

**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)

OMB No 1545-0047

**2003**

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 2003 calendar year, or tax year beginning JUL 1, 2003 and ending JUN 30, 2004**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> WIDE HORIZONS FOR CHILDREN, INC.		<b>D Employer identification number</b> 04-2564960
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 38 EDGE HILL ROAD		<b>E Telephone number</b> 781-894-5330
		City or town, state or country, and ZIP + 4 WALTHAM, MA 02451		<b>F Accounting method.</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: \_\_\_\_\_

**H(c)** Are all affiliates included? N/A  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** Group Exemption Number: \_\_\_\_\_

**G Website:** WWW.WHFC.ORG

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

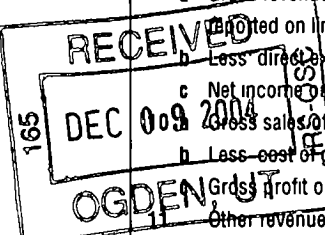
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **6,347,131.**

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received.				
	a	Direct public support	1a	497,051.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c			
	d	Total (add lines 1a through 1c) (cash \$ 497,051. noncash \$ _____)	1d		497,051.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		5,713,034.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		34,436.	
	5	Dividends and interest from securities	5		31,088.	
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
			10,526.	8a		
	b	Less cost or other basis and sales expenses	10,485.	8b		
			41.	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	41.	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 123,084. of contributions reported on line 1a)	9a	60,326.		
	b	Less direct expenses other than fundraising expenses	9b	45,630.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	14,696.	
	d	Gross sales of inventory, less returns and allowances	10a			
e	Less cost of goods sold	10b				
f	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11	Other revenue (from Part VII, line 103)	11		670.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		6,291,016.		
Expenses	13	Program services (from line 44, column (B))	13	5,635,074.		
	14	Management and general (from line 44, column (C))	14	435,192.		
	15	Fundraising (from line 44, column (D))	15	238,811.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	6,309,077.		
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<18,061.>		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,612,051.		
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	156,388.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,750,378.		



SCANNED DEC 22 2004

**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 \$233,945. noncash \$	22 233,945.	233,945.	STATEMENT 5	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 230,673.	22,021.	207,551.	1,101.
26	Other salaries and wages	26 3,319,567.	3,091,774.	83,803.	143,990.
27	Pension plan contributions	27 65,295.	57,270.	5,361.	2,664.
28	Other employee benefits	28 237,215.	208,330.	19,283.	9,602.
29	Payroll taxes	29 292,098.	256,199.	23,981.	11,918.
30	Professional fundraising fees	30			
31	Accounting fees	31 16,000.		16,000.	
32	Legal fees	32 155,181.	110,575.	41,419.	3,187.
33	Supplies	33			
34	Telephone	34 70,357.	68,015.	1,494.	848.
35	Postage and shipping	35 144,112.	121,502.	5,566.	17,044.
36	Occupancy	36 114,148.	110,426.	2,374.	1,348.
37	Equipment rental and maintenance	37 206,656.	188,583.	10,854.	7,219.
38	Printing and publications	38 102,179.	81,879.	1,684.	18,616.
39	Travel	39 78,506.	70,589.		7,917.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 75,388.	66,643.	5,579.	3,166.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e 967,757.	947,323.	10,243.	10,191.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 6,309,077.	5,635,074.	435,192.	238,811.

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.**

**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	THE AGENCY PLACED 662 CHILDREN FROM MULTIPLE COUNTRIES AROUND THE WORLD WITH ADOPTIVE PARENTS LOCATED WITHIN THE UNITED STATES. (Grants and allocations \$ _____)	5,635,074.
b	THE AGENCY COUNSELS BIRTHPARENTS IN THEIR CONSIDERATION OF AN ADOPTIVE PLAN. (Grants and allocations \$ _____)	
c	THE AGENCY PROVIDED SUPPORT IN THE FORM OF PREPARATION, POST-PLACEMENT SUPERVISION, AND POST-ADOPTION COUNSELING, AS WELL AS SOCIAL AND CULTURAL EVENTS. (Grants and allocations \$ _____)	
d	THE AGENCY SENT HUNDREDS OF THOUSANDS OF DOLLARS TO OVERSEAS ORPHANAGES TO AID BOTH WAITING CHILDREN AND UNADOPTABLE CHILDREN. (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>5,635,074.</b>

**Part IV Balance Sheets**

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	965.	45 83,799.
	46 Savings and temporary cash investments	1,134,763.	46 1,420,909.
	47 a Accounts receivable	47a 138,374.	
	b Less allowance for doubtful accounts	47b 9,385.	47c 128,989.
	48 a Pledges receivable	48a 7,284.	
	b Less allowance for doubtful accounts	48b	48c 7,284.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a 21,394.	
	b Less allowance for doubtful accounts	51b	51c 21,394.
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	43,196.	53 61,933.
	54 Investments - securities <b>STMT 6</b>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	54 1,859,585.
	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 1,586,300.		
b Less: accumulated depreciation <b>STMT 7</b>	57b 692,434.	57c 893,866.	
58 Other assets (describe <b>▶ DEPOSITS</b> )		58 2,908.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	4,039,402.	59 4,853,218.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	67,874.	60 54,613.
	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 8</b> )	1,359,477.	65 2,048,227.
66 <b>Total liabilities</b> (add lines 60 through 65)	1,427,351.	66 2,102,840.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	2,428,583.	67 2,395,676.
	68 Temporarily restricted	168,468.	68 339,702.
	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)	2,612,051.	73 2,750,378.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	4,039,402.	74 4,853,218.

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 VI Other Information** **Yes No**

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		<b>X</b>
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	<b>77</b>		<b>X</b>
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		<b>X</b>
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	<b>78b</b>		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		<b>X</b>
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>		<b>X</b>
<b>b</b>	If "Yes," enter the name of the organization <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81 a</b>	Enter direct or indirect political expenditures See line 81 instructions <span style="float: right;"><b>81a</b> 0.</span>			
<b>b</b>	Did the organization file Form 1120-POL for this year?	<b>81b</b>		<b>X</b>
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	<b>X</b>	
<b>b</b>	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <span style="float: right;"><b>82b</b> 34,938.</span>			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	<b>84b</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	<b>85b</b>		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
<b>c</b>	Dues, assessments, and similar amounts from members <span style="float: right;"><b>85c</b> N/A</span>			
<b>d</b>	Section 162(e) lobbying and political expenditures <span style="float: right;"><b>85d</b> N/A</span>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;"><b>85e</b> N/A</span>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;"><b>85f</b> N/A</span>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	<b>85g</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? <span style="float: right;">N/A</span>	<b>85h</b>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter. <b>a</b> Initiation fees and capital contributions included on line 12 <span style="float: right;"><b>86a</b> N/A</span>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <span style="float: right;"><b>86b</b> N/A</span>			
<b>87</b>	<b>501(c)(12) organizations.</b> Enter. <b>a</b> Gross income from members or shareholders <span style="float: right;"><b>87a</b> N/A</span>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <span style="float: right;"><b>87b</b> N/A</span>			
<b>88</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0., section 4912 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0.; section 4955 <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 0.			
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>		<b>X</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;"><b>89c</b> 0.</span>			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;"><b>89d</b> 0.</span>			
<b>90 a</b>	List the states with which a copy of this return is filed <span style="float: right;"><b>90a</b> MA, CT, NH, NJ, NY</span>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2003 <span style="float: right;"><b>90b</b> 82</span>			
<b>91</b>	The books are in care of <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span> WIDE HORIZONS FOR CHILDREN, INC. Telephone no. <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span> 781-894-5330			
	Located at <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> 38 EDGE HILL ROAD, WALTHAM, MA ZIP + 4 <span style="border-bottom: 1px solid black; display: inline-block; width: 50px;"></span> 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 page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>ADOPTION PROGRAM</b>					5,713,034.
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					34,436.
96 Dividends and interest from securities					31,088.
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					41.
101 Net income or (loss) from special events					14,696.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS INCOME</b>					670.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	5,793,965.
105 Total (add line 104, columns (B), (D), and (E))					5,793,965.

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 page 34 of the instructions)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 10

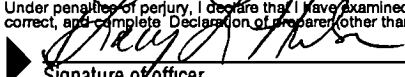

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

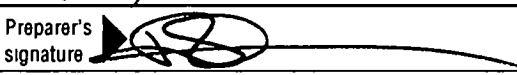
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated**

- (a) Did the organization, during the year, receive any funds, directly or indirectly,
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on
- 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 info.

Please Sign Here:  Date: 

Preparer's signature: 

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

323161 12-17-03

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2003**

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
SHENG LIN ----- WALTHAM, MA	PGM CRD/TRANS 40+	85,575.	5,094.	
J HOFFMAN ----- BELMONT, MA	GENERAL MGR 40+	66,919.	3,536.	
J SCHAFFER ----- GUILFORD, CT	DEV. DIRECTOR 40+	77,135.	4,343.	
R DISCIPIO ----- AUBURN, MA	IT DIRECTOR 40	82,145.	2,765.	
H SCHMIDT ----- NEWTON, MA	SR. SUPR. 40	60,104.	5,880.	
Total number of other employees paid over \$50,000 ▶	6			

**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
AMY B. COOK ----- DUXBURY, MA 02332	LEGAL	53,150.
----- ----- ----- ----- -----		
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 i 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.		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.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	306,480.	274,376.	255,663.	374,804.	1,211,323.
<b>16</b> Membership fees received					
<b>17</b> 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	4,579,785.	4,090,397.	3,846,233.	3,537,650.	16,054,065.
<b>18</b> 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	64,203.	85,590.	134,504.	122,004.	406,301.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	96.	108,033.	71,660.	69,297.	249,086.
<b>23</b> Total of lines 15 through 22	4,950,564.	4,558,396.	4,308,060.	4,103,755.	17,920,775.
<b>24</b> Line 23 minus line 17	370,779.	467,999.	461,827.	566,105.	1,866,710.
<b>25</b> Enter 1% of line 23	49,506.	45,584.	43,081.	41,038.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					<b>26a</b> 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e)					<b>26c</b> N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					<b>26d</b> N/A
e Public support (line 26c minus line 26d total)					<b>26e</b> N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> N/A %
<b>27</b> 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	(2002) 24,960.	(2001) 29,011.	(2000) 34,833.	(1999) 36,638.	
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.	(2002) 0.	(2001) 0.	(2000) 0.	(1999) 0.	
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 16,054,065. 20 _____ 21 _____					<b>27c</b> 17,265,388.
d Add Line 27a total 125,442. and line 27b total 0.					<b>27d</b> 125,442.
e Public support (line 27c total minus line 27d total)					<b>27e</b> 17,139,946.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> 17,920,775.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 95.6429%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 2.2672%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

**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.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		





Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	091694	L	.000		110,000.			110,000.			0.
2	BUILDING	091694	SL	39.00	17	620,158.			620,158.	147,563.		15,645.
3	LAND IMPROVEMENTS	080895	SL	15.00	16	15,000.			15,000.	8,417.		1,000.
4	LAND IMPROVEMENTS	082595	SL	15.00	16	15,000.			15,000.	8,333.		1,000.
5	LAND IMPROVEMENTS	100695	SL	15.00	16	7,550.			7,550.	4,151.		503.
6	LAND IMPROVEMENTS	090197	SL	15.00	16	39,212.			39,212.	15,031.		2,614.
7	LAND IMPROVEMENTS	090197	SL	15.00	16	2,950.			2,950.	1,132.		197.
8	BUILDING IMPROVEMENTS	091694	SL	39.00	17	134,318.			134,318.	30,260.		3,445.
9	BUILDING IMPROVEMENTS	080295	SL	39.00	17	13,169.			13,169.	2,676.		337.
10	BUILDING IMPROVEMENTS	091295	SL	39.00	17	3,187.			3,187.	642.		82.
11	BUILDING IMPROVEMENTS	091595	SL	39.00	17	2,521.			2,521.	509.		64.
12	BUILDING IMPROVEMENTS	092995	SL	39.00	17	13,169.			13,169.	2,619.		338.
13	BUILDING IMPROVEMENTS	032996	SL	39.00	17	975.			975.	181.		25.
14	BUILDING IMPROVEMENTS	063096	SL	39.00	17	6,000.			6,000.	1,091.		154.
15	BUILDING IMPROVEMENTS	063097	SL	39.00	17	21,185.			21,185.	3,530.		536.
16	BUILDING IMPROVEMENTS	063097	SL	39.00	17	1,500.			1,500.	247.		38.
17	BUILDING IMPROVEMENTS	030101	SL	39.00	17	2,923.			2,923.	175.		2,748.
18	BUILDING IMPROVEMENTS	020101	SL	39.00	17	1,402.			1,402.	90.		1,312.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	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	SIGNS	092995	200DB	5.00	17	1,690.			1,690.	1,690.		0.
24	ELECTRONIC SCALE	063094	200DB	7.00	17	1,725.			1,725.	1,725.		0.
25	FURNITURE & FIXTURES	063094	200DB	7.00	17	682.			682.	682.		0.
26	DATA BASE SYSTEM	063094	200DB	5.00	17	7,600.			7,600.	7,600.		0.
27	FIRE EXTINGUISHERS	063095	200DB	7.00	17	102.			102.	102.		0.
28	FURNITURE & FIXTURES	063095	200DB	7.00	17	452.			452.	452.		0.
29	FURNITURE	063095	200DB	7.00	17	6,264.			6,264.	6,264.		0.
30	FURNITURE	063095	200DB	7.00	17	1,441.			1,441.	1,441.		0.
31	FURNITURE	063095	200DB	7.00	17	850.			850.	850.		0.
32	FURNITURE	063095	200DB	7.00	17	1,907.			1,907.	1,907.		0.
33	FURNITURE	101195	200DB	7.00	17	1,023.			1,023.	1,023.		0.
34	FURNITURE	122795	200DB	7.00	17	1,050.			1,050.	1,050.		0.
35	FAX	092295	200DB	7.00	17	2,850.			2,850.	2,850.		0.
36	SIGN	022096	200DB	5.00	17	438.			438.	438.		0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
37	PHONE SYSTEM	040596	200DB	5.00	17	500.			500.	500.		0.
38	SIGN	053096	200DB	7.00	17	450.			450.	450.		0.
39	CABLE	053196	200DB	7.00	17	1,342.			1,342.	1,342.		0.
40	SIGN	053096	200DB	7.00	17	544.			544.	544.		0.
41	DATABASE	062896	200DB	5.00	17	10,000.			10,000.	10,000.		0.
42	CABLE	062896	200DB	7.00	17	507.			507.	507.		0.
43	ALARM	072195	200DB	7.00	17	1,990.			1,990.	1,990.		0.
44	SIGN	072195	200DB	7.00	17	1,557.			1,557.	1,557.		0.
45	FENCE	082295	200DB	7.00	17	5,015.			5,015.	5,015.		0.
46	SIGN	091395	200DB	7.00	17	2,422.			2,422.	2,422.		0.
47	GUARDRAIL	092195	200DB	7.00	17	1,900.			1,900.	1,900.		0.
48	RESOURCE LIBRARY INTERNET GRANT	063097	200DB	5.00	17	11,737.			11,737.	11,737.		0.
49	PURCHASE	063097	200DB	5.00	17	26,513.			26,513.	26,513.		0.
50	COPIER	063097	200DB	5.00	17	9,000.			9,000.	9,000.		0.
51	FURNITURE	063097	200DB	5.00	17	1,350.			1,350.	1,350.		0.
52	FURNITURE	123197	200DB	7.00	17	4,506.			4,506.	4,225.		187.
53	FAX MACHINE	091498	200DB	7.00	17	1,000.			1,000.	853.		59.
54	DELL COMPUTERS	053199	200DB	5.00	17	3,158.			3,158.	2,692.		466.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
55	FILE SERVER	063099	200DB	5.00	17	6,864.			6,864.	5,849.		1,015.
56	SHREDDER	053199	200DB	7.00	17	2,111.			2,111.	1,576.		214.
57	DELL COMPUTER	063099	200DB	5.00	17	4,717.			4,717.	3,939.		778.
58	COMPUTER	063099	200DB	5.00	17	5,116.			5,116.	4,273.		843.
59	COMPUTER	063000	200DB	5.00	17	33,619.			33,619.	31,142.		1,651.
60	COMPUTER	123100	200DB	5.00	17	49,718.			49,718.	35,400.		5,727.
61	OFFICE EQUIPMENT	123100	200DB	7.00	17	9,005.			9,005.	5,066.		1,125.
62	COMPUTER	090101	200DB	5.00	17	36,746.			36,746.	19,108.		7,055.
63	OFFICE EQUIPMENT	090101	200DB	7.00	17	79,515.			79,515.	30,834.		13,909.
64	DELL SERVER	072502	200DB	5.00	17	2,730.			2,730.	546.		874.
65	LAPTOP	091902	200DB	5.00	17	2,461.			2,461.	492.		788.
66	E-MAIL SERVER	122302	200DB	5.00	17	5,278.			5,278.	1,056.		1,689.
67	I.P. PHONE CARD	032603	200DB	5.00	17	1,600.			1,600.	320.		512.
68	LCD PROJECTOR	061003	200DB	5.00	17	1,802.			1,802.	360.		577.
69	NH OFFICE	050704	SL	39.00	16	3,000.			3,000.			13.
70	NH OFFICE	031204	SL	39.00	16	1,000.			1,000.			9.
71	3RD FLOOR CARPET	072303	200DB	7.00	19C	5,100.			5,100.			1,275.
72	CITRIX SERVER	071803	200DB	5.00	19B	6,474.			6,474.			2,266.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
73	MULTIMEDIA STATION EXCHANGE SERVER	081303	200DB	5.00	19B	1,408.			1,408.			493.
74	SOFTWARE	082103	200DB	3.00	19A	1,310.			1,310.			764.
75	BACK UP SOFTWARE	012704	200DB	5.00	19B	2,252.			2,252.			338.
76	PHONE SYSTEM - NY	032604	200DB	7.00	19C	3,802.			3,802.			407.
77	PHONE SYSTEM - WALTHAM MULTIFUNCTIONAL COPIER	040704	200DB	7.00	19C	16,745.			16,745.			598.
78	MA LAPTOP & PROJECTOR - W	041504	200DB	7.00	19C	14,229.			14,229.			508.
79	MA LAPTOP & PROJECTOR -	061704	200DB	5.00	19B	2,998.			2,998.			150.
80	NJ	061704	200DB	5.00	19B	2,998.			2,998.			150.
81	DOC MAN SERVER	062104	200DB	5.00	19B	8,274.			8,274.			414.
82	OFFICE COPIER - MA	063004	200DB	7.00	19C	13,877.			13,877.			496.
	* TOTAL 990 PAGE 2 DEPR					1590625.		0.	1590625.	621,371.	0.	75,388.

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


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
20 CISCO SYSTEMS	447.	432.	0.	15.
3 GANNETT	229.	223.	0.	6.
21 AGERE	43.	33.	0.	10.
165 H&R BLOCK	9,807.	9,797.	0.	10.
TO FORM 990, PART I, LINE 8	<u>10,526.</u>	<u>10,485.</u>	<u>0.</u>	<u>41.</u>

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**FORM 990**                                      **SPECIAL EVENTS AND ACTIVITIES**                                      **STATEMENT 2**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
	183,410.	123,084.	60,326.	45,630.	14,696.
TO FM 990, PART I, LINE 9	<u>183,410.</u>	<u>123,084.</u>	<u>60,326.</u>	<u>45,630.</u>	<u>14,696.</u>

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**FORM 990**                                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                                      **STATEMENT 3**


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DESCRIPTION	AMOUNT
UNREALIZED GAINS AND LOSSES	155,665.
UNREALIZED GAINS AND LOSSES	723.
TOTAL TO FORM 990, PART I, LINE 20	<u>156,388.</u>

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**FORM 990**                                      **OTHER EXPENSES**                                      **STATEMENT 4**


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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
EMPLOYEE TRAINING	25,104.	25,104.	0.	0.
OFFICE EXPENSE	69,457.	63,538.	3,834.	2,085.
INVESTMENT AND BANK FEES	58,491.	54,501.	0.	3,990.
EVENTS FOR FAMILIES	42,900.	42,900.	0.	0.
BAD DEBTS	1,552.	1,552.	0.	0.

INSURANCE	118,177.	111,399.	5,673.	1,105.
DUES AND SUBSCRIPTIONS	5,153.	4,893.	0.	260.
ADVERTISING	132,566.	131,413.	736.	417.
PROGRAM DEVELOPMENT	508,049.	508,049.	0.	0.
MISCELLANEOUS EXPENSE	6,308.	3,974.	0.	2,334.
<b>TOTAL TO FM 990, LN 43</b>	<b>967,757.</b>	<b>947,323.</b>	<b>10,243.</b>	<b>10,191.</b>

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
			NONE	233,945.
<b>TOTAL INCLUDED ON FORM 990, PART II, LINE 22</b>				<b>233,945.</b>

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS			2,192,808.		2,192,808.
TO 990, LN 54 COL B			2,192,808.		2,192,808.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 7

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	110,000.	0.	110,000.
BUILDING	620,158.	163,208.	456,950.
LAND IMPROVEMENTS	15,000.	9,417.	5,583.
LAND IMPROVEMENTS	15,000.	9,333.	5,667.
LAND IMPROVEMENTS	7,550.	4,654.	2,896.
LAND IMPROVEMENTS	39,212.	17,645.	21,567.
LAND IMPROVEMENTS	2,950.	1,329.	1,621.
BUILDING IMPROVEMENTS	134,318.	33,705.	100,613.

BUILDING IMPROVEMENTS	13,169.	3,013.	10,156.
BUILDING IMPROVEMENTS	3,187.	724.	2,463.
BUILDING IMPROVEMENTS	2,521.	573.	1,948.
BUILDING IMPROVEMENTS	13,169.	2,957.	10,212.
BUILDING IMPROVEMENTS	975.	206.	769.
BUILDING IMPROVEMENTS	6,000.	1,245.	4,755.
BUILDING IMPROVEMENTS	21,185.	4,066.	17,119.
BUILDING IMPROVEMENTS	1,500.	285.	1,215.
BUILDING IMPROVEMENTS	2,923.	2,923.	0.
BUILDING IMPROVEMENTS	1,402.	1,402.	0.
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.
SIGNS	1,690.	1,690.	0.
ELECTRONIC SCALE	1,725.	1,725.	0.
FURNITURE & FIXTURES	682.	682.	0.
DATA BASE SYSTEM	7,600.	7,600.	0.
FIRE EXTINGUISHERS	102.	102.	0.
FURNITURE & FIXTURES	452.	452.	0.
FURNITURE	6,264.	6,264.	0.
FURNITURE	1,441.	1,441.	0.
FURNITURE	850.	850.	0.
FURNITURE	1,907.	1,907.	0.
FURNITURE	1,023.	1,023.	0.
FURNITURE	1,050.	1,050.	0.
FAX	2,850.	2,850.	0.
SIGN	438.	438.	0.
PHONE SYSTEM	500.	500.	0.
SIGN	450.	450.	0.
CABLE	1,342.	1,342.	0.
SIGN	544.	544.	0.
DATABASE	10,000.	10,000.	0.
CABLE	507.	507.	0.
ALARM	1,990.	1,990.	0.
SIGN	1,557.	1,557.	0.
FENCE	5,015.	5,015.	0.
SIGN	2,422.	2,422.	0.
GUARDRAIL	1,900.	1,900.	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.	4,412.	94.
FAX MACHINE	1,000.	912.	88.
2 DELL COMPUTERS	3,158.	3,158.	0.
FILE SERVER	6,864.	6,864.	0.
SHREDDER	2,111.	1,790.	321.
DELL COMPUTER	4,717.	4,717.	0.
COMPUTER	5,116.	5,116.	0.
COMPUTER	33,619.	32,793.	826.
COMPUTER	49,718.	41,127.	8,591.
OFFICE EQUIPMENT	9,005.	6,191.	2,814.

COMPUTER	36,746.	26,163.	10,583.
OFFICE EQUIPMENT	79,515.	44,743.	34,772.
DELL SERVER	2,730.	1,420.	1,310.
LAPTOP	2,461.	1,280.	1,181.
E-MAIL SERVER	5,278.	2,745.	2,533.
I.P. PHONE CARD	1,600.	832.	768.
LCD PROJECTOR	1,802.	937.	865.
NH OFFICE	3,000.	13.	2,987.
NH OFFICE	1,000.	9.	991.
3RD FLOOR CARPET	5,100.	1,275.	3,825.
CITRIX SERVER	6,474.	2,266.	4,208.
MULTIMEDIA STATION	1,408.	493.	915.
EXCHANGE SERVER SOFTWARE	1,310.	764.	546.
BACK UP SOFTWARE	2,252.	338.	1,914.
PHONE SYSTEM - NY	3,802.	407.	3,395.
PHONE SYSTEM - WALTHAM	16,745.	598.	16,147.
MULTIFUNCTIONAL COPIER - MA	14,229.	508.	13,721.
LAPTOP & PROJECTOR - W MA	2,998.	150.	2,848.
LAPTOP & PROJECTOR - NJ	2,998.	150.	2,848.
DOC MAN SERVER	8,274.	414.	7,860.
OFFICE COPIER - MA	13,877.	496.	13,381.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,590,625.</u>	<u>696,759.</u>	<u>893,866.</u>

FORM 990	OTHER LIABILITIES	STATEMENT	8
DESCRIPTION		AMOUNT	
ACCRUED TAXES		17,719.	
ACCRUED ITEMS		319,137.	
DEFERRED INCOME		407,700.	
RESTRICTED FUNDS		1,303,671.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		<u>2,048,227.</u>	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
VICKI PETERSON WALTHAM, MA	EXECUTIVE DIRECTOR 40	110,103.	7,095.	0.
LUCY HULSE AMESBURY, MA	TREASURER 40	76,118.	6,561.	0.
J JOYCE ROCKPORT, MA	CLERK 40	44,452.	3,586.	0.
DONNA HEUCHLING 22 MASON STREET LEXINGTON, MA	CHAIRMAN OF BOARD 0	0.	0.	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.
GARY D. CIAVOLA 109 CROSS LANE BEVERLY, MA	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.
CATHERINE R. NORCOTT 33 THOMPSON LANE MILTON, MA	MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>230,673.</u>	<u>17,242.</u>	<u>0.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE 93A TO 103 EXPLANATION OF RELATIONSHIP OF ACTIVITIES  
 THE PROGRAM SERVICE REVENUE REPRESENTS COLLECTIONS FROM THE CONDUCT RELATING TO THE ORGANIZATIONS EXEMPT PURPOSE, NAMELY THE PLACEMENT OF 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 11

DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
	96.	108,033.	71,660.	69,297.
TOTAL TO SCHEDULE A, LINE 22	<u>96.</u>	<u>108,033.</u>	<u>71,660.</u>	<u>69,297.</u>

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

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

WIDE HORIZONS FOR CHILDREN, INC.

FORM 990 PAGE 2

04-2564960

**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	1	100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12	13	

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 qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	5,336.

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	62,193.
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 2003 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		1,310.	3 YRS.	MQ	200DB	764.
b 5-year property		24,404.	5 YRS.	MQ	200DB	3,811.
c 7-year property		53,753.	7 YRS.	MQ	200DB	3,284.
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 2003 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	21	
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.	22	75,388.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	



**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?  Yes  No **24b** If "Yes," is the evidence written?  Yes  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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

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

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2003 tax year:					
<b>43</b> Amortization of costs that began before your 2003 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report					<b>44</b>

# 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 P.O. 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 02451</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, 2005, 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, 2003, and ending JUNE 30, 2004.

**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 ▶  Title ▶ C.P.A. Date ▶ 11/12/2004