

**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)

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

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

**C** Name of organization: **WIDE HORIZONS FOR CHILDREN, INC.**  
 Number and street (or P O box if mail is not delivered to street address): **38 EDGE HILL ROAD**  
 City or town, state or country, and ZIP + 4: **WALTHAM, MA 02451**

**D** Employer identification number: **04-2564960**

**E** Telephone number: **781-894-5330**

**F** Accounting method:  Cash,  Accrual,  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**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?  Yes  No (If "No," attach a list)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4-digit GEN: **▶**

**G** Web site: **WWW.WHFC.ORG**

**J** Organization type (check only one):  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

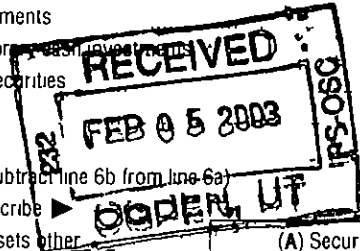
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**M** Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: **4,675,872.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	274,376.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 274,376. noncash \$ )	1d	274,376.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,090,397.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			
	5	Dividends and interest from securities	5	85,590.		
	6a	Gross rents	6a			
	6b	Less rental expenses	6b			
	6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe )	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
			117,476.	8a		
	b	Less cost or other basis and sales expenses	139,250.	8b		
	c	Gain or (loss) (attach schedule)	<21,774.>	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1	8d	<21,774.>		
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	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				
Revenue	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			
Expenses	11	Other revenue (from Part VII, line 103)	11	108,033.		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	4,536,622.		
	13	Program services (from line 44, column (B))	13	4,033,920.		
	14	Management and general (from line 44, column (C))	14	321,799.		
	15	Fundraising (from line 44, column (D))	15	125,153.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	4,480,872.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	55,750.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,726,756.		
	20	Other changes in net assets or fund balances (attach explanation)	20	<146,804.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,635,702.		



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**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
22	Grants and allocations (attach schedule) cash \$361,004 . noncash \$	361,004.	361,004.	STATEMENT 4	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	215,870.	186,472.	21,425.	7,973.
26	Other salaries and wages	2,386,381.	2,061,396.	236,844.	88,141.
27	Pension plan contributions	50,380.	46,652.	2,519.	1,209.
28	Other employee benefits	132,806.	122,979.	6,640.	3,187.
29	Payroll taxes	208,737.	193,290.	10,437.	5,010.
30	Professional fundraising fees				
31	Accounting fees	14,000.		14,000.	
32	Legal fees	136,888.	123,540.	12,316.	1,032.
33	Supplies				
34	Telephone	69,285.	67,727.	1,053.	505.
35	Postage and shipping	96,560.	85,146.	2,711.	8,703.
36	Occupancy	89,742.	88,687.	792.	263.
37	Equipment rental and maintenance	96,195.	90,570.	3,914.	1,711.
38	Printing and publications	74,310.	72,766.	1,043.	501.
39	Travel	137,388.	137,276.	112.	
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	84,384.	78,140.	4,219.	2,025.
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 3	326,942.	318,275.	3,774.	4,893.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	4,480,872.	4,033,920.	321,799.	125,153.

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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **PLACEMENT OF WAITING CHILDREN IN ADOPTIVE HOMES.**

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.)

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

a	<b>THE AGENCY PLACED HUNDREDS OF CHILDREN FROM AROUND THE WORLD WITH ADOPTIVE PARENTS LOCATED WITHIN THE UNITED STATES.</b>	(Grants and allocations \$ )	4,033,920.
b	<b>THE AGENCY PROVIDED SUPPORT GROUPS TO AID ADOPTIVE PARENTS AND FAMILIES.</b>	(Grants and allocations \$ )	
c	<b>THE AGENCY SENDS TENS OF THOUSANDS OF DOLLARS TO OVERSEAS ORPHANAGES IN ORDER TO AID WAITING CHILDREN.</b>	(Grants and allocations \$ )	
d		(Grants and allocations \$ )	
e	Other program services (attach schedule)	(Grants and allocations \$ )	
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>4,033,920.</b>

**Part IV Balance Sheets**

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	34,292.	45	18,999.
	46	Savings and temporary cash investments	1,145,199.	46	1,739,807.
	47 a	Accounts receivable	47a 358,280.		
	b	Less allowance for doubtful accounts	47b 9,502.	47c	348,778.
	48 a	Pledges receivable	48a 48,463.		
	b	Less allowance for doubtful accounts	48b	48c	48,463.
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a 19,707.		
	b	Less allowance for doubtful accounts	51b	51c	19,707.
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	37,610.
	54	Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54	1,200,152.
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a 1,691,753.			
b	Less accumulated depreciation <b>STMT 6</b>	57b 739,754.	57c	951,999.	
58	Other assets (describe <b>▶ DEPOSITS</b> )		58	2,848.	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)		59	4,368,363.	
Liabilities	60	Accounts payable and accrued expenses	29,188.	60	31,810.
	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 <b>▶ SEE STATEMENT 7</b> )		65	1,700,851.
66	<b>Total liabilities</b> (add lines 60 through 65)		66	1,732,661.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	2,571,656.	67	2,486,952.
	68	Temporarily restricted	140,100.	68	133,750.
	69	Permanently restricted	15,000.	69	15,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		73	2,635,702.	
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		74	4,368,363.	

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.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return**

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	4,396,417.
<b>b</b>	Amounts included on line <b>a</b> but not on line 12, Form 990		
(1)	Net unrealized gains on investments	\$	<146,805.>
(2)	Donated services and use of facilities	\$	6,600.
(3)	Recoveries of prior year grants	\$	
(4)	Other (specify)	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	<140,205.>
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	4,536,622.
<b>d</b>	Amounts included on line 12, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	4,536,622.

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	4,487,472.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990		
(1)	Donated services and use of facilities	\$	6,600.
(2)	Prior year adjustments reported on line 20, Form 990	\$	
(3)	Losses reported on line 20, Form 990	\$	
(4)	Other (specify)	\$	
	Add amounts on lines (1) through (4)	<b>b</b>	6,600.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	4,480,872.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990	\$	
(2)	Other (specify)	\$	
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	4,480,872.

**Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)**

(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 STATEMENT 8		680,375.	16,437.	0.

Part VI Other Information

Table with columns for question number, question text, and Yes/No columns. Includes questions 76 through 92 regarding organizational activities, financials, and governance.

91 The books are in care of WIDE HORIZONS FOR CHILDREN, INC. Telephone no 781-894-5330
Located at 38 EDGE HILL ROAD, WALTHAM, MA ZIP + 4 02451

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 Specific Instructions on page 32)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>ADOPTION PROGRAM</b>					4,090,397.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					85,590.
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					<21,774.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS INCOME</b>					108,007.
b <b>FUNDRAISING EVENTS</b>					26.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	4,262,246.
105 Total (add line 104, columns (B), (D), and (E))					4,262,246.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

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)
▼	SEE STATEMENT 9

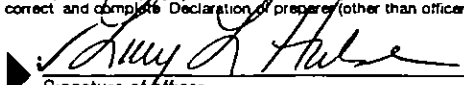
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)


(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**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to...  
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a...  
**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 furnished by taxpayer.

Please Sign Here:  Date:  1/1

Paid Preparer's Use Only: Preparer's signature:   
 Firm's name (or yours if self-employed), address and ZIP + 4: **SAMICK & BOODMAN**  
**30 EASTBROOK ROAD, 101 DEDHAM, MA 02026-2048**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **WIDE HORIZONS FOR CHILDREN, INC.** Employer identification number **04 2564960**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(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
LINDA LIN ----- WALTHAM, MA	TRANSLATOR 20	83,839.	1,461.	
J HOFFMAN ----- BELMONT, MA	GENERAL MGR 40	61,154.	0.	
J MILLER ----- GLEN COVE, NY	SUPERVISOR 40	57,594.	975.	
H SCHMIDT ----- NEWTON, MA	SUPERVISOR 40	56,869.	2,241.	
L PLESHA ----- LEXINGTON, MA	CLINICAL DIR 40	57,527.	2,181.	
Total number of other employees paid over \$50,000	▶ 0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		
-----		
-----		
-----		
-----		
-----		
-----		
Total number of others receiving over \$50,000 for professional services	▶ 0	

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3</b> Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
<b>4</b> Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

- The organization is not a private foundation because it is (Please check only **ONE** applicable box )
- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
  - 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
  - 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A.)
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	255,663.	374,804.	234,020.	191,698.	1,056,185.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,846,233.	3,537,650.	2,822,228.	2,369,425.	12,575,536.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	134,504.	122,004.	62,864.	89,949.	409,321.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	71,660.	69,297.	40,065.	SEE STATEMENT 10	181,022.
23 Total of lines 15 through 22	4,308,060.	4,103,755.	3,159,177.	2,651,072.	14,222,064.
24 Line 23 minus line 17	461,827.	566,105.	336,949.	281,647.	1,646,528.
25 Enter 1% of line 23	43,081.	41,038.	31,592.	26,511.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				
(2000)	0.	(1999)	0.	(1998)	0.
(1997)	0.				0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2000)	0.	(1999)	0.	(1998)	0.
(1997)	0.				0.
c Add: Amounts from column (e) for lines 15 <u>1,056,185.</u> 16 _____ 17 <u>12,575,536.</u> 20 _____ 21 _____					27c 13,631,721.
d Add: Line 27a total <u>0.</u> and line 27b total <u>0.</u>					27d 0.
e Public support (line 27c total minus line 27d total)					27e 13,631,721.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	27f 14,222,064.				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 95.8491%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 2.8781%

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions )

**N/A**

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		<b>N/A</b>													
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table -														
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is -</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500 000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500 000 but not over \$1 000 000</td> <td>\$100 000 plus 15% of the excess over \$500 000</td> </tr> <tr> <td>Over \$1 000 000 but not over \$1 500 000</td> <td>\$175 000 plus 10% of the excess over \$1 000 000</td> </tr> <tr> <td>Over \$1 500 000 but not over \$17 000 000</td> <td>\$225 000 plus 5% of the excess over \$1 500 000</td> </tr> <tr> <td>Over \$17 000 000</td> <td>\$1 000 000</td> </tr> </table>	<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500 000	20% of the amount on line 40	Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	Over \$17 000 000	\$1 000 000	<b>41</b>	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500 000	20% of the amount on line 40														
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000														
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000														
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000														
Over \$17 000 000	\$1 000 000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>													

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI A) (See page 12 of the instructions )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h )
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h )

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount
		0.

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of

(i) Cash

(ii) Other assets

**b** Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

	Yes	No
51a(i)		<input checked="" type="checkbox"/>
a(ii)		<input checked="" type="checkbox"/>
b(i)		<input checked="" type="checkbox"/>
b(ii)		<input checked="" type="checkbox"/>
b(iii)		<input checked="" type="checkbox"/>
b(iv)		<input checked="" type="checkbox"/>
b(v)		<input checked="" type="checkbox"/>
b(vi)		<input checked="" type="checkbox"/>
c		<input checked="" type="checkbox"/>

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	091694	L			110,000.			110,000.			0.
2	BUILDING	091694	SL	39.00	17	620,158.			620,158.	115,760.		15,902.
3	LAND IMPROVEMENTS	080895	SL	15.00	16	15,000.			15,000.	6,417.		1,000.
4	LAND IMPROVEMENTS	082595	SL	15.00	16	15,000.			15,000.	6,333.		1,000.
5	LAND IMPROVEMENTS	100695	SL	15.00	16	7,550.			7,550.	3,145.		503.
6	LAND IMPROVEMENTS	090197	SL	15.00	16	39,212.			39,212.	9,803.		2,614.
7	LAND IMPROVEMENTS	090197	SL	15.00	16	2,950.			2,950.	738.		197.
8	BUILDING IMPROVEMENTS	091694	SL	39.00	17	134,318.			134,318.	23,372.		3,444.
9	BUILDING IMPROVEMENTS	080295	SL	39.00	17	13,169.			13,169.	2,000.		338.
10	BUILDING IMPROVEMENTS	091295	SL	39.00	17	3,187.			3,187.	478.		82.
11	BUILDING IMPROVEMENTS	091595	SL	39.00	17	2,521.			2,521.	379.		65.
12	BUILDING IMPROVEMENTS	092995	SL	39.00	17	13,169.			13,169.	1,943.		338.
13	BUILDING IMPROVEMENTS	032996	SL	39.00	17	975.			975.	131.		25.
14	BUILDING IMPROVEMENTS	063096	SL	39.00	17	6,000.			6,000.	783.		154.
15	BUILDING IMPROVEMENTS	063097	SL	39.00	17	21,185.			21,185.	2,444.		543.
16	BUILDING IMPROVEMENTS	063097	SL	39.00	17	1,500.			1,500.	171.		38.
17	BUILDING IMPROVEMENTS	030101	SL	39.00	17	2,923.			2,923.	25.		75.
18	BUILDING IMPROVEMENTS	020101	SL	39.00	17	1,402.			1,402.	18.		36.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
19	FURNITURE & FIXTURES	063089	200DB	5.00	17	130,116.			130,116.	130,116.		0.
20	FURNITURE & FIXTURES	063090	200DB	5.00	17	1,407.			1,407.	1,407.		0.
21	FURNITURE & FIXTURES	063091	200DB	5.00	17	569.			569.	569.		0.
22	FURNITURE & FIXTURES	063092	200DB	5.00	17	12,000.			12,000.	12,000.		0.
23	COMPUTER	043093	200DB	5.00	17	600.			600.	600.		0.
24	COMPUTER	043093	200DB	5.00	17	3,467.			3,467.	3,467.		0.
25	COMPUTER	043093	200DB	5.00	17	46,661.			46,661.	46,661.		0.
26	FAX	063094	200DB	7.00	17	2,695.			2,695.	2,695.		0.
27	ELECTRONIC SCALE	063094	200DB	7.00	17	1,725.			1,725.	1,725.		0.
28	LASER PRINTER	063094	200DB	7.00	17	1,290.			1,290.	1,290.		0.
29	FURNITURE & FIXTURES	063094	200DB	7.00	17	682.			682.	682.		0.
30	PRINTER	063094	200DB	5.00	17	2,739.			2,739.	2,739.		0.
31	COMPUTERS	063094	200DB	5.00	17	4,200.			4,200.	4,200.		0.
32	SOFTWARE	063094	200DB	5.00	17	690.			690.	690.		0.
33	COMPUTERS	063094	200DB	5.00	17	4,764.			4,764.	4,764.		0.
34	DATA BASE SYSTEM	063094	200DB	5.00	17	7,600.			7,600.	7,600.		0.
35	COMPUTERS	063095	200DB	5.00	17	12,041.			12,041.	12,041.		0.
36	COMPUTERS	063095	200DB	5.00	17	3,750.			3,750.	3,750.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	COMPUTERS	063095	200DB	5.00	17	1,850.			1,850.	1,850.		0.
38	TAPE DRIVE	063095	200DB	5.00	17	199.			199.	199.		0.
39	FIRE EXTINGUISHERS	063095	200DB	7.00	17	102.			102.	94.		8.
40	TELEPHONES	063095	200DB	7.00	17	9,300.			9,300.	8,609.		691.
41	FURNITURE & FIXTURES	063095	200DB	7.00	17	452.			452.	419.		34.
42	FURNITURE	063095	200DB	7.00	17	6,264.			6,264.	5,799.		465.
43	ANSWERING MACHINE & FAX	063095	200DB	7.00	17	660.			660.	611.		49.
44	COPIER	063095	200DB	7.00	17	1,800.			1,800.	1,667.		133.
45	FURNITURE	063095	200DB	7.00	17	1,441.			1,441.	1,334.		107.
46	INSTALL HARD DRIVE	063095	200DB	7.00	17	682.			682.	632.		50.
47	COMPUTERS	063095	200DB	5.00	17	1,500.			1,500.	1,500.		0.
48	COMPUTERS	063095	200DB	5.00	17	7,850.			7,850.	7,850.		0.
49	FURNITURE	063095	200DB	7.00	17	850.			850.	786.		64.
50	LASSR PRINTER	063095	200DB	7.00	17	2,056.			2,056.	1,903.		153.
51	FURNITURE	063095	200DB	7.00	17	1,907.			1,907.	1,765.		142.
52	COPIER - NH	040996	200DB	7.00	17	1,050.			1,050.	940.		110.
53	FURNITURE	101195	200DB	7.00	17	1,023.			1,023.	916.		107.
54	FURNITURE	122795	200DB	7.00	17	1,050.			1,050.	940.		110.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
55	COPIER	073195	200DB	7.00	17	13,000.			13,000.	11,647.		1,353.
56	FAX	092295	200DB	7.00	17	2,850.			2,850.	2,554.		296.
57	PHONE SYSTEM	092795	200DB	7.00	17	6,000.			6,000.	5,197.		535.
58	COMPUTER	082995	200DB	5.00	17	9,878.			9,878.	9,366.		512.
59	PHONE SYSTEM	011296	200DB	5.00	17	1,440.			1,440.	1,247.		129.
60	SIGN	022096	200DB	5.00	17	438.			438.	380.		39.
61	PHONE SYSTEM	040596	200DB	5.00	17	500.			500.	434.		45.
62	SIGN	053096	200DB	7.00	17	450.			450.	389.		40.
63	PHONE SYSTEM	101895	200DB	7.00	17	600.			600.	520.		54.
64	PHONE SYSTEM	021396	200DB	7.00	17	1,389.			1,389.	1,203.		124.
65	PRINTER	053196	200DB	7.00	17	4,042.			4,042.	3,501.		361.
66	CABLE	053196	200DB	7.00	17	1,342.			1,342.	1,164.		120.
67	COMPUTERS	030696	200DB	5.00	17	12,850.			12,850.	12,183.		667.
68	COPIER - RI	040996	200DB	7.00	17	990.			990.	857.		88.
69	PRINTER - RI	052196	200DB	7.00	17	1,484.			1,484.	1,286.		133.
70	SIGN	053096	200DB	7.00	17	544.			544.	472.		49.
71	COMPUTERS	053196	200DB	5.00	17	10,289.			10,289.	9,756.		533.
72	DATABASE	062896	200DB	5.00	17	10,000.			10,000.	9,482.		518.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
73	CABLE	062896	200DB	7.00	17	507.			507.	438.		45.
74	ALARM	072195	200DB	7.00	17	1,990.			1,990.	1,724.		178.
75	SIGN	072195	200DB	7.00	17	1,557.			1,557.	1,349.		139.
76	FENCE	082295	200DB	7.00	17	5,015.			5,015.	4,343.		447.
77	SIGN	091395	200DB	7.00	17	2,422.			2,422.	2,098.		216.
78	GUARDRAIL	092195	200DB	7.00	17	1,900.			1,900.	1,645.		169.
79	SIGNS	092995	200DB	7.00	17	1,690.			1,690.	1,464.		151.
80	COMPUTERS	063097	200DB	5.00	17	26,660.			26,660.	25,124.		1,536.
81	RESOURCE LIBRARY	063097	200DB	5.00	17	11,737.			11,737.	11,061.		676.
82	INTERNET GRANT PURCHASE	063097	200DB	5.00	17	26,513.			26,513.	24,985.		1,528.
83	COPIER	063097	200DB	5.00	17	9,000.			9,000.	7,963.		1,037.
84	FURNITURE	063097	200DB	5.00	17	1,350.			1,350.	1,195.		155.
85	FURNITURE	123197	200DB	7.00	17	4,506.			4,506.	3,099.		563.
86	FAX MACHINE	091498	200DB	7.00	17	1,000.			1,000.	639.		125.
87	2 DELL COMPUTERS	053199	200DB	5.00	17	3,158.			3,158.	1,964.		364.
88	FILE SERVER	063099	200DB	5.00	17	6,864.			6,864.	4,269.		790.
89	SHREDDER	053199	200DB	7.00	17	2,111.			2,111.	1,048.		264.
90	DELL COMPUTER	063099	200DB	5.00	17	4,717.			4,717.	2,853.		543.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
91	COMPUTER	063099	200DB	5.00	17	5,116.			5,116.	3,095.		589.
92	COMPUTER	063000	200DB	5.00	17	33,619.			33,619.	23,396.		3,873.
93	COMPUTER	123100	200DB	5.00	17	49,718.			49,718.	9,944.		15,910.
94	OFFICE EQUIPMENT	123100	200DB	7.00	17	9,005.			9,005.	1,286.		2,205.
95	COMPUTER	090101	200DB	5.00	19B	36,746.			36,746.			7,349.
96	OFFICE EQUIPMENT	090101	200DB	7.00	19C	79,515.			79,515.			11,359.
	* TOTAL 990 PAGE 2 DEPR					1691753.		0.	1691753.	655,370.	0.	84,384.

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns  
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>WIDE HORIZONS FOR CHILDREN, INC.</b>	Employer identification number <b>04-2564960</b>
	Number street, and room or suite no. If a PO box, see instructions <b>38 EDGE HILL ROAD</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>WALTHAM, MA 0254</b>	

**Check type of return to be filed** (file a separate application for each return)

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2003, to file the exempt organization return for the organization named above. The extension is for the organization's return for

►  calendar year 20 \_\_\_\_ or

►  tax year beginning JULY 1, 2001, and ending JUNE 30, 2002

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct, and complete, and that I am authorized to prepare this form

Signature ► Robert Boduan Title ► C.P.A. Date ► 11/14/2002

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
JANUS TWENTY FUND	116,062.	137,682.	0.	<21,620.>
GANNETT	138.	130.	0.	8.
STOCK	1,276.	1,438.	0.	<162.>
<b>TOTAL TO FORM 990, PART I, LINE 8</b>	<b>117,476.</b>	<b>139,250.</b>	<b>0.</b>	<b>&lt;21,774.&gt;</b>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAINS AND LOSSES	<142,808.>
UNREALIZED GAINS AND LOSSES	<3,996.>
<b>TOTAL TO FORM 990, PART I, LINE 20</b>	<b>&lt;146,804.&gt;</b>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
EMPLOYEE TRAINING	3,312.	3,312.		
OFFICE EXPENSE	55,224.	52,116.	2,100.	1,008.
INVESTMENT AND BANK FEES	13,993.	10,911.		3,082.
EVENTS FOR FAMILIES	48,533.	48,533.		
BAD DEBTS	17,124.	17,124.		
INSURANCE	71,023.	69,475.	1,046.	502.
DUES AND SUBSCRIPTIONS	5,724.	5,724.		
MISCELLANEOUS EXPENSE	6,038.	6,038.		
ADVERTISING	105,971.	105,042.	628.	301.
<b>TOTAL TO FM 990, LN 43</b>	<b>326,942.</b>	<b>318,275.</b>	<b>3,774.</b>	<b>4,893.</b>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
			NONE	361,004.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				361,004.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS			1,200,152.		1,200,152.
TO 990, LN 54 COL B			1,200,152.		1,200,152.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	110,000.	0.	110,000.
BUILDING	620,158.	131,662.	488,496.
LAND IMPROVEMENTS	15,000.	7,417.	7,583.
LAND IMPROVEMENTS	15,000.	7,333.	7,667.
LAND IMPROVEMENTS	7,550.	3,648.	3,902.
LAND IMPROVEMENTS	39,212.	12,417.	26,795.
LAND IMPROVEMENTS	2,950.	935.	2,015.
BUILDING IMPROVEMENTS	134,318.	26,816.	107,502.
BUILDING IMPROVEMENTS	13,169.	2,338.	10,831.
BUILDING IMPROVEMENTS	3,187.	560.	2,627.
BUILDING IMPROVEMENTS	2,521.	444.	2,077.
BUILDING IMPROVEMENTS	13,169.	2,281.	10,888.
BUILDING IMPROVEMENTS	975.	156.	819.
BUILDING IMPROVEMENTS	6,000.	937.	5,063.
BUILDING IMPROVEMENTS	21,185.	2,987.	18,198.
BUILDING IMPROVEMENTS	1,500.	209.	1,291.
BUILDING IMPROVEMENTS	2,923.	100.	2,823.
BUILDING IMPROVEMENTS	1,402.	54.	1,348.
FURNITURE & FIXTURES	130,116.	130,116.	0.

FURNITURE & FIXTURES	1,407.	1,407.	0.
FURNITURE & FIXTURES	569.	569.	0.
FURNITURE & FIXTURES	12,000.	12,000.	0.
COMPUTER	600.	600.	0.
COMPUTER	3,467.	3,467.	0.
COMPUTER	46,661.	46,661.	0.
FAX	2,695.	2,695.	0.
ELECTRONIC SCALE	1,725.	1,725.	0.
LASER PRINTER	1,290.	1,290.	0.
FURNITURE & FIXTURES	682.	682.	0.
PRINTER	2,739.	2,739.	0.
COMPUTERS	4,200.	4,200.	0.
SOFTWARE	690.	690.	0.
COMPUTERS	4,764.	4,764.	0.
DATA BASE SYSTEM	7,600.	7,600.	0.
COMPUTERS	12,041.	12,041.	0.
COMPUTERS	3,750.	3,750.	0.
COMPUTERS	1,850.	1,850.	0.
TAPE DRIVE	199.	199.	0.
FIRE EXTINGUISHERS	102.	102.	0.
TELEPHONES	9,300.	9,300.	0.
FURNITURE & FIXTURES	452.	453.	<1.>
FURNITURE	6,264.	6,264.	0.
ANSWERING MACHINE & FAX	660.	660.	0.
COPIER	1,800.	1,800.	0.
FURNITURE	1,441.	1,441.	0.
INSTALL HARD DRIVE	682.	682.	0.
COMPUTERS	1,500.	1,500.	0.
COMPUTERS	7,850.	7,850.	0.
FURNITURE	850.	850.	0.
LASSR PRINTER	2,056.	2,056.	0.
FURNITURE	1,907.	1,907.	0.
COPIER - NH	1,050.	1,050.	0.
FURNITURE	1,023.	1,023.	0.
FURNITURE	1,050.	1,050.	0.
COPIER	13,000.	13,000.	0.
FAX	2,850.	2,850.	0.
PHONE SYSTEM	6,000.	5,732.	268.
COMPUTER	9,878.	9,878.	0.
PHONE SYSTEM	1,440.	1,376.	64.
SIGN	438.	419.	19.
PHONE SYSTEM	500.	479.	21.
SIGN	450.	429.	21.
PHONE SYSTEM	600.	574.	26.
PHONE SYSTEM	1,389.	1,327.	62.
PRINTER	4,042.	3,862.	180.
CABLE	1,342.	1,284.	58.
COMPUTERS	12,850.	12,850.	0.
COPIER - RI	990.	945.	45.
PRINTER - RI	1,484.	1,419.	65.
SIGN	544.	521.	23.
COMPUTERS	10,289.	10,289.	0.
DATABASE	10,000.	10,000.	0.

CABLE	507.	483.	24.
ALARM	1,990.	1,902.	88.
SIGN	1,557.	1,488.	69.
FENCE	5,015.	4,790.	225.
SIGN	2,422.	2,314.	108.
GUARDRAIL	1,900.	1,814.	86.
SIGNS	1,690.	1,615.	75.
COMPUTERS	26,660.	26,660.	0.
RESOURCE LIBRARY	11,737.	11,737.	0.
INTERNET GRANT PURCHASE	26,513.	26,513.	0.
COPIER	9,000.	9,000.	0.
FURNITURE	1,350.	1,350.	0.
FURNITURE	4,506.	3,662.	844.
FAX MACHINE	1,000.	764.	236.
2 DELL COMPUTERS	3,158.	2,328.	830.
FILE SERVER	6,864.	5,059.	1,805.
SHREDDER	2,111.	1,312.	799.
DELL COMPUTER	4,717.	3,396.	1,321.
COMPUTER	5,116.	3,684.	1,432.
COMPUTER	33,619.	27,269.	6,350.
COMPUTER	49,718.	25,854.	23,864.
OFFICE EQUIPMENT	9,005.	3,491.	5,514.
COMPUTER	36,746.	7,349.	29,397.
OFFICE EQUIPMENT	79,515.	11,359.	68,156.
<b>TOTAL TO FORM 990, PART IV, LN 57</b>	<b>1,691,753.</b>	<b>739,754.</b>	<b>951,999.</b>

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
ACCRUED TAXES	12,907.
ACCRUED ITEMS	221,548.
DEFERRED INCOME	382,540.
RESTRICTED FUNDS	1,083,856.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>1,700,851.</b>

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, STATEMENT 8  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICKI PETERSON NEWTON, MA	EXECUTIVE DIRECTOR 40	102,523.	3,273.	0.
LUCY HULSE AMESBURY, MA	TREASURER 40	70,809.	2,648.	0.
J JOYCE MAGNOLIA, MA	CLERK 40	42,538.	762.	0.
J HOFFMAN BELMONT, MA	GENERAL MANAGER 40	61,154.	0.	0.
J MILLER GLEN COVE, NY	SUPERVISOR 40	57,594.	975.	0.
LINDA LIN WALTHAM, MA	TRANSLATOR 0.	46,461.	0.	0.
LINDA LIN WALTHAM, MA	PROGRAM COORDINATOR 40	37,378.	1,461.	0.
H SCHMIDT NEWTON, MA	SUPERVISOR 40	56,869.	2,241.	0.
C DUGGAN MILTON, MA	PROGRAM MANAGER 40	55,024.	975.	0.
DONNA HEUCHLING 108 DAKIN ROAD SUDBURY, MA	CHAIRMAN OF BOARD 0.	0.	0.	0.
LOUISE PLESHA LEXINGTON, MA	CLINICAL DIRECTOR 35	52,527.	2,181.	0.



AYIS ANTONIOU 723 BLUE HILL AVENUE MILTON, MA	VICE-CHAIR 0.	0.	0.	0.
WILLIAM CADIGAN 81 ARNOLD ROAD WELLESLEY, MA	MEMBER 0.	0.	0.	0.
JEROME CASEY 1 AUTUMN LANE NATICK, MA	MEMBER 0.	0.	0.	0.
DAVID DILULIS 284 CANTON STREET WESTWOOD, MA	MEMBER 0.	0.	0.	0.
BRUCE CERULLO 29 PERKINS AVE READING, MA	MEMBER 0.	0.	0.	0.
ANNE JOSEPHSON ONE BOWDOIN SQUARE BOSTON, MA	MEMBER 0.	0.	0.	0.
MARK LYON 118 LONG MEADOW HILL ROAD BROOKFIELD, CT	MEMBER 0.	0.	0.	0.
BERNADETTE REHNERT 18 MEADOWBROOK ROAD WESTON, MA	MEMBER 0.	0.	0.	0.
MONA LISA VALENTINO 48 WOOD ROAD NEW SEABURY, MA	MEMBER 0.	0.	0.	0.
DEBORAH GOODMAN 10 THE LEDGES ROAD NEWTON, MA	MEMBER 0.	0.	0.	0.
HEATHER AMES CAMBRIDGE, MA	DIR, POST ADOPTION SVS 32	46,470.	0.	0.
SARAH MRAZ ARLINGTON, MA	DIR, INT'L PROGRAMS 37	51,028.	1,921.	0.
TOTALS INCLUDED ON FORM 990, PART V		680,375.	16,437.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9  
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A THE PROGRAM SERVICE REVENUE REPRESENTS COLLECTIONS FROM THE CONDUCT  
 TO RELATING TO THE ORGANIZATIONS EXEMPT PURPOSE, NAMELY THE PLACEMENT OF  
 103 WAITING CHILDREN IN ADOPTIVE HOMES, PROVIDING HOME STUDIES AND POST  
 PLACEMENT SERVICES. TO HELP PROVIDE WITH NEW PROGRAM DEVELOPMENT IN  
 NEW COUNTRIES AS WELL AS PROGRAM MAINTENANCE IN EXISTING COUNTRIES  
 ALREADY DEVELOPED AND TO PROVIDE INFORMATION AND REFERRALS ON ADOPTION  
 AND PROVIDE HELP AND ASSISTANCE TO CHILDREN.

SCHEDULE A OTHER INCOME STATEMENT 10

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
	71,660.	69,297.	40,065.	0.
TOTAL TO SCHEDULE A, LINE 22	71,660.	69,297.	40,065.	0.

**Depreciation and Amortization**  
(Including Information on Listed Property) 990

▶ See separate instructions ▶ Attach to your tax return

Name(s) shown on return <b>WIDE HORIZONS FOR CHILDREN, INC.</b>	Business or activity to which this form relates <b>FORM 990 PAGE 2</b>	Identifying number <b>04-2564960</b>
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**Part I Election To Expense Certain Tangible Property Under Section 179 Note** If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	<b>1</b>	24,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter 0	<b>4</b>	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter 0- If married filing separately, see instructions	<b>5</b>	
<b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property Enter amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562	<b>10</b>	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12	<b>13</b>	

**Note** Do not use Part II or Part III below for listed property Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14 Special depreciation allowance for certain property (other than listed property) acquired after September 10, 2001 (see instructions)	<b>14</b>	
15 Property subject to section 168(f)(1) election (see instructions)	<b>15</b>	
16 Other depreciation (including ACRS) (see instructions)	<b>16</b>	5,314.

**Part III MACRS Depreciation (Do not include listed property) (See instructions)**

<b>Section A</b>		
17 MACRS deductions for assets placed in service in tax years beginning before 2001	<b>17</b>	60,362.
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5 year property		36,746.	5 YRS.	HY	200DB	7,349.
c 7 year property		79,515.	7 YRS.	HY	200DB	11,359.
d 10 year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27.5 yrs	MM	S/L	
	/		27.5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12 year			12 yrs		S/L	
c 40 year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	<b>21</b>	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations see instr	<b>22</b>	84,384.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information** (Caution See instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for listed property acquired after September 10, 2001, and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				S/L					
		%				S/L					
		%				S/L					
28 Add amounts in column (h) lines 25 through 27 Enter here and on line 21, page 1								28			
29 Add amounts in column (i) line 26 Enter here and on line 7, page 1									29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting, by your employees?		Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors or 1% or more owners			
39 Do you treat all use of vehicles by employees as personal use?			
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
41 Do you meet the requirements concerning qualified automobile demonstration use? <b>Note</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2001 tax year					
43 Amortization of costs that began before your 2001 tax year					43
44 Total Add amounts in column (f) See instructions for where to report					44