

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 beginning 7/01/01, and ending 6/30/02

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

Please use IRS label or print or type See Specific Instructions.

C Name of organization: Independence House, Inc.
Number and street (or P O box if mail is not delivered to street address): 160 Bassett Lane
City or town, state or country, and ZIP + 4: Hyannis MA 02601

D Employer ID number: 04-2716665
E Telephone number: 508-428-5563
F Accounting method: [X] 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)

G Web site

J Organization type (check only one): [X] 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.

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) If "Yes," enter no. of affiliates [X] N/A
H(c) Are all affiliates included? [X] N/A [ ] Yes [ ] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Enter 4-digit GEN

M Check [X] 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: 875,440

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED DEC 20 02

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue is 869,247 and total expenses is 896,262, resulting in a net deficit of 27,015.

Handwritten numbers: 16 and 613

**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 (See Specific Instructions on page 21)

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 \$ _____ non-cash \$ _____ )	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	550,573	462,542	87,602
27	Pension plan contributions	27			
28	Other employee benefits	28	38,048	31,960	6,088
29	Payroll taxes	29	54,742	45,983	8,759
30	Professional fundraising fees	30			
31	Accounting fees	31	12,500		12,500
32	Legal fees	32	-627		-627
33	Supplies	33	92,608	81,261	11,347
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	20,690	15,253	5,437
37	Equipment rental and maintenance	37	12,686	9,641	3,045
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion etc (att sch)	42	15,124	12,758	2,366
43	Other expenses not covered above (itemize) a	43a			
	b See Statement 2	43b	99,918	76,921	8,573
	c	43c			
	d	43d			
	e	43e			
44	<b>Total functional expenses</b> (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	896,262	736,319	145,090

**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** (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)
<p>▶ <b>See Statement 3</b>                      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.)</p>	
<p>a <b>CES - Comprehensive Emergency Service provides counseling to battered women and sexual assault survivors on an individual and group basis.</b>                      (Grants and allocations \$ _____ )</p>	308,999
<p>b <b>VOCA - provides legal advocacy services through court accompaniment and counseling to battered women.</b>                      (Grants and allocations \$ _____ )</p>	176,695
<p>c <b>Rape Crisis - Sexual Assault Program - A preventative component that reaches out to the community through education on alternatives to violent behavior.</b>                      (Grants and allocations \$ _____ )</p>	125,368
<p>d <b>COPS - provides educational outreach to Barnstable community with respect to domestic violence.</b>                      (Grants and allocations \$ _____ )</p>	31,453
<p>e <b>Other program services</b> (attach schedule) <b>See Stmt 4</b> (Grants and allocations \$ _____ )</p>	93,804
<p>f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)</p>	736,319

**Part IV: Balance Sheets (See Specific Instructions on page 24 )**

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)
				Beginning of year		End of year
A s s e t s	45	Cash-non-interest-bearing		-781	45	5,023
	46	Savings and temporary cash investments		105,638	46	103,062
	47a	Accounts receivable	48,547			
	b	Less allowance for doubtful accounts		79,075	47c	48,547
	48a	Pledges receivable				
	b	Less allowance for doubtful accounts			48c	
	49	Grants receivable		25,335	49	11,437
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)				
	b	Less allowance for doubtful accounts			51c	
L i a b i l i t i e s	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		6,362	53	3,038
	54	Investments-securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments-land, buildings, and equipment basis				
	b	Less accumulated depreciation (attach schedule)			55c	
	56	Investments-other (attach schedule)			56	
	57a	Land, buildings, and equipment basis	431,335			
	b	Less accumulated depreciation (attach schedule)	99,300	338,272	57c	332,035
	58	Other assets (describe ▶ <u>See Stmt 6</u> )		73,007	58	64,165
	59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>		626,908	59	567,307
N F e u n d A s s e t s	60	Accounts payable and accrued expenses		70,924	60	57,856
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)	See Worksheet	167,602	64b	162,687
	65	Other liabilities (describe ▶ <u>See Stmt 7</u> )		5,866	65	5,866
66	<b>Total liabilities (add lines 60 through 65)</b>		244,392	66	226,409	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
67	Unrestricted		382,516	67	340,898	
68	Temporarily restricted			68		
69	Permanently restricted			69		
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 (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)</b>		382,516	73	340,898	
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		626,908	74	567,307	

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 (See Specific Instructions, page 26 )	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
N/A	N/A
<p><b>a</b> Total revenue, gains, and other support per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 12, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶ <b>e</b></p>	<p><b>a</b> Total expenses and losses per audited financial statements ▶ <b>a</b></p> <p><b>b</b> Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) through (4) ▶ <b>b</b></p> <p><b>c</b> Line a minus line b ▶ <b>c</b></p> <p><b>d</b> Amounts included on line 17, Form 990 but not on line a</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p style="text-align: right;">\$</p> <p>Add amounts on lines (1) and (2) ▶ <b>d</b></p> <p><b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶ <b>e</b></p>

**Part V : List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26 )

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
David Willard 19 West Road, Orleans, MA 02653	President	0	0	0
Janet Feeney 220 W. Main St., Hyannis, MA	Treasurer	0	0	0
Dr. Anna Martin-Jearld 135 Tanglewood, Dr., Falmouth, MA	Director	0	0	0
Jeanne Heroux Harwichport, MA 02646	Director	0	0	0
John Curtis 1582 Iyannough Rd., Hyanni, MA 02635	Director	0	0	0
Elizabeth Harris-Moritz 426 North St, Hyannis, MA 02601	Director	0	0	0
Kathleen Cassie 249 Winslow Gray, Yarmouth, MA 02673	Director	0	0	0
Fred Detschell 14 Aries LN., Mashpee, MA 02649	Director	0	0	0
Margaret Shea 36 Aunt Molls Ridge, Brewster, MA	Director	0	0	0
See Statement 8				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶  Yes  No  
 If "Yes," attach schedule-see Specific Instructions on page 27

**Part VI Other Information (See Specific Instructions on page 27 )**

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	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		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	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?		X
81a	b If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr		
81b	b Did the organization file Form 1120-POL for this year?		X
82a	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?		X
82b	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 )		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4) (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A	
85c	c Dues, assessments, and similar amounts from members		
85d	d Section 162(e) lobbying and political expenditures		
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85g	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		
86b	b Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		
87b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )		
88	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		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> 0 , section 4912 <input type="checkbox"/> 0 , section 4955 <input type="checkbox"/> 0		
89b	b 501(c)(3) and 501(c)(4) orgs 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		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> 0		
	d Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0		
90a	List the states with which a copy of this return is filed <input type="checkbox"/> MA		
90b	b Number of employees employed in the pay period that includes March 12, 2001 (See instructions )		
91	The books are in care of <input type="checkbox"/> Independence House, Inc. Telephone no <input type="checkbox"/> 508-771-6507 Located at <input type="checkbox"/> 160 Bassett Street, Hyannis, MA ZIP + 4 <input type="checkbox"/> 02601		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92		

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32 )**

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
<b>93</b> Program service revenue					
<b>a</b> <u>State Service Contracts</u>					498,355
<b>b</b> <u>Daycare</u>					7,307
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					981
<b>95</b> Interest on savings and temporary cash investments					2,044
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					39,405
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> _____					
<b>b</b> <u>Micellaneous</u>			41	697	
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		697	548,092
<b>105</b> Total (add line 104, columns (B), (D), and (E))					548,789

**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)
●	
N/A	

**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 Personal Benefit Contracts (See Specific Instructions on page 33 )**

- (a) Did the organization during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**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 of which preparer has any knowledge.

Date  
11/19/2002

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

**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.)**

OMB No 1545-0047

**2001**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

**Independence House, Inc.**

**04-2716665**

**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 ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instr 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 ▶		

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

Schedule A (Form 990 or 990-EZ) 2001

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

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and annuity plans. Includes a 'Note' section at the bottom.

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 [X] 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)

Table with 2 columns: (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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	302,041	294,852	318,356	189,196	1,104,445
<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	561,473	592,384	599,639	621,644	2,375,140
<b>18</b> Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	5,969	13,827	2,571	5,576	27,943
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
<b>21</b> The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of cap assets	1,115	13,806			14,921
<b>23</b> Total of lines 15 through 22	870,598	914,869	920,566	816,416	3,522,449
<b>24</b> Line 23 minus line 17	309,125	322,485	320,927	194,772	1,147,309
<b>25</b> Enter 1% of line 23	8,706	9,149	9,206	8,164	

<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	22,946
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	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	1,147,309
d Add Amounts from column (e) for lines 18 <u>27,943</u> 19 _____ 22 <u>14,921</u> 26b _____		26d	42,864
e Public support (line 26c minus line 26d total)		26e	1,104,445
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	96.2640%

**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 N/A

(2000)	(1999)	(1998)	(1997)
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 <span style="float: right;">N/A</span>			
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____			
d Add Line 27a total _____ and line 27b total _____			
e Public support (line 27c total minus line 27d total)			
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) <span style="float: right;">▶ 27f</span>			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

**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

**Part V Private School Questionnaire (See page 7 of the instructions )**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	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?	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		
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		
34a 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)

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

Table with 3 columns: Line number, (a) Affiliated group totals, (b) To be completed for ALL electing organizations. Rows include 36-44 for various lobbying expenditure categories and nontaxable amounts.

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

Table for 4-Year Averaging Period with columns for 2001, 2000, 1999, 1998, and Total. Rows 45-50 cover nontaxable amounts, ceilings, and total lobbying/grassroots expenditures.

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 instr)

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)

Table with 3 columns: Yes, No, Amount. Rows correspond to items a through i.

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



# Federal Statements

## Indirect Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
Total	\$ <u>37,332</u>	\$ <u>0</u>

**Special Events Schedule**

Form **990**

**2001**

For calendar year 2001, or tax year beginning **7/01/01** and ending **6/30/02**

Name

Employer Identification Number

**Independence House, Inc.**

**04-2716665**

	(A)	(B)	(C)	Others	Total
Gross receipts	10,947	11,941	9,123	13,587	45,598
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	10,947	11,941	9,123	13,587	45,598
Less direct expenses	<u>602</u>	<u>0</u>	<u>1,743</u>	<u>3,848</u>	<u>6,193</u>
Net income (loss)	<u>10,345</u>	<u>11,941</u>	<u>7,380</u>	<u>9,739</u>	<u>39,405</u>

**Descriptions**

A) Annual Appeal

B) Spinning

C) Mothers' Day

Others Annual Meeting

Auction

Concert

Other events

Comedy Night

Fashion Show

**Mortgages and Other Notes Payable**

Form  
**990/990-PF**

**2001**

For calendar year 2001, or tax year beginning

7/01/01, and ending

6/30/02

Name  
**Independence House, Inc.**

Employer Identification Number  
**04-2716665**

**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) <b>Cape Cod Bank &amp; Trust</b>	<b>N/A</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) <b>185,000</b>	<b>4/11/97</b>	<b>2/11/04</b>	<b>Monthly</b>	<b>8.240</b>
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) <b>Property - 160 Basset Lane</b>	<b>Purchase of property - 160 Basset Ln</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	<b>167,602</b>	<b>162,687</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>167,602</b>	<b>162,687</b>

## Depreciation and Amortization

OMB No 1545-0172

Form **4562**  
(Rev. March 2002)  
Department of the Treasury  
Internal Revenue Service

(Including Information on Listed Property)

**2001**

Attachment  
Sequence No **67**

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return **Independence House, Inc.**

Identifying number  
**04-2716665**

Business or activity to which this form relates

### Indirect Depreciation

#### 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 page 2 of the instructions for a higher limit for certain businesses	1	\$24,000																											
2 Total cost of section 179 property placed in service (see page 3 of the instructions)	2																												
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000																											
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 pg. 3 of the instr.	5																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">(a) Description of property</th> <th style="width: 20%;">(b) Cost (business use only)</th> <th style="width: 20%;">(c) Elected cost</th> </tr> </thead> <tbody> <tr> <td>6</td> <td></td> <td></td> </tr> <tr> <td>7 Listed property Enter the amount from line 29</td> <td style="text-align: center;">7</td> <td></td> </tr> <tr> <td>8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>9 Tentative deduction Enter the smaller of line 5 or line 8</td> <td style="text-align: center;">9</td> <td></td> </tr> <tr> <td>10 Carryover of disallowed deduction from line 13 of your 2000 Form 4562</td> <td style="text-align: center;">10</td> <td></td> </tr> <tr> <td>11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)</td> <td style="text-align: center;">11</td> <td></td> </tr> <tr> <td>12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11</td> <td style="text-align: center;">12</td> <td></td> </tr> <tr> <td>13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12</td> <td style="text-align: center;">13</td> <td></td> </tr> </tbody> </table>			(a) Description of property	(b) Cost (business use only)	(c) Elected cost	6			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 2000 Form 4562	10		11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2002 Add lines 9 and 10, less line 12	13	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost																											
6																													
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 2000 Form 4562	10																												
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	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 2002 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 certain property (other than listed property) acquired after Sept. 10, 2001 (see pg. 3 of the instr.)	14	525
15 Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16 Other depreciation (including ACRS) (see page 4 of the instructions)	16	10,032

#### Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

##### Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2001	17	4,314
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"/>	18	

##### 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		1,225	5.0	HY	200DB	245
c 7-year property						
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	
i Nonresidential real property	6/01/02	7,200	39 yrs	MM	S/L	8
				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 page 6 of the 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	15,124
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	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2001) (Rev. 3-2002)

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Unrealized loss on investments	\$ <u>-14,603</u>
Total	\$ <u><u>-14,603</u></u>

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund-Raising</u>
	\$	\$	\$	\$
Expenses				
Insurance - other	16,109	11,954	4,155	
Meals	2,216	2,062	154	
Miscellaneous	64		64	
Temporary Help	24,780	8,781	1,575	14,424
Training	2,714	2,015	699	
Mileage	7,332	6,124	1,208	
Transportation	872	872		
Other Professional Fees	2,351	1,975	376	
Program Support	40,074	40,074		
Leased equipment	3,406	3,064	342	
Total	<u>\$ 99,918</u>	<u>\$ 76,921</u>	<u>\$ 8,573</u>	<u>\$ 14,424</u>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

The Independence House, Inc provides crisis intervention counseling, referrals and community education to battered and abused women and their children through the use of a 24-hour crisis hotline, emergency shelter; court, legal, welfare, and housing advocacy programs and support groups.

**Statement 4 - Form 990, Part III, Line e - Other Program Services**

VAWA - Violence Against Womens Act - provided educational outreach and crisis intervention services to the Falmouth & Provincetown communities w/ respect to domestic violence

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Buildings & Improvements	\$ 193,782	\$ 33,565	\$ 200,982	\$ 41,301
Leasehold Imp	21,078	8,464	21,078	9,582
Land	151,000		151,000	
Furniture & Equipment	56,525	42,084	58,275	48,417
Total	\$ 422,385	\$ 84,113	\$ 431,335	\$ 99,300

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
Investments	\$ 59,823	\$ 51,246
Endowment	8,617	7,738
Other Receivables	4,567	5,181
Total	\$ 73,007	\$ 64,165

**Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
Commonwealth of MA	\$ 5,866	\$ 5,866
Total	\$ 5,866	\$ 5,866

**Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees**

<u>Name</u>	<u>Title</u>	<u>Average Hours</u>	<u>Address</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Lt Col Mararet Queeneville	Director	24	Longshank Cr , Falmouth, MA			
Jan D'Antuono	Director	2	Lucerne Dr , Yarmouth Port, MA			
Dr Abraham Dietz MD	Director		215 Church St., W. Barnstable, MA			
Jerome Forman	Director		227 Stonybrook Road, Brewster, MA			
Andre Ravenelle	Director		PO Box 955, Hyannis, MA			
Deane Sawyer	Director		35 Fishing Brook RD, S. Yarmouth, MA			
Chris Shakalis	Director		30 Lakeview Avenue, Centerville, MA			
Diane Shrank	Director		79 Halyard Way, Centerville, MA			

**Federal Asset Report  
 Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus % 179	Sec 168(k)	Basis	Per Conv	Meth	Prior	Current
<b>5-year GDS Property</b>										
35	Video Recorder	6/01/02	150		45	105	5	HY 200DB	0	21
36	Canon QS 200	6/01/02	200		60	140	5	HY 200DB	0	28
37	Copy machine	6/01/02	100		30	70	5	HY 200DB	0	14
38	Computer	1/31/02	1,300		390	910	5	HY 200DB	0	182
			<u>1,750</u>		<u>525</u>	<u>1,225</u>			<u>0</u>	<u>245</u>
<b>NonResidential Real Property</b>										
34	Roof - 116 Stevens	6/01/02	7,200		0	7,200	39	MMS/L	0	8
			<u>7,200</u>		<u>0</u>	<u>7,200</u>			<u>0</u>	<u>8</u>
<b>Prior MACRS</b>										
30	Apple - iMAC	9/14/00	1,400		0	1,400	5	HY 200DB	280	448
31	2 - Cannon Video Cams	9/14/00	1,700		0	1,700	5	HY 200DB	340	544
32	Network Server & Workstations	7/10/00	9,180		0	9,180	5	HY 200DB	1,836	2,938
33	Network install	7/26/00	1,200		0	1,200	5	HY 200DB	240	384
			<u>13,480</u>		<u>0</u>	<u>13,480</u>			<u>2,696</u>	<u>4,314</u>
<b>Other Depreciation</b>										
1	Land - 160 Bassett Lane	5/01/97	151,000		0	151,000	0	-- Land	0	0
2	Building - 160 Bassett Lane	5/01/97	152,544		0	152,544	27	HY S/L	24,962	5,547
4	Improvements - Stevens St	5/31/97	23,021		0	23,021	20	HY S/L	5,179	1,151
5	Improvements - Castle Point Assoc	7/01/97	13,070		0	13,070	20	HY S/L	2,287	654
6	Improvements - Rightway Fence	10/01/97	3,858		0	3,858	20	HY S/L	675	193
10	Improvements	11/01/88	5,610		0	5,610	20	HY S/L	3,502	281
11	Improvements	6/30/94	3,243		0	3,243	20	HY S/L	1,054	162
12	Handicapped Ramp	6/30/94	12,225		0	12,225	20	HY S/L	3,973	611
13	Word Processor	3/01/88	1,195		0	1,195	5	HY S/L	1,195	0
14	Office Furniture	5/01/88	3,596		0	3,596	7	HY S/L	3,596	0
15	Office Furniture	9/01/88	1,244		0	1,244	7	HY S/L	1,244	0
16	Telephone System	7/01/90	7,950		0	7,950	5	HY S/L	7,950	0
17	Typewriter	10/01/90	1,295		0	1,295	5	HY S/L	1,295	0
18	Child Care Furniture	2/01/98	837		0	837	7	HY S/L	418	120
19	Child Care Furniture	2/01/98	849		0	849	7	HY S/L	425	121
20	Child Care Furniture	3/01/98	2,262		0	2,262	7	HY S/L	1,131	323
21	Child Care Computer	5/01/98	1,900		0	1,900	5	HY S/L	1,330	380
22	Child Care Refrigerator	6/01/98	430		0	430	5	HY S/L	301	86
23	Computer & Printer	8/01/91	1,957		0	1,957	5	HY S/L	1,957	0
24	Photocopier	7/01/96	1,000		0	1,000	3	HY S/L	1,000	0
25	Carpeting	11/01/93	15,000		0	15,000	7	HY S/L	15,000	0
26	Computer	2/01/92	1,000		0	1,000	5	HY S/L	1,000	0
27	Computer	2/01/92	1,000		0	1,000	5	HY S/L	1,000	0
28	Alarm System	1/01/99	1,290		0	1,290	7	HY S/L	461	184
29	Furnishings - In Kind	12/01/98	1,530		0	1,530	7	HY S/L	546	219

**Federal Asset Report  
 Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus % 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>408,906</u>		<u>0</u>	<u>408,906</u>		<u>81,481</u>	<u>10,032</u>
	<b>Total ACRS and Other Depreciation</b>		<u>408,906</u>		<u>0</u>	<u>408,906</u>		<u>81,481</u>	<u>10,032</u>
	<b>Grand Totals</b>		<u>431,336</u>		<u>525</u>	<u>430,811</u>		<u>84,177</u>	<u>14,599</u>
	<b>Less. Dispositions</b>		<u>0</u>		<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>431,336</u>		<u>525</u>	<u>430,811</u>		<u>84,177</u>	<u>14,599</u>

**State Asset Report  
 Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current	
<b>5-year GDS Property:</b>											
35	Video Recorder	6/01/02	150				150	5	HY 200DB	0	50
36	Canon QS 200	6/01/02	200				200	5	HY 200DB	0	67
37	Copy machine	6/01/02	100				100	5	HY 200DB	0	34
38	Computer	1/31/02	1,300				1,300	5	HY 200DB	0	572
			<u>1,750</u>				<u>1,750</u>			<u>0</u>	<u>723</u>
<b>NonResidential Real Property</b>											
34	Roof - 116 Stevens	6/01/02	7,200				7,200	39	MMS/L	0	8
			<u>7,200</u>				<u>7,200</u>			<u>0</u>	<u>8</u>
<b>Other Depreciation</b>											
1	Land - 160 Bassett Lane	5/01/97	151,000				151,000	0	-- Land	0	0
2	Building - 160 Bassett Lane	5/01/97	0				0	0	HY	0	0
4	Improvements - Stevens St	5/31/97	0				0	0	HY	0	0
5	Improvements - Casile Point Assoc	7/01/97	0				0	0	HY	0	0
6	Improvements - Rightway Fence	10/01/97	0				0	0	HY	0	0
10	Improvements	11/01/88	0				0	0	HY	0	0
11	Improvements	6/30/94	0				0	0	HY	0	0
12	Handicapped Ramp	6/30/94	0				0	0	HY	0	0
13	Word Processor	3/01/88	0				0	0	HY	0	0
14	Office Furniture	5/01/88	0				0	0	HY	0	0
15	Office Furniture	9/01/88	0				0	0	HY	0	0
16	Telephone System	7/01/90	0				0	0	HY	0	0
17	Typewriter	10/01/90	0				0	0	HY	0	0
18	Child Care Furniture	2/01/98	0				0	0	HY	0	0
19	Child Care Furniture	2/01/98	0				0	0	HY	0	0
20	Child Care Furniture	3/01/98	0				0	0	HY	0	0
21	Child Care Computer	5/01/98	0				0	0	HY	0	0
22	Child Care Refrigerator	5/01/98	0				0	0	HY	0	0
23	Computer & Printer	8/01/91	0				0	0	HY	0	0
24	Photocopier	7/01/96	0				0	0	HY	0	0
25	Carpeting	11/01/93	0				0	0	HY	0	0
26	Computer	2/01/92	0				0	0	HY	0	0
27	Computer	2/01/92	0				0	0	HY	0	0
28	Alarm System	1/01/99	0				0	0	HY	0	0
29	Furnishings - In Kind	12/01/98	0				0	0	HY	0	0
30	Apple - IMAC	9/14/00	0				0	0	HY	0	0
31	2 - Cannon Video Cams	9/14/00	0				0	0	HY	0	0
32	Network Server & Workstations	7/10/00	0				0	0	HY	0	0
33	Network install	7/26/00	0				0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>151,000</u>				<u>151,000</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>151,000</u>				<u>151,000</u>			<u>0</u>	<u>0</u>

**State Asset Report**  
**Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis	Per Conv Meth	Prior	Current
	Grand Totals		159,950			0	159,950		0	731
	Less: Dispositions		0			0	0		0	0
	Net Grand Totals		<u>159,950</u>			<u>0</u>	<u>159,950</u>		<u>0</u>	<u>731</u>

**AMT Asset Report  
Indirect Depreciation**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis	Per Conv	Meth	Prior	Current
<b>Other Depreciation</b>											
1	Land - 160 Bassett Lane	5/01/97	0			0	0	0	HY	0	0
2	Building - 160 Bassett Lane	5/01/97	0			0	0	0	HY	0	0
4	Improvements - Stevens St	5/31/97	0			0	0	0	HY	0	0
5	Improvements - Castle Point Assoc	7/01/97	0			0	0	0	HY	0	0
6	Improvements - Rightway Fence	10/01/97	0			0	0	0	HY	0	0
10	Improvements	11/01/88	0			0	0	0	HY	0	0
11	Improvements	6/30/94	0			0	0	0	HY	0	0
12	Handicapped Ramp	6/30/94	0			0	0	0	HY	0	0
13	Word Processor	3/01/88	0			0	0	0	HY	0	0
14	Office Furniture	5/01/88	0			0	0	0	HY	0	0
15	Office Furniture	9/01/88	0			0	0	0	HY	0	0
16	Telephone System	7/01/90	0			0	0	0	HY	0	0
17	Typewriter	10/01/90	0			0	0	0	HY	0	0
18	Child Care Furniture	2/01/98	0			0	0	0	HY	0	0
19	Child Care Furniture	2/01/98	0			0	0	0	HY	0	0
20	Child Care Furniture	3/01/98	0			0	0	0	HY	0	0
21	Child Care Computer	5/01/98	0			0	0	0	HY	0	0
22	Child Care Refrigerator	6/01/98	0			0	0	0	HY	0	0
23	Computer & Printer	8/01/91	0			0	0	0	HY	0	0
24	Photocopier	7/01/96	0			0	0	0	HY	0	0
25	Carpeting	11/01/93	0			0	0	0	HY	0	0
26	Computer	2/01/92	0			0	0	0	HY	0	0
27	Computer	2/01/92	0			0	0	0	HY	0	0
28	Alarm System	1/01/99	0			0	0	0	HY	0	0
29	Furnishings - In Kind	12/01/98	0			0	0	0	HY	0	0
30	Apple - IMAC	9/14/00	0			0	0	0	HY	0	0
31	2 - Cannon Video Cams	9/14/00	0			0	0	0	HY	0	0
32	Network Server & Workstations	7/10/00	0			0	0	0	HY	0	0
33	Network install	7/26/00	0			0	0	0	HY	0	0
34	Roof - 116 Stevens	6/01/02	0			0	0	0	HY	0	0
35	Video Recorder	6/01/02	0			0	0	0	HY	0	0
36	Canon QS 200	6/01/02	0			0	0	0	HY	0	0
37	Copy machine	6/01/02	0			0	0	0	HY	0	0
38	Computer	1/31/02	0			0	0	0	HY	0	0
<b>Total Other Depreciation</b>											0
<b>Total ACRS and Other Depreciation</b>											0
<b>Grand Totals</b>											0
<b>Less Dispositions</b>											0
<b>Net Grand Totals</b>											0

**Depreciation Adjustment Report**  
**All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
-------------	-------------	--------------	--------------------	------------	------------	---

There are no assets that meet the criteria of this report

FYE 6/30/2002

## Indirect Depreciation

Asset	Description	Date In Service	Cost	Tax	State	AMT
<b>Prior MACRS:</b>						
30	Apple - IMAC	9/14/00	1,400	269	0	0
31	2 - Cannon Video Cams	9/14/00	1,700	326	0	0
32	Network Server & Workstations	7/10/00	9,180	1,763	0	0
33	Network install	7/26/00	1,200	230	0	0
34	Roof - 116 Stevens	6/01/02	7,200	185	185	0
35	Video Recorder	6/01/02	150	34	40	0
36	Canon QS 200	6/01/02	200	45	53	0
37	Copy machine	6/01/02	100	22	27	0
38	Computer	1/31/02	1,300	291	291	0
			<u>22,430</u>	<u>3,165</u>	<u>596</u>	<u>0</u>
<b>Other Depreciation</b>						
1	Land - 160 Bassett Lane	5/01/97	151,000	0	0	0
2	Building - 160 Bassett Lane	5/01/97	152,544	5,547	0	0
4	Improvements - Stevens St	5/31/97	23,021	1,151	0	0
5	Improvements - Castle Point Assoc	7/01/97	13,070	654	0	0
6	Improvements - Rightway Fence	10/01/97	3,858	193	0	0
10	Improvements	11/01/88	5,610	281	0	0
11	Improvements	6/30/94	3,243	162	0	0
12	Handicapped Ramp	6/30/94	12,225	611	0	0
13	Word Processor	3/01/88	1,195	0	0	0
14	Office Furniture	5/01/88	3,596	0	0	0
15	Office Furniture	9/01/88	1,244	0	0	0
16	Telephone System	7/01/90	7,950	0	0	0
17	Typewriter	10/01/90	1,295	0	0	0
18	Child Care Furniture	2/01/98	837	120	0	0
19	Child Care Furniture	2/01/98	849	121	0	0
20	Child Care Furniture	3/01/98	2,262	323	0	0
21	Child Care Computer	5/01/98	1,900	190	0	0
22	Child Care Refrigerator	6/01/98	430	43	0	0
23	Computer & Printer	8/01/91	1,957	0	0	0
24	Photocopier	7/01/96	1,000	0	0	0
25	Carpeting	11/01/93	15,000	0	0	0
26	Computer	2/01/92	1,000	0	0	0
27	Computer	2/01/92	1,000	0	0	0
28	Alarm System	1/01/99	1,290	184	0	0
29	Furnishings - In Kind	12/01/98	1,530	219	0	0
	<b>Total Other Depreciation</b>		<u>408,906</u>	<u>9,799</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>408,906</u>	<u>9,799</u>	<u>0</u>	<u>0</u>
	<b>Grand Totals</b>		<u>431,336</u>	<u>12,964</u>	<u>596</u>	<u>0</u>