and allocations	\$) If this amount	ıncludes foreign grants	, check here 🕨 🗀]
e 0	Grants and allocations ther program services (a	•		: includes foreign grants		
	Grants and allocations	\$ e Expenses (should equa		includes foreign grants	, cneck nere	49,473.
	otal of Frogram Scratc	C Expenses (anoual equa				Form 990 (2006)

04-2800933

Pa	L IA	Balance Sneets (See the instructions)				
Note	: Whe	ere required, attached schedules and amounts uld be for end-of-year amounts only	within the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		163,950.	45	1,824.
	46	Savings and temporary cash investments	į	200/3000	46	151,166.
			, ,			
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48 2	Pledges receivable	48a			
	1	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable	100		49	
	i	Receivables from current and former officers	s. directors, trustees, and			
		key employees	,,		50a	
	b	Receivables from other disqualified persons	(as defined under section			
ts		4958(f)(1)) and persons described in section	`		50b	
Assets	51 a	Other notes and loans receivable	51a			
æ	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use	_		52	·
	53	Prepaid expenses and deferred charges			53	
	54 a	Investments - publicly-traded securities ST		201,453.	54a	<u> 248,696.</u>
	b	Investments - other securities ST	'MT 5 ► X Cost FMV	2,984.	54b	2,984.
	55 a	Investments - land, buildings, and	1 1			
		equipment. basis	55a			
	١.	The second second second second second	555		550	
	56	Less accumulated depreciation Investments - other	55b	0.	55c	0.
	1	Land, buildings, and equipment basis	57a 10,135.		30	
	1	Less accumulated depreciation STMT 4			57c	
	58	Other assets, including program-related investme			0,0	
		(describe >)		58	
	59	Total assets (must equal line 74) Add lines	45 through 58	368,387.	59	404,670.
	60	Accounts payable and accrued expenses			60	
	61	Grants payable			61	
	62	Deferred revenue			62	
ilities	63	Loans from officers, directors, trustees, and	key employees		63	
ij	64 a	a Tax-exempt bond liabilities			64a	
Liabi	l	b Mortgages and other notes payable			64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65		0.	66	0.
		anizations that follow SFAS 117, check here	e and complete lines		00	
	O. 9.	67 through 69 and lines 73 and 74	and semplete in les			
es	67	Unrestricted			67	
au	68	Temporarily restricted			68	
Bal	69	Permanently restricted			69	
Fund Balances	Orga	anizations that do not follow SFAS 117, che	eck here 🕨 🗓 and			
년		complete lines 70 through 74				
ğ	70	Capital stock, trust principal, or current fund	ds [0.	70	0.
set	71	Paid-in or capital surplus, or land, building,	and equipment fund	0.	71	0.
Net Assets or	72	Retained earnings, endowment, accumulate	· ·	<u>368,387.</u>	72	404,670.
Z	73	Total net assets or fund balances Add lines 67 t	_		1	
	1	(Column (A) must equal line 19 and column (B) n	· •	368,387.	73	404,670.
	74	Total liabilities and net assets/fund balan	ces. Add lines 66 and 73	368,387.	74	404,670.

For	m 990 (2006) ASSABET VALLEY IPA, I	NC.	•	04-280093	33 Page 5
	art IV-A Reconciliation of Revenue per Audited Fina instructions.)	ncial Statements W	ith Revenue p	er Return (See	the
, a	Total revenue, gains, and other support per audited financial stateme	nts		a	N/A
b	Amounts included on line a but not on Part I, line 12				
1			b1		
2			02		
3		- Fi	b3	7 1	
4			b4		
	Add lines b1 through b4			b	
C	Subtract line b from line a			С	
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b		d1		
2	Other (specify)		d2		
	Add lines d1 and d2			d	
e	Total revenue (Part I, line 12) Add lines c and d			▶ e	
P	art IV-B Reconciliation of Expenses per Audited Financian	ancial Statements V	Vith Expenses	per Return	
a	Total expenses and losses per audited financial statements			а	N/A
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities		b1		
2	Prior year adjustments reported on Part I, line 20		b2		
3	Losses reported on Part I, line 20		b3		
4	Other (specify).		b4		
	Add lines b1 through b4			b	
C	Subtract line b from line a			С	
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	_	d1		
2	2 Other (specify)		d2		
	Add lines d1 and d2			d	
<u>e</u>	Total expenses (Part I, line 17) Add lines c and d			▶ e	
P	eart V-A Current Officers, Directors, Trustees, and Ko		•		tor, trustee,
	or key employee at any time during the year even if they we				(E) Evnanca
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not paid, enter		(E) Expense account and other allowances
	A STATE OF THE STA				
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Ŝ	EE STATEMENT 7		34,467.	0.	0.
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	ABET VALLEY IPA, II			<u>04-2800</u>	933		age 6
	Directors, Trustees, and Ke					Yes	No
75 a Enter the total number of officers	s, directors, and trustees permitted to	o vote on organization bus	iness at board	1.0			
meetings				10			
	es, or key employees listed in Form 9						
	ghest compensated professional and						
the individuals and explains the	ther through family or business relati relationship(s)	onships/ii res, attach	a statement that i	dentines	75b		X
•					,,,,		
	es, or key employees listed in Form 9 ghest compensated professional and						
· · · · · · · · · · · · · · · · · · ·	sation from any other organizations, \						
	ns for the definition of "related organi				75c		X
If "Yes," attach a statement that	includes the information described i	n the instructions			i		
d Does the organization have a wr					75d	<u> </u>	X
	Directors, Trustees, and Key er officer, director, trustee, or key em						and
the year list that person	er officer, director, trustee, or key err n below and enter the amount of cor	ipioyee received compens noensation or other benef	its in the appropri	ate column Se	e the ir	istructi	ons)
			(C) Compensation	(D) Contributions	to (E) Expe	
(A) Name an		(B) Loans and Advances	(if not paid, enter -0-)	employee benef plans & deferred	عبرا ا	ccount er allow	
	NONE	·	United 6 /	compensation pla	u.s 0.01	or allow	411003
							•
			1		+		
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					1		
Part VI Other Information	(See the instructions.)	<u> </u>		.1		Yes	No
	ange in its activities or methods of co	nducting activities? If "Ye	s," attach a detail	ed	T		
statement of each change	-	-			76		X
77 Were any changes made in the	organizing or governing documents l	but not reported to the IRS	S?		77	 	X
If "Yes," attach a conformed co					1		
	ated business gross income of \$1,00	0 or more during the year	covered by this re		78a		X
b If "Yes," has it filed a tax return				N/A	78b	+	
	tion, termination, or substantial contr				79_	+	X
80 a Is the organization related (other				ПОП	80a		x
	trustees, officers, etc , to any other organization N/A	exempt or nonexempt org	απεαποπ,		oua	+	 *
b If "Yes," enter the name of the o	nyaiization 17/A	and check whether it is	exempt or	nonexempt			
81 a Enter direct or indirect political	expenditures (See line 81 instruction	-	81a		.		
b Did the organization file Form 1		•			81b		X
					For	m 990	(2006)

B2 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82		990 (2006) ASSABET VALLEY IPA, INC. 04-2800			age 7
less than fair rental value? bil 17 Yes, "you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II Size instructions in Part II Size in II Size	Pa	t VI Other Information (continued)		Yes	No
b If Yes, 'you may indicate the value of these terms here. Do not include the amount as revenue in Part I or as an expense in Part II 35 en instructions in Part III 36 Did the organization comply with the public inspection requirements for returns and exemption applications? 37 Did the organization comply with the public inspection requirements for returns and exemption applications? 38	82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
samount as revenue in Part I or as an expense in Part III Size instructions in Part III Size N/A	•	less than fair rental value?	82a		_X_
See instructions in Part III) 3 Dot the organization comply with the public inspection requirements for returns and exemption applications? b Dot the organization comply with the disclosure requirements relating to quite prior quite productions? b Cliff the organization comply with the disclosure requirements relating to quite prior quite productions? b Cliff the organization michide with every solicitation are express statement that such contributions or gifts were not tax deductible? b Cliff the organization michide with every solicitation are express statement that such contributions or gifts were not tax deductible? b Cliff the organization michide with every solicitation are express statement that such contributions or gifts were not tax deductible? b Cliff the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to ether \$5a or \$50, do not complete \$50, through \$5h below unless the organization received a waiver for proxy tax owed for the prior year. C Dues, assessments, and similar amounts from members \$ 85c	b	If "Yes," you may indicate the value of these items here. Do not include this			
33 a Dot the organization comply with the public inspection requirements for returns and exemption applications? b Od the organization comply with the disclosive requirements retailing to quit or quito contributions? b Of the organization solicit any contributions or gifts that were not tax deductible? b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b Of the organization make only inhouse lobbying expenditures of \$2,000 or leas? b Of the organization make only inhouse lobbying expenditures of \$2,000 or leas? If Yes," was answered to either 85 at or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. c Dues, assessments, and similar amount of section 8033(e) ((1)/4) dues notices e Aggregate nondeductable amount of section 6033(e) ((1)/4) dues notices 85ct N/A 1 Exaction 6033(e)((1)/4) dues notices were sent, does the organization allow 85f N/A 1 Exection 6033(e)((1)/4) dues notices were sent, does the organization or line 85f 1 Exection 6033(e)((1)/4) dues notices were sent, does the organization or line 85f 1 Exection 6033(e)((1)/4) dues notices were sent, does the organization allowing tax year? 5 Oftic/(17) organizations Enter a Initiation fees and capital contributions included on line 12 6 Gross recepts, included on line 12, for public use of club facilities 5 Oftic/(17) organizations. Enter a Cross income from members or shareholders 6 Gross recepts, included on line 12, for public use of club facilities 8 Oftic/(17) organizations. Enter a Gross income from members or shareholders 8 Oftic/(17) organizations. Enter a Gross income from members or shareholders 8 Oftic/(17) organizations. Enter a Gross income from members or shareholders 8 Oftic/(17) organizations. Did the organization organization and to other sources against amounts due or received from them) 9 At any time during the year, did the organization organization					į
b Did the organization comply with the disclosure requirements relating to aud pro quo contributions? 84 a. Did the organization solicit any contributions or gifts that were not tax deductible? 85 17 'Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not at a contributions. 85 507(c)(l), (l), or (6) organizations as Were substantially all dues nondeductible by members? 85 507(c)(l), (l), or (6) organizations as Were substantially all dues nondeductible by members? 85 507(c)(l), (l), or (6) organization make only inhouse lobbying expenditures of \$2,000 or less? 85 1 Y'Xs' was answered to enthe 85a or 85b, on one complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year 9 Dues, assessments, and smill amounts from members 10 Section 162(q) obbying and political expenditures 10 Section 162(q) obbying and political expenditures (line 85d less 85e) 11 Taxable amount of lobbying and political expenditures (line 85d less 85e) 12 Dess the organization elect to pay the section 8033(e)(1)(A) dues notices 13 Taxable amount of lobbying and political expenditures (line 85d less 85e) 13 Dess the organization elect to pay the section 8033(e)(1)(A) dues notices 14 Section 162(q) obbying and political expenditures (line 85d less 85e) 15 Dess the organization elect to pay the section 8033(e)(1)(A) dues notices 16 Section 162(q) obbying and political expenditures for the following tax year? 17 N/A 18 Section 162(q) obbying and political expenditures (line 85d less 85e) 18 Dess the organization section of dues allocable to nondeductible lobbying and political expenditures for the following tax year: 18 Section 162(q) organizations. Enter a linitiation fees and capital contributions included on line 12. 19 Gross receipts, included on line 12, for public use of club facilities 19 Gross receipts, included on line 12, for public use of club facilities 19 Gross receipts, included on line 12, fo		(See instructions in Part III) 82b N/A			
84 a Ut the organization solicit any contributions or grifs that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 5 5010(16), (8), or (6) organizations a Were substantially all dues nondeductible by members? 5 Dut the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members 6 Section 162(e) lobbying and political expenditures 8 Aggregate mondeductible amount of section 6033(e)(1)(A) dues notices 8 Aggregate mondeductible amount of section 6033(e)(1)(A) dues notices 9 Aggregate mondeductible amount of section 6033(e)(1)(A) dues notices 1 Taxable amount of lobbying and political expenditures (ine 86d less 85e) 1 Taxable amount of lobbying and political expenditures (ine 86d less 85e) 2 Does the organizations less of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A 8 Solf (0)(7) organizations. Enter a initiation fees and capital contributions inicituded on line 12, for public use of club facilities 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholders 8 Solf (0)(7) organizations. Enter a Gross income from members or shareholder	83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
b If "Yes," dut the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85 501(c)(4), (5), or (6) organizations as Were substantially all dues nondeductible by members? 85 501(c)(4), (5), or (6) organizations as Were substantially all dues nondeductible by members? 85 60	b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
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or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 89 a \$01(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 \(\bigstyre{\bigstyr		,	-		İ
If "Yes," complete Part IX b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 89 a \$01(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) ; section 4915 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) ; section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) \(\text{S}\) is section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) \(\text{A}\) ; section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) \(\text{A}\) is section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{A}\) is section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) \(\text{A}\) is section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{A}\) is section 4955 \(\bigstar{\text{N}}\) \(\bigstar{\text{N}}\) \(\text{N}\) \(\text{A}\) is section 4956 \(\text{N}\) \(\text{S}\) is section 4958 \(\text{N}\) case the instruction of tax imposed on the organization engage in any section 4958 excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Enter Amount of tax on line 89c, above, reimbursed by the organization a party to a prohibited tax shelter transaction? If all organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If all organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring o	88 a				
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 89 a \$501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A b \$501(c)(3) and \$501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter Amount of tax any time during the tax year, was the organization			00-	<u> </u>	
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If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	D		016		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			310	1	^
and Financial Accounts		· · · · · · · · · · · · · · · · · · ·		1	1
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		and Financial Accounts	Forn	990	(2006)

Form 990 (2006) ASSABET VA	LLEY IPA,	INC.		04-	2800933 Page 8
Part VI Other Information (continued)		<u> </u>			Yes No
c At any time during the calendar year, did the o	_	_	the Uni	ted States?	91c X
If "Yes," enter the name of the foreign country		/A			
Section 4947(a)(1) nonexempt charitable trusts	-		neck her		/ -
and enter the amount of tax-exempt interest re				▶ 92	N/A
Part VII Analysis of Income-Producin					
Note: Enter gross amounts unless otherwise	(A)	business income	(C)	d by section 512, 513, or 514	(E)
indicated	Business	(B) Amount	Exclu- sion	(D) Amount	Related or exempt
93 Program service revenue	code		code		function income
a	_			<u></u>	
b	_		\vdash	 	
C	_		<u> </u>	 _	
d	_				
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					45,534.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities		- 	14	26,725.	
97 Net rental income or (loss) from real estate					
a debt-financed property			\vdash		
b not debt-financed property			├ ──-		
98 Net rental income or (loss) from personal prope	erty	-	 -		
99 Other investment income					
100 Gain or (loss) from sales of assets			1 [
other than inventory			 		
101 Net income or (loss) from special events			-		
102 Gross profit or (loss) from sales of inventory			 		
103 Other revenue					
a	_		-		
b			 		
C	_		+		
d	_		 		
e	_		├	06 505	45 504
104 Subtotal (add columns (B), (D), and (E))		0.	<u>i. </u>	26,725.	
105 Total (add line 104, columns (B), (D), and (E)		Don't (•	72,259.
Note: Line 105 plus line 1e, Part I, should equal the			+ Dur	2000 (0 - 46	
Part VIII Relationship of Activities to					
Line No Explain how each activity for which income is exempt purposes (other than by providing fu			ımporta	intly to the accomplishment	of the organization's
			(D T 1 7 T	ENTITO ON THE PER	TOD MILE
94 MEMBERSHIP DUES PROMO				E ENVIRONMENT	
	TROUGH ED	OCATION AND	/ IME	PROVEMENT OF	REALTRCARE
DELIVERY			_		
Part IX Information Regarding Taxal	hle Subsidiarie	es and Disregard	ed Fn	tities (See the instruction	one l
(A) (B)		(C)		(D)	(E)
Name address and FIN of corporation. Percentage	ge of	Nature of activities		Total income	End-of-year
partnership, or disregarded entity ownership in	%			· 	<u>ass</u> efs
λτ / λ	%				<u> </u>
N/A	%				
	%				
Part X Information Regarding Trans		ed with Personal	Bene	fit Contracts (Sec ++	ne instructions 1
(a) Did the organization, during the year, receive any full				iai peneni contract/	
(b) Did the organization, during the year, pay premiums			nunget		Yes X No
Note: If "Yes" to (b), file Form 8870 and Form 472	o (see instructions)	<u>'</u>			F 000 (0000)
					Form 990 (2006)

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	Information Regarding Transfers To and From		S. Complete only if the orga	nızatıon ıs a
	controlling organization as defined in section 512(b)(13)	N/A	· 	
	,			Yes No
106	, 9, 9,, , , , , , , , , , , , , , ,	as defined in section 5	12(b)(13) of the Code? If "Ye	es,"
	complete the schedule below for each controlled entity			
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
107	Did the reporting organization receive any transfers from a controlled complete the schedule below for each controlled entity	entity as defined in secti	on 512(b)(13) of the Code?	If "Yes," Yes No
	(A) · Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
-				
а				
a b				
_				
b	Totals			
b	Totals Did the organization have a binding written contract in effect on August			Yes No

Sign Signature of office Here

DR. ARNOLD HILL, Type or print name and title PRESIDENT

Preparer's Paid signature CARLA M. MCCALL, CPA Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 Use Only

ALEXANDER, ARONSON, FINNING & CO., P.C. 21 EAST MAIN STREET WESTBORO, MA 01581

Check if self-employed ▶ [EIN 🕨

Phone no. $\triangleright 508 - 366 - 9100$

Preparer's SSN or PTIN (See Gen Inst X)

Form **990** (2006)

Please

FORM 990	OTHER	CHANGES	IN	NET	ASSETS	OR	FUND	BALANCES	STATEMENT	1
DESCRIPTION									AMOUNT	
UNREALIZED GAIN	ON IN	VESTMENTS	3						24,94	45.
TOTAL TO FORM 9	90, PAI	RT I, LI	NE 2	20					24,94	45.

FORM 990 OFFI	CER COMPENSATIO PART II, LIN			STATEMENT 2
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ARNOLD HILL	21,867.			21,867.
A. PROGRAM SERVICES	17,494.			17,494.
B. MANAGEMENT AND GENERAL	4,373.			4,373.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ELSA LI	1,400.		<u>.</u>	1,400.
A. PROGRAM SERVICES	1,120.			1,120.
B. MANAGEMENT AND GENERAL	280.			280.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DIANE KARALEKAS	1,600.			1,600.
A. PROGRAM SERVICES	1,280.			1,280.
B. MANAGEMENT AND GENERAL	320.			320.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DANIEL CARLUCCI	1,400.			1,400.
A. PROGRAM SERVICES	1,120.			1,120.
B. MANAGEMENT AND GENERAL	280.			280.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CHARLES ROSENBAUM	1,000.			1,000.
A. PROGRAM SERVICES	800.			800.
B. MANAGEMENT AND GENERAL	200.			200.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ERNESTO JOSE	1,800.			1,800.
A. PROGRAM SERVICES	1,440.			1,440.
B. MANAGEMENT AND GENERAL	360.			360.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ANUP MATHUR	1,600.			1,600.
A. PROGRAM SERVICES	1,280.			1,280.
B. MANAGEMENT AND GENERAL	320.			320.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHNATHAN ARRNOW	1,400.			1,400.
A. PROGRAM SERVICES	1,120.			1,120.
B. MANAGEMENT AND GENERAL	280.			280.
C. FUNDRAISING				
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
STEVE SALOMON	1,200.			1,200
A. PROGRAM SERVICES	960.			960
B. MANAGEMENT AND GENERAL	240.			240
C. FUNDRAISING				

45000

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
TERENE ANKRAM	1,200.			1,200.
A. PROGRAM SERVICES	960.			960.
B. MANAGEMENT AND GENERAL	240.			240.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				27,574.
TOTAL MANAGEMENT AND GENERAL TOTAL FUNDRAISING	AL			6,893.
TOTAL OFFICER, ETC., COMPEN	NSATION INCLUDE	D ON PART II	, LINE 25A	34,467.
FORM 990 STATEMENT OF OR	RGANIZATION'S F PART III		T PURPOSE	STATEMENT 3

EXPLANATION

TO PROVIDE FREE MEDICAL EDUCATION ABOUT DIABETES, OBESITY AND HYPERTENSION THROUGHOUT THE COMMUNITY.

FORM 990 DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	10,135.	10,135.	0.
TOTAL TO FORM 990, PART IV, LN 57	10,135.	10,135.	0.

FORM 990 OT	HER SECURIT	IES		STATEMENT	5
SECURITY DESCRIPTION			COST/FMV	OTHER SECURITIES	5
OTHER INVESTMENTS			COST	2,98	34.
TO FORM 990, LINE 54B, COL B			=	2,98	84.
FORM 990 NON-G	OVERNMENT S	ECURITIES		STATEMENT	
	OVERNMENT SI CORPORATE STOCKS	ECURITIES CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	STATEMENT TOTAL NON-GOV SECURITI	' T
FORM 990 NON-G SECURITY DESCRIPTION COST/FMV MUTUAL FUNDS FMV	CORPORATE	CORPORATE	PUBLICLY TRADED	TOTAL NON-GOV SECURITI	'T ES

FORM 990 PART V-A - LIST TRUST	OF CURRENT OFFICERS, FEES AND KEY EMPLOYEE	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	
ARNOLD HILL 320 BOLTON STREET MARLBOROUGH, MA 01752	PRESIDENT/TREA	ASURER/CLERK 21,867.		
ELSA LI 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,400.	0.	0.
DIANE KARALEKAS 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,600.	0.	0.
DANIEL CARLUCCI 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,400.	0.	0.
CHARLES ROSENBAUM 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,000.	0.	0.
ERNESTO JOSE 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,800.	0.	0.
ANUP MATHUR 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,600.	0.	0.
JOHNATHAN ARRNOW 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,400.	0.	0.
STEVE SALOMON 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,200.	0.	0.
TERENE ANKRAM 320 BOLTON STREET MARLBOROUGH, MA 01752	DIRECTOR 2.50	1,200.	0.	0.
FOTALS INCLUDED ON FORM 990,	PART V-A	34,467.	0.	0.