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POSTMARK DATE FEB 11 2010

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2006

Open to Public Inspection

A For the **2006** calendar year, or tax year beginning and ending

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

C Name of organization
ASSABET VALLEY IPA, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
320 BOLTON STREET
 City or town, state or country, and ZIP + 4
MARLBOROUGH, MA 01752

D Employer identification number
04-2800933

E Telephone number
508-485-0104

F Accounting method ☒ Cash ☐ Accrual
☐ Other (specify) _____

G Website: **N/A**

J Organization type (check only one) ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **72,259.**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates **N/A**
H(c) Are all affiliates included? **N/A** ☐ Yes ☐ No
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number **N/A**
M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b		
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ _____ noncash \$ _____)	1e		0.
	2	Program service revenue including government fees and contracts (from Part VII, line 9)	2		
	3	Membership dues and assessments	3		45,534.
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5		26,725.
	6a	Gross rents	6a		
	Expenses	b	Less: rental expenses		
c		Net rental income or (loss). Subtract line 6b from line 6a	6c		
7		Other investment income (describe _____)	7		
8a		Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b		Less: cost or other basis and sales expenses	8a		
c		Gain or (loss) (attach schedule)	8b		
d		Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
9		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d		
a		Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a		
b		Less: direct expenses other than fundraising expenses	9b		
c		Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Net Assets		10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c		
	11	Other revenue (from Part VII, line 103)	11		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		72,259.
	13	Program services (from line 44, column (B))	13		49,473.
	14	Management and general (from line 44, column (C))	14		11,448.
	15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		60,921.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		11,338.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		368,387.	
20	Other changes in net assets or fund balances (attach explanation)	20		24,945.	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		404,670.	

SEE STATEMENT 1

G10 NE 22

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 2	34,467.	27,574.	6,893.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	12,360.	9,888.	2,472.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees	3,557.	2,846.	711.	
32 Legal fees				
33 Supplies	57.	46.	11.	
34 Telephone				
35 Postage and shipping				
36 Occupancy	3,680.	3,680.		
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel				
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a MISCELLANEOUS	53.	42.	11.	
b STATE TAXES	5,994.	4,795.	1,199.	
c MEALS	753.	602.	151.	
d				
e				
f				
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	60,921.	49,473.	11,448.	0.

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ 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 \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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 is the organization's primary exempt purpose? ► **SEE STATEMENT 3**

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a ASSABET VALLEY IPA, INC. HAS SPONSORED EDUCATION CONFERENCES FOR LOCAL DOCTORS, SOCIAL WORKERS, DIETICIANS AND NURSES TO BENEFIT THE LOCAL COMMUNITIES OF MARLBOROUGH, HUDSON, NORTHBOROUGH AND BERLIN.

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

49,473.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **49,473.**

Form **990** (2006)

Part IV Balance Sheets (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	163,950.	45 1,824.
	46 Savings and temporary cash investments		46 151,166.
	47 a Accounts receivable	47a	47c
	b Less allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	201,453.	54a 248,696.
	b Investments - other securities STMT 5 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	2,984.	54b 2,984.
55 a Investments - land, buildings, and equipment - basis	55a	55c	
b Less accumulated depreciation	55b		
56 Investments - other	0.	56 0.	
57 a Land, buildings, and equipment - basis	57a 10,135.	57c	
b Less accumulated depreciation STMT 4	57b 10,135.		
58 Other assets, including program-related investments (describe <input type="checkbox"/>)		58	
59 Total assets (must equal line 74) Add lines 45 through 58	368,387.	59 404,670.	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/>)		65
	66 Total liabilities. Add lines 60 through 65	0.	66 0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted		67
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds	0.	70 0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	0.	71 0.
	72 Retained earnings, endowment, accumulated income, or other funds	368,387.	72 404,670.
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	368,387.	73 404,670.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	368,387.	74 404,670.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	N/A
b Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
Add lines b1 through b4		b	
c Subtract line b from line a		c	
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	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	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		c	
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	Other (specify): _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

[illegible]

Part VI Other Information (continued)

		Yes	No
82 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?		X
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)		
82b	N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	X	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members		
85c	N/A		
d	Section 162(e) lobbying and political expenditures		
85d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
86a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	N/A		
87	501(c)(12) organizations. Enter a Gross income from members or shareholders		
87a	N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
87b	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?		
	If "Yes," complete Part IX		
88a			X
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		
88b			X
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 or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90 a	List the states with which a copy of this return is filed MA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	0
91 a	The books are in care of DR. ARNOLD HILL Telephone no. 508-485-0104		
	Located at 320 BOLTON STREET, MARLBOROUGH, MA ZIP + 4 01752		
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 N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
91b			X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
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					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets 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					
104 Subtotal (add columns (B), (D), and (E))		0.		26,725.	45,534.
105 Total (add line 104, columns (B), (D), and (E))					72,259.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

94 MEMBERSHIP DUES PROMOTE AND FOSTER A POSITIVE ENVIRONMENT FOR THE HEALTHCARE INDUSTRY THROUGH EDUCATION AND IMPROVEMENT OF HEALTHCARE DELIVERY

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13) **N/A**

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: DR. ARNOLD HILL, PRESIDENT Date: 27 July 2010

Paid Preparer's Use Only

Preparer's signature: CARLA M. MCCALL, CPA Date: 10/20/10 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. X): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBORO, MA 01581 Phone no.: 508-366-9100

Form 990 (2006)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED GAIN ON INVESTMENTS		24,945.	
TOTAL TO FORM 990, PART I, LINE 20		24,945.	

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

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.			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				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
DANIEL CARLUCCI	1,400.			1,400.
A. PROGRAM SERVICES	1,120.			1,120.
B. MANAGEMENT AND GENERAL	280.			280.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
CHARLES ROSENBAUM	1,000.			1,000.
A. PROGRAM SERVICES	800.			800.
B. MANAGEMENT AND GENERAL	200.			200.
C. FUNDRAISING				

<u>NAME OF OFFICER, ETC.</u>	<u>COMPENSATION</u>	<u>EMPLOYEE BEN. PLANS</u>	<u>EXPENSE ACCOUNTS</u>	<u>TOTALS</u>
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 ARROW	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				

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	6,893.
TOTAL FUNDRAISING	
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A	34,467.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

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

FORM 990 DEPRECIATION OF ASSETS 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	OTHER SECURITIES	STATEMENT	5
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
OTHER INVESTMENTS	COST	2,984.
TO FORM 990, LINE 54B, COL B		2,984.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			248,696.	248,696.
TO FORM 990, LINE 54A, COL B				248,696.	248,696.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 7
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ARNOLD HILL 320 BOLTON STREET MARLBOROUGH, MA 01752	PRESIDENT/TREASURER/CLERK/DIRECTOR 7.00	21,867.	0.	0.
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 ARNOW 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.
TOTALS INCLUDED ON FORM 990, PART V-A		34,467.	0.	0.