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2001

**Massachusetts Office of the Attorney General
Division of Public Charities
Form PC**

To be filed annually by all non-profit charitable organizations conducting business in the Commonwealth

Please TYPE or CLEARLY PRINT all entries in black ink

ORGANIZATION DATA	MAILING ADDRESS (if different)
Name: HOPE Worldwide New England	Name:
Name (cont.):	Name (cont.):
Address: 12 Essex Street	Address:
Addr (cont.):	Addr (cont.):
City: Andover State: MA	City: State:
Zip Code: 01810	Zip Code:
Phone: 978-470-2121	Phone:
Fax: 978-470-8557	Fax:
E-Mail:	E-mail:
Web Site (URL): www.hopeww.org	

Attorney General's account number: 029242	Please enter dates below (example: 12/23/1982)
Federal ID number: 04-3148787	Date of organization: 2/13/1992
IRS exemption under 501(c) (3)	Date of incorporation: 2/13/1992
Check box if no IRS exemption <input type="checkbox"/>	Fiscal year-end date: 12/31/2001

In the section below, please enter the appropriate codes from the corresponding tables found on the instruction sheets:

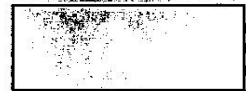
CATEGORY	CODE	Enter up to 4 codes from Table 3 for your organization's main purpose(s)	CODE
County (Table 1) <input type="checkbox"/>	5	Organization purpose code 1 <input type="checkbox"/>	47
Type of organization (Table 2) <input type="checkbox"/>	16	Organization purpose code 2 <input type="checkbox"/>	41
		Organization purpose code 3 <input type="checkbox"/>	45
		Organization purpose code 4 <input type="checkbox"/>	44

Please place an "X" in the box to the right if this is a final report:

DO NOT WRITE IN THIS BLOCK

Payment received: \$250

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All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. Summary of Financial Data		
A.	Contributions, gifts, grants, and similar amounts received	\$ 2,646,052
B.	Gross support & revenue	\$ 2,649,449
C.	Program services & grants or similar amounts paid out	\$ 2,377,947
D.	Fundraising expense	\$ 191,606
E.	Management and general expenses (*990 filers only)	\$ 222,891
F.	Payments to affiliates (*990 filers only)	\$ 0
G.	Total expenses	\$ 2,792,444
H.	Net assets or fund balances at end of year	\$ 304,128

2. On what date was the organization created? (ex: 11/17/1981) 2/13/1992	Where was the organization created? Massachusetts
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3. In the box to the right, please enter the code corresponding to the form of your organization			
1	Corporation	4	Testamentary Trust
2	Unincorporated Association	5	Inter Vivos Trust
3	Other (please describe):		

1

4. If the organization has ever been judicially or administratively enjoined or prohibited from operating or from soliciting contributions, please place an "X" in the box to the right:	
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If you marked the box to the right of Question 4 above, please attach a detailed explanation.

5. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's FIVE highest paid consultants providing professional services (e.g., attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel.)			
	NAME	AMOUNT OF COMPENSATION	TYPE OF SERVICE(S)
1	Carl Feren	44,849.12	Printing
2	Lisa Talucci	6,809.05	Adoption Training
3	Michael Firkins	2,013.78	Architect
4	Robert Bridgeman	1,925.66	Dance Instructor
5	Scott Vigneault	1,640.00	Graphics Design

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6. List the total compensation you provided to your chief executive (e.g., executive director) plus the four other current or former directors, trustees, officers, or employees to whom you provided the highest total compensation.

	NAME	TITLE	HOURS PER WEEK	SALARY & OTHER INCOME	BENEFIT PLANS	OTHER COMPENSATION
1	Wyndham Shaw	President	FT	88,955	23,742	-0-
2	Thomas E. Rushton	Treasurer	FT	85,017	16,815	-0-
3	Augusto Russell	Dir. of Dev.	FT	71,585	23,559	-0-
4	Jeff Tabor	Dir. of Global Outreach	FT	44,487	23,238	-0-
5	Galen Craig	Dir. of Admin.	FT	48,588	17,938	-0-

7. If any compensation was provided to any of the listed individuals which was not quantified above, please place an "X" in the box to the right:

If you marked the box to the right of Question 7 above, please attach an explanation.

Note: EXECUTIVE COMPENSATION PAID WITHIN A SYSTEM OF RELATED ORGANIZATION WILL BE REPORTED AT QUESTION 10 AND IN SCHEDULE RO.

8. This question involves "Termination of Employment or Change of Control Compensatory Arrangements" with certain "Related Parties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

- (a) If you made actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above, please place an "X" in the box to the right:
- (b) If you have an agreement with any individual described in Related Party definition, section (a) or (b), containing such an arrangement, please place an "X" in the box to the right:

If you marked the box to the right of Question 8(a) or 8(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of any agreement.

9. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relatives, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g., in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 9 is "YES", attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.