

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

Short Form
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)
Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150
2008
Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008, and ending 06-30-2009

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

C Name of organization: UNDERSTANDING OUR DIFFERENCES INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 100 WALNUT STREET
City or town, state or country, and ZIP + 4: NEWTONVILLE, MA 02460

D Employer identification number: 04-2738924
E Telephone number: (617) 332-5951
F Group Exemption Number:

G Accounting method: Cash Accrual
Other (specify):

I Website: www.understandingourdifferences.ORG
J Organization type (check only one): 501(c)(3) (insert no) 4947(a)(1) or 527

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

K Check if the organization is not a section 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 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ \$ 105,503

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

Table with 9 rows (1-9) for Revenue. Columns include description, sub-rows (5a-5c, 6a-6c, 7a-7c), and amounts. Total revenue is 105,503.

Table with 7 rows (10-17) for Expenses. Columns include description and amounts. Total expenses are 114,572.

Table with 4 rows (18-21) for Net Assets. Columns include description and amounts. Net assets at end of year are 70,675.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

Table with 6 rows (22-27) for Balance Sheets. Columns include description, (A) Beginning of year, and (B) End of year. Total assets are 75,435.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? DISABILITY AWARENESS PROGRAM		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28 understanding our differences, inc is a volunteer organization providing a disability awareness program which is part of the fourth grade curriculum for all newton elementary school students (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	92,185
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	92,185

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		No
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		No
35	<i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0		
37b	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 unpaid at the start of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0, section 4912 ▶ _____ 0, section 4955 ▶ _____ 0		
40b	<i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>		No
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		No
41	List the states with which a copy of this return is filed ▶ <u>MA</u>		
42a	The books are in care of ▶ <u>beth mendel executive director</u> Telephone no ▶ <u>(617) 559-6075</u> 100 walnut street Located at ▶ <u>newtonville, MA</u> ZIP + 4 ▶ <u>02460</u>		
42b	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.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

Please Sign Here

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.

Signature of officer: ***** Date: 2010-02-09

BETH MENDEL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Linda M Smith CPA Date: 2010-02-09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SMITH SULLIVAN & COMPANY PC, 80 FLANDERS ROAD - SUITE 200, WESTBOROUGH, MA 01581

Preparer's PTIN (See Gen Inst X): EIN: Phone no: (508) 871-7178

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Name of the organization
UNDERSTANDING OUR DIFFERENCES INC

Employer identification number

04-2738924

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 1 A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2 A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 4 A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	53,321	109,977	108,001	115,588	97,432	484,319
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 line 1-3	53,321	109,977	108,001	115,588	97,432	484,319
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						50,320
6 Public Support subtract line 5 from line 4						433,999

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	53,321	3,132	108,001	115,588	97,432	484,319
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	181	3,132	1,085	2,037	1,263	7,698
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)						492,017
12 Gross receipts from related activities, etc (See instructions)					12	93,822
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	88.210 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	86.870 %
16a 33 1/3% Test - 2008. 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		<input checked="" type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the 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		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. 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		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. 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		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
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)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	

- 19a 33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

TY 2008 Other Assets Schedule

Name: UNDERSTANDING OUR DIFFERENCES INC

EIN: 04-2738924

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	2,998	2,998
Prepaid Expenses and Deferred Charges	257	257

TY 2008 Other Expenses Schedule

Name: UNDERSTANDING OUR DIFFERENCES INC

EIN: 04-2738924

Description	Amount
OFFICE SUPPLIES	1,736
mEETINGS	1,715
Miscellaneous	589
advertising and marketing	2,610
WEBSITE	196
MATERIALS & Supplies	3,145

TY 2008 Other Liabilities Schedule

Name: UNDERSTANDING OUR DIFFERENCES INC

EIN: 04-2738924

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	3,083	4,760

**TY 2008 Transfers Personal Benefits
Contracts Declaration**

Name: UNDERSTANDING OUR DIFFERENCES INC

EIN: 04-2738924

Declaration: 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.

Additional Data

Software ID:
Software Version:
EIN: 04-2738924
Name: UNDERSTANDING OUR DIFFERENCES INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANET ROSENFELD 158 PRINCE STREET NEWTON, MA 02465	CO-PRESIDENT 2 00	0	0	0
JOANNE ZANGRILLO 65 VALENTINE STREET NEWTON, MA 02465	CO-PRESIDENT 2 00	0	0	0
BARBARA DAY 119 WINDMERE ROAD NEWTON, MA 02466	SECRETARY 2 00	450	0	0
JINI FAIRLEY 80 ROWENA ROAD NEWTON, MA 02459	TREASURER 2 00	0	0	0
CAROL BEARD 250 HAMMOND POND PARKWAY UNIT 1704N CHESTNUT HILL, MA 02467	PRESIDENT EMERITUS 2 00	0	0	0
BETH MENDEL 180 OTIS STREET NEWTON, MA 02465	EXECUTIVE DIRECTOR 25 00	34,563	0	0
GARY ALPERT 1009 PLEASANT STREET WORCESTER, MA 01602	BOARD MEMBER 2 00	0	0	0
ERIC BENDER 86 GREENLAWN AVENUE NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
NINA BERK 114 BEETHOVEN AVENUE NEWTON, MA 02468	BOARD MEMBER 2 00	0	0	0
PAULA BRESS 43 HILLSIDE ROAD NEWTON, MA 02461	BOARD MEMBER 2 00	506	0	0
TERRY BROMFIELD 557 CALIFORNIA STREET NEWTON, MA 02460	BOARD MEMBER 2 00	778	0	0
THERESA BUCHER 1032 CENTRE STREET NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
SHELLEY DERBY 1540 COMMONWEALTH AVENUE NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
SHARON DIAMOND 37 WOODCHESTER DRIVE NEWTON, MA 02467	BOARD MEMBER 2 00	0	0	0
MARY ELLEN EFFEREN 79 FOUNTAIN STREET NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
BARBARA FAIN 55 ELLIS ROAD NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
KEN HAVER 19 SHEFFIELD ROAD NEWTON, MA 02460	BOARD MEMBER 2 00	0	0	0
JULIE HEFFERNAN 9 PARMENTER TERRACE NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
LINDA HILLER 207 LINDEN PONDS WAY APT PCT 39 HINGHAM, MA 02043	BOARD MEMBER 2 00	300	0	0
LISE JOHNSON 164 CARLTON ROAD NEWTON, MA 02468	BOARD MEMBER 2 00	0	0	0
CAROL KANIN 65 STUART ROAD NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
ELLEN COHEN KAPLAN 37 WILDE ROAD NEWTON, MA 02468	BOARD MEMBER 2 00	300	0	0
BETTY KNIGHT 75 WYOMING ROAD NEWTON, MA 02460	BOARD MEMBER 2 00	0	0	0
MARY BETH MCINTYRE 429 WALTHAM STREET NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
AUDREY NATHANSON 26 PIERREPONT ROAD NEWTON, MA 02462	BOARD MEMBER 2 00	0	0	0
FRAN OSTEN 55 JUDKINS STREET NEWTON, MA 02460	BOARD MEMBER 2 00	2,084	0	0
MARY MARGARET PAPPAS 70 PROSPECT STREET NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
JANET PORTER 295 SPIERS ROAD NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
LIZ RICHARDSON 55 MOSSFIELD ROAD NEWTON, MA 02468	BOARD MEMBER 2 00	0	0	0
SHARYN ROBERTS 21 ROYCE ROAD NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
SUSAN ROSENBAUM 121 WINSLOW ROAD NEWTON, MA 02468	BOARD MEMBER 2 00	0	0	0
RACHELLE ROSS 34 BALLARD ROAD NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
PATRICIA SLATE 12 REGINA ROAD NEWTON, MA 02466	BOARD MEMBER 2 00	0	0	0
JAN SPIRO 296 WARD STREET NEWTON, MA 02459	BOARD MEMBER 2 00	0	0	0
NAOMI STEINER 65 CIRCUIT AVENUE NEWTON, MA 02461	BOARD MEMBER 2 00	0	0	0
JENNIFER STONE 73 PROSPECT STREET NEWTON, MA 02465	BOARD MEMBER 2 00	0	0	0
DAVID TAYLOR 37 MORSE ROAD NEWTON, MA 02460	BOARD MEMBER 2 00	0	0	0