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Short Form Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

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

C Name of organization
THE SALEM PARTNERSHIP INC

D Employer identification number
04-2996598

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
8 CENTRAL STREET

E Telephone number
978-741-8100

City or town, state or province, country, and ZIP or foreign postal code
SALEM, MA 01970

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

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

I Website: ▶ **www.salempartnership.org**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

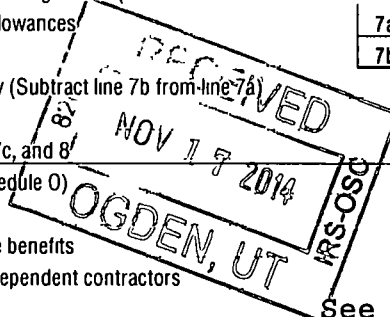
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **117,430.**

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

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Code	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	21,450.
	3 Membership dues and assessments	3	95,400.
	4 Investment income	4	580.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	117,430.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	58,500.
	13 Professional fees and other payments to independent contractors	13	1,010.
	14 Occupancy, rent, utilities, and maintenance	14	9,958.
	15 Printing, publications, postage, and shipping	15	198.
	16 Other expenses (describe in Schedule O)	16	42,928.
	17 Total expenses. Add lines 10 through 16	17	112,594.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,836.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	158,582.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	163,418.



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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes and No. Rows 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39a, 39b, 40a, 40b, 40c, 40d, 40e.

- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions
b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 0.; section 4912 0.; section 4955 0.
b Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

41 List the states with which a copy of this return is filed MA
42a The organization's books are in care of Patricia Zaido Telephone no. 978-741-8100
Located at 8 Central Street, Salem, MA ZIP + 4 01970

- 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:
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:

Table with columns Yes and No. Rows 42b, 42c.

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

- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
c Did the organization receive any payments for indoor tanning services during the year?
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes and No. Rows 44a, 44b, 44c, 44d, 45a, 45b.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with Yes/No columns and value 46, X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?

Table with Yes/No columns and values 47, 48, 49a, 49b, X

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, (e) Estimated amount of other compensation. Entry: NONE

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

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No (checked)

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

Sign Here: Signature of officer (James M. Muse), Date (11-12-14), Type or print name and title (James M. Muse, President)

Paid Preparer Use Only: Print/Type preparer's name (Cathy L. Rumery CPA), Preparer's signature, Date (1/01/14), Check self-employed, PTIN (P00114510), Firm's name (Cathy L. Rumery, CPA), Firm's EIN (26-1699205), Firm's address (600 Cummings Ctr, Suite 167Z, Beverly, MA 01915), Phone no. (978-922-5990)

May the IRS discuss this return with the preparer shown above? See instructions (checked) Yes No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ►

17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	87,125.	89,500.	92,750.	94,375.	95,400.	459,150.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,235.	832.	46,998.	2,323.	21,450.	75,838.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	91,360.	90,332.	139,748.	96,698.	116,850.	534,988.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						534,988.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	91,360.	90,332.	139,748.	96,698.	116,850.	534,988.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	364.	373.	239.	303.	580.	1,859.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	364.	373.	239.	303.	580.	1,859.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)	91,724.	90,705.	139,987.	97,001.	117,430.	536,847.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.65 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99.65 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.35 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.35 %

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col (c))
Revenue	1	Gross receipts			
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary Add lines 4 through 9 in column (d)			
	11	Net income summary Subtract line 10 from line 3, column (d)			

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE SALEM PARTNERSHIP INC

Employer identification number

04-2996598

Form 990-EZ, Part I, Line 4, Other Investment Income:

Description of Property:	Amount:
Interest Income	580.

Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:

Description of Expenses:	Amount:
Depreciation	358.
Other Expenses	9,600.
Total to Form 990-EZ, line 14	9,958.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Office Expenses	1,329.
Event Expenses	19,690.
Gifts and Donations	10,371.
Insurances	2,084.
Marketing and Internet Expenses	324.
Meetings and Conferences	429.
Payroll Taxes	5,174.
Telephone Expenses	1,854.
Filing Fees, Licenses, etc.	235.
Dues and Subscriptions	395.
Computer Support and Expenses	1,043.
Total to Form 990-EZ, line 16	42,928.

Form 990-EZ, Part II, Line 24, Other Assets:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

THE SALEM PARTNERSHIP INC

Employer identification number
04-2996598

Description	Beg. of Year	End of Year
Prepaid Expenses	1,165.	1,192.
Accounts Receivable	0.	2,125.
Other Depreciable Assets	894.	536.
Total to Form 990-EZ, line 24	2,059.	3,853.

Form 990-EZ, Part II, Line 26, Other Liabilities:

Description	Beg. of Year	End of Year
Accounts Payable	900.	0.
Accrued Expenses	2,340.	2,248.
Total to Form 990-EZ, line 26	3,240.	2,248.

Form 990-EZ, Part III, Primary Exempt Purpose - Promotion of business and public transportation.

Form 990-EZ, Part III, Line 29, Program Service Accomplishments:

Participation in the Salem MBTA Train Station Parking Garage project, renovation and expansion of the Courts complex, Salem Port Development Project, Essex Street Pedestrian Mall, and Community Advisory Board for Salem Public Schools.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.



Home

THE SALEM PARTNERSHIP

Mission & Goals

2013-2014 Officers, Executive Committee and Board of Directors

Current Projects

EXECUTIVE DIRECTOR

Success Stories

Patricia Zaido
 The Salem Partnership
 8 Central Street
 Salem, MA 01970

Members

Partnership Meetings

OFFICERS

Community Read



Chairman
 George W Atkins, Partner
 Ronan, Segal & Harrington
 59 Federal Street
 Salem, MA 01970

Annual Dinner

Salem Links



President
 Dr Patricia Maguire Meservey
 President, Salem State University
 352 Lafayette Street
 Salem, MA 01970

Contact Us

Vice-President
 Lynn Duncan,
 Planner, City of Salem
 120 Washington Street

Salem, MA 01970

Vice President

James M. Muse
North Shore Bank
248 Andover Street
Peabody MA 01960

Treasurer

William F. Howard
Beverly Cooperative Bank
73 Lafayette Street
Salem, MA 01970

Secretary

Patrick Delulis
Delulis Brothers Construction Company
31 Collins Street Terrace
Lynn, MA 01902

Clerk

Richard Pabich
Salem Inn
35 Winter Island Road
Salem, MA 01970

EXECUTIVE COMMITTEE

Chairman Emeritus

Joseph C. Correnti
Serafini, Serafini, Darling & Correnti
63 Federal Street
Salem, MA 01970

Chairman Emeritus

Thomas M. Leonard
Essex National Heritage Commission
221 Essex Street
Salem, MA 01970

Chairman Emeritus

William J. Tinti, Esq.
Tinti, Quinn, Grover & Frey
27 Congress Street
Salem, MA 01970

Chairman Emeritus
Russell T Vickers
Juniper Cove Group
15 Beach Street
Salem, MA 01970

Frederick Atkins
Dion Yacht Yard
23 Glendale Avenue
Salem, MA 01970

Joshua Basseches
Peabody Essex Museum
East India Square
Salem MA 01970

George Carey
Finz Restaurant
76 Wharf Street
Salem, MA 01970

Christina Danjou
VP Eastern Bank
195 Market Street, EP3-20
Lynn, MA 01901

The Honorable Kimberley Driscoll
Mayor of Salem
95 Washington Street
Salem, MA 01970

John S. Hall II
Salem Five Bank
210 Essex Street
Salem, MA 01970

Annie C Harris
Essex National Heritage Commission
221 Essex Street
Salem, MA 01970

Jeffrey Havlicek
Northeast Gateway
27 Congress street #211
Salem, MA 01970

Marcia MacClary
Footprint Power
24 Fort Avenue
Salem, MA 01970

Robert G Norton
CEO, North Shore Medical Center
70 Highland Avenue
Salem, Ma 01970

Matthew Picarsic
RCG-LLC
17 Ivaloo Street
Somerville, MA 02143

Michael Quijano-West
Superintendent
Salem Maritime National Historic Site
Derby Street
Salem, MA 01970

Board of Directors (Executive Committee are also members of the Board)

Karen Andreas
Publisher, The Salem News
32 Dunham Road
Beverly, MA 01915

Gary Barrett
Executive Director
North Shore Alliance
121 Loring Avenue
Salem, MA 01970

Jonathan Blodgett
District Attorney
10 Federal Street
Salem, MA 01970

Margaret Brennan
CEO, North Shore Community Health

47 Congress Street
Salem, MA 01970

David Butler
Trolley Depot
8 Central Street
Salem, MA. 01970

Mark Cote
Executive Director
Lifebridge
56 Margin Street
PO Box 810
Salem, MA 01970

Kate Fox
Destination Salem
Box 630
Salem, Massachusetts 01970

William Goldberg
Principal, Goldberg Properties
7 Rantoul Street
Beverly, MA 01915

David Hark
Principal, The Drumlin Group
600 Loring Avenue
Salem, MA 01970

Representative John D. Keenan
State House, Room 473B
Boston, MA 02133

David LaFlamme
President, North Shore Bank
248 Andover Street
Peabody, MA 01960

Juli Lederhaus
General Manager
Hawthorne Hotel
18 Washington Square
Salem, MA 01970



Senator Joan B. Lovely
MA state House-Room 215
Boston, MA 02133

Robert Lutts
President, Chief Investment Officer
Cabot Money Management, Inc
216 Essex Street
Salem MA 01970

Janine Matho
President, Salem Education Foundation
Salem, MA 01970

Kara McLaughlin
Acting, Executive Director
House of the Seven Gables
115 Derby Street
Salem, MA

Mark Meche
Principal, Winter Street Architects
209 Essex St Ste 300
Salem, MA 01970

Betsy Merry
Principal, Merry Fox Realty
224 Derby Street
Salem, MA 01970

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