

# Return of Organization Exempt From Income Tax

**2002**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A** For the 2002 calendar year, or tax year period beginning **and ending**

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

**C** Name of organization: **COMMITTEE TO END ELDER HOMELESSNESS, INC.**

**D** Employer identification number: **04-3206820**

**E** Telephone number: **617-369-1550**

**F** Accounting method:  Cash,  Accrual

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

**J** Organization type:  501(c)(3),  4947(a)(1),  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: **2,578,172.**

**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

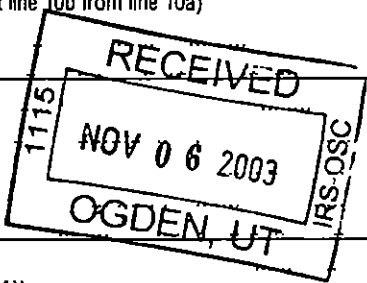
**I** Enter 4-digit GEN: **3461**

**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**

<b>1</b>	Contributions, gifts, grants, and similar amounts received				
<b>a</b>	Direct public support	<b>1a</b>	<b>457,862.</b>		
<b>b</b>	Indirect public support	<b>1b</b>			
<b>c</b>	Government contributions (grants)	<b>1c</b>	<b>1,071,131.</b>		
<b>d</b>	Total (add lines 1a through 1c) (cash \$ <b>1,528,993.</b> noncash \$ _____)	<b>1d</b>		<b>1,528,993.</b>	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<b>1,027,289.</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>			
<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>			
<b>5</b>	Dividends and interest from securities	<b>5</b>		<b>21,890.</b>	
<b>6a</b>	Gross rents	<b>6a</b>			
<b>b</b>	Less rental expenses	<b>6b</b>			
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b>	Other investment income (describe _____)	<b>7</b>			
<b>8a</b>	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
<b>b</b>	Less cost or other basis and sales expenses	<b>8a</b>			
<b>c</b>	Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
<b>8d</b>		<b>8d</b>			
<b>9</b>	Special events and activities (attach schedule)				
<b>a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
<b>b</b>	Less direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b>	Less cost of goods sold	<b>10b</b>			
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<b>2,578,172.</b>	
<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<b>1,815,238.</b>	
<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<b>753,420.</b>	
<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<b>-189,024.</b>	
<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>2,757,682.</b>	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>&lt;179,510.&gt;</b>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,490,030.</b>	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	<b>SEE STATEMENT 1</b>	<b>40,654.</b>	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>1,351,174.</b>	

FILED NOV 10 '03  
 REVENUE



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**COMMITTEE TO END ELDER  
HOMELESSNESS, INC.**

04-3206820

**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

Page 2

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 \$ _____ noncash \$ _____	22			
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	124,483.	0.	124,483.
26	Other salaries and wages	26	1,770,486.	1,220,116.	418,445.
27	Pension plan contributions	27			131,925.
28	Other employee benefits	28	67,210.	46,574.	15,507.
29	Payroll taxes	29	165,249.	110,094.	44,169.
30	Professional fundraising fees	30			
31	Accounting fees	31	21,755.		21,755.
32	Legal fees	32			
33	Supplies	33	27,949.	27,949.	
34	Telephone	34	35,128.	24,833.	7,982.
35	Postage and shipping	35	10,753.	2,547.	4,110.
36	Occupancy	36	25,223.	8,632.	12,892.
37	Equipment rental and maintenance	37			3,699.
38	Printing and publications	38	31,087.	8,490.	3,214.
39	Travel	39	17,776.	8,028.	8,401.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	61,910.	38,228.	23,682.
43	Other expenses not covered above (itemize)				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	<b>SEE STATEMENT 2</b>	43e	398,673.	319,747.	68,780.
44	<b>Total functional expenses (add lines 22 through 43)</b> <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	2,757,682.	1,815,238.	753,420.
					189,024.

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? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a	<b>TO PROVIDE OUTREACH, HOUSING AND SUPPORTIVE SERVICES TO HOMELESS ELDERS OR ELDERS AT RISK OF BECOMING HOMELESS</b>	1,815,238.
	(Grants and allocations \$ _____)	
b	_____	
	(Grants and allocations \$ _____)	
c	_____	
	(Grants and allocations \$ _____)	
d	_____	
	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	<b>Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>	<b>1,815,238.</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	
Assets	45 Cash - non-interest-bearing	133,896.	45	236,973.	
	46 Savings and temporary cash investments	42,157.	46	1,284.	
	47 a Accounts receivable	260,135.			
	47a				
	b Less allowance for doubtful accounts		47b		
	47b				
	48 a Pledges receivable	21,850.			
	48a				
	b Less allowance for doubtful accounts		48b		
	48b				
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable				
	51a				
	b Less allowance for doubtful accounts		51b		
51b					
52 Inventories for sale or use		52			
53 Prepaid expenses and deferred charges	64,146.	53	16,137.		
54 Investments - securities <b>STMT 4</b>	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	241,723.	54	231,125.	
55 a Investments - land, buildings, and equipment basis					
55a					
b Less accumulated depreciation		55b			
55b					
56 Investments - other		56			
57 a Land, buildings, and equipment basis	534,404.				
57a					
b Less accumulated depreciation	240,311.	57b			
57b					
58 Other assets (describe <b>SEE STATEMENT 5</b> )		708,857.	58	675,798.	
<b>59 Total assets (add lines 45 through 58) (must equal line 74)</b>		<b>1,666,680.</b>	<b>59</b>	<b>1,737,395.</b>	
Liabilities	60 Accounts payable and accrued expenses	116,758.	60	116,221.	
	61 Grants payable		61		
	62 Deferred revenue	50,000.	62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	64a				
	b Mortgages and other notes payable		64b	270,000.	
65 Other liabilities (describe )		9,892.	65		
<b>66 Total liabilities (add lines 60 through 65)</b>		<b>176,650.</b>	<b>66</b>	<b>386,221.</b>	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,444,064.	67	1,339,924.	
	68 Temporarily restricted	45,966.	68	11,250.	
	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		
	<b>73 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>		<b>1,490,030.</b>	<b>73</b>	<b>1,351,174.</b>
	<b>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		<b>1,666,680.</b>	<b>74</b>	<b>1,737,395.</b>

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.



**COMMITTEE TO END ELDER  
HOMELESSNESS, INC.**

Form 990 (2002)

04-3206820

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<b>Part VI</b>	<b>Other Information</b>		<b>Yes</b>	<b>No</b>
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		<b>X</b>
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	77		<b>X</b>
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		<b>X</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float:right">N/A</span>	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<b>X</b>
80 a	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?	80a	<b>X</b>	
b	If "Yes," enter the name of the organization <span style="float:right"><b>SEE STATEMENT 7</b></span> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81 a	Enter direct or indirect political expenditures See line 81 instructions <span style="float:right">81a   0.</span>			
b	Did the organization file Form 1120-POL for this year?	81b		<b>X</b>
82 a	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?	82a	<b>X</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">82b   309,330.</span>			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<b>X</b>	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		<b>X</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>	84b		
85	<b>501(c)(4), (5), or (6) organizations</b> a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float:right">N/A</span> 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	85b		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c   N/A</span>			
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d   N/A</span>			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e   N/A</span>			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f   N/A</span>			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>	85g		
h	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>	85h		
86	<b>501(c)(7) organizations</b> Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a   N/A</span>			
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b   N/A</span>			
87	<b>501(c)(12) organizations</b> Enter: a Gross income from members or shareholders <span style="float:right">87a   N/A</span>			
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">87b   N/A</span>			
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	88	<b>X</b>	
89 a	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <span style="float:right">0.</span> , section 4912 <span style="float:right">0.</span> , section 4955 <span style="float:right">0.</span>			
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	89b		<b>X</b>
c	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">▶ 0.</span>			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">▶ 0.</span>			
90 a	List the states with which a copy of this return is filed <span style="float:right">▶ MASSACHUSETTS</span>			
b	Number of employees employed in the pay period that includes March 12, 2002 <span style="float:right">90b   93</span>			
91	The books are in care of <span style="float:right">▶ THE COMMITTEE</span> Telephone no <span style="float:right">▶ 617-369-1550</span>			
	Located at <span style="float:right">▶ 1640 WASHINGTON ST BOSTON, MA</span> ZIP + 4 <span style="float:right">▶ 02118</span>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <span style="float:right">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶ 92   N/A</span>			

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
<b>a PROGRAM SERVICE FEES</b>					1,027,289.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	21,890.	
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		21,890.	1,027,289.
105 Total (add line 104, columns (B), (D), and (E))					1,049,179.

**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 32 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)
93A	TO PROVIDE GROUP ADULT FOSTER CARE SERVICES, HOUSING AND SOCIAL SERVICES TO ELDERLY INDIVIDUALS

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 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
CEEH E. CONCORD, INC.	79.00%	LOW INCOME RENTAL	59.	156,448.
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (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

Accompanying schedules and statements and to the best of my knowledge and belief, it is true information of which preparer has any knowledge

1/3/03

Elisabeth Babcock Pres.  
Type or print name and title

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

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

OMB No 1545-0047

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

**2002**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization **COMMITTEE TO END ELDER HOMELESSNESS, INC.** Employer identification number **04 3206820**

**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
<u>ELLEN NOLAN GARD</u> ----- 1640 WASHINGTON ST, BOSTON, MA 02118	DIR HLTH SRV 40	75,068.	418.	
<u>HOPE WATT</u> ----- 1640 WASHINGTON ST, BOSTON, MA 02118	DIR BHVR HLTH 40	72,333.	2,440.	
<u>AMY O'DOHERTY</u> ----- 1640 WASHINGTON ST, BOSTON, MA 02118	DIR DEVELOP 40	70,417.	2,544.	
<u>HALLIE R. CARMEN</u> ----- 1640 WASHINGTON ST, BOSTON, MA 02118	NURSE 40	59,577.	2,544.	
----- ----- -----				
Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None")

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

**COMMITTEE TO END ELDER  
HOMELESSNESS, INC.**

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

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B )
- Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities
- 2** 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?
- b** Lending of money or other extension of credit?
- c** Furnishing of goods, services, or facilities?
- d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **SEE PART V, FORM 990**
- e** Transfer of any part of its income or assets?
- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below )
- 4** Do you have a section 403(b) annuity plan for your employees?

	Yes	No
1		X
2a		X
2b		X
2c		X
2d	X	
2e		X
3		X
4		X

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 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 5 of the instructions )

COMMITTEE TO END ELDER

Schedule A (Form 990 or 990-EZ) 2002 **HOMELESSNESS, INC.**

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,479,476.	1,098,963.	514,979.	197,282.	3,290,700.
16 Membership fees received			0.		
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	396,372.	279,524.	1,322,617.	33,189.	2,031,702.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	34,272.	32,806.	83,277.	54,252.	204,607.
19 Net income from unrelated business activities not included in line 18			0.		
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf			0.		
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge			0.		
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,910,120.	1,411,293.	1,920,873.	284,723.	5,527,009.
24 Line 23 minus line 17	1,513,748.	1,131,769.	598,256.	251,534.	3,495,307.
25 Enter 1% of line 23	19,101.	14,113.	19,209.	2,847.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 69,906.
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return Enter the sum of all these excess amounts					26b 495,119.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,495,307.
d Add Amounts from column (e) for lines 18 204,607. 19 22 495,119.					26d 699,726.
e Public support (line 26c minus line 26d total)					26e 2,795,581.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 79.9810%
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
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	(2001) N/A	(2000) N/A	(1999) N/A	(1998) N/A	
c Add Amounts from column (e) for lines 15 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return Do not include these grants in line 15

NONE

**COMMITTEE TO END ELDER**

**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?	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?	33h	
	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?	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	

COMMITTEE TO END ELDER

Schedule A (Form 990 or 990-EZ) 2002 HOMELESSNESS, INC.

04-3206820 Page 5

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

N/A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period					N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999		
45	Lobbying nontaxable amount					0.
46	Lobbying ceiling amount (150% of line 45(e))					0.
47	Total lobbying expenditures					0.
48	Grassroots nontaxable amount					0.
49	Grassroots ceiling amount (150% of line 48(e))					0.
50	Grassroots lobbying expenditures					0.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

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

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

Yes	No	Amount
		0.

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



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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
UNREALIZED LOSS	<16,913.>
DONATED EQUIPMENT	49,330.
TRANSFERS FROM AFFILIATES	8,237.
<b>TOTAL TO FORM 990, PART I, LINE 20</b>	<b>40,654.</b>

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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS AND CONTRACTED SERVICES	115,679.	100,034.	15,645.	
OFFICE EXPENSE	31,911.	20,063.	8,921.	2,927.
FOOD	87,794.	87,794.		
RECRUITMENT	23,005.	5,277.	17,728.	
MISCELLANEOUS	16,937.	2.	9,716.	7,219.
INSURANCE	9,491.	4,020.	5,471.	
WEBSITE DEVELOPMENT	11,562.	4,363.	7,299.	
BAD DEBTS	4,000.		4,000.	
ALLOCATION TO AFFILIATES	0.			
ECLP SUBSIDIES	98,194.	98,194.		
<b>TOTAL TO FM 990, LN 43</b>	<b>398,673.</b>	<b>319,747.</b>	<b>68,780.</b>	<b>10,146.</b>

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	3
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## EXPLANATION

TO PROVIDE OUTREACH, HOUSING AND SUPPORTIVE SERVICES TO HOMELESS ELDERS OR ELDERS AT RISK OF BECOMING HOMELESS.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 4

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS				231,125.	231,125.
TO 990, LN 54 COL B				231,125.	231,125.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
INVESTMENT IN AFFILIATE - CEEH E CONCORD, INC.	240,000.
DUE FROM AFFILIATES	35,798.
DEVELOPMENT FEE RECEIVABLE	400,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	675,798.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
DONATED EQUIPMENT	49,330.
TOTAL TO FORM 990, PART IV-A	49,330.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B STATEMENT 7

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
EAST CONCORD STREET LIMITED PARTNERSHIP		X
CEEH MANAGEMENT, INC.	X	
CEEH BEACON, INC.	X	
4 BISHOP STREET, INC.	X	
CEEH EAST CONCORD, INC.		X
RUGGLES ASSISTED LIVING LIMITED PARTNERSHIP		X
NCS RUGGLES, INC.		X

Committee to End Elder Homelessness, Inc  
 Form 990 Attachment  
 EIN # 04-3206820  
 12/31/02

**SCHEDULE OF CHANGES IN PROPERTY AND EQUIPMENT ACCOUNTS.**

Description	<u>Beginning Balance</u>	<u>Additions</u>	<u>Deductions</u>	<u>Ending Balance</u>
Buildings and Improvements	\$ 135,831	\$ 18,070	\$ -	\$ 153,901
Furniture and Equipment	<u>285,453</u>	<u>95,050</u>	<u>-</u>	<u>380,503</u>
Total Fixed Assets	<u>\$ 421,284</u>	<u>\$ 113,120</u>	<u>\$ -</u>	<u>\$ 534,404</u>
Beginning Balance for Accumulated Depreciation				\$ 178,401
Current Depreciation				61,910
Ending Balance for Accumulated Depreciation				<u>240,311</u>
Total Net Book Value				<u>\$ 294,093</u>

CEEH Board of Directors  
EIN 04-3206820  
FY 2002

Elisabeth D Babcock, President and CEO  
1640 Washington Street  
Boston, MA 02118

Anna Bissonnette, Chair  
1640 Washington Street  
Boston, MA 02118

Shirley Thorne, Clerk  
1640 Washington Street  
Boston, MA 02118

Ellen Feingold, Treasurer  
1640 Washington Street  
Boston, MA 02118

Kevin Ward, Assistant Treasurer  
1640 Washington Street  
Boston, MA 02118

Elizabeth W Cady  
1640 Washington Street  
Boston, MA 02118

George Forsythe  
1640 Washington Street  
Boston, MA 02118

Carol S Lobron  
1640 Washington Street  
Boston, MA 02118

Laura Morris  
1640 Washington Street  
Boston, MA 02118

Karyn F Scheier  
1640 Washington Street  
Boston, MA 02118

Caroline Dabney Standley  
1640 Washington Street  
Boston, MA 02118

Melvin Shapiro  
1640 Washington Street  
Boston, MA 02118

Odessa F Smith  
1640 Washington Street  
Boston, MA 02118

Bruce Taylor  
1640 Washington Street  
Boston, MA 02118

Paul Mazur, M D  
1640 Washington Street  
Boston, MA 02118

Mary S Parker  
1640 Washington Street  
Boston, MA 02118

Ruth Cowin, Director Emerita  
1640 Washington Street  
Boston, MA 02118

Elsie Frank, Director Emerita  
1640 Washington Street  
Boston, MA 02118

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>COMMITTEE TO END ELDER HOMELESSNESS, INC.</b>	Employer identification number <b>04-3206820</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1640 WASHINGTON STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>BOSTON, MA 02118</b>	

Check type of return to be filed (File a separate application for each return).

Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• 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 is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2003.

5 For calendar year 2002, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.

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

7 State in detail why you need the extension  
INFORMATION NECESSARY TO FILE A RETURN IS NOT YET AVAILABLE.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due. Subtract line 8b from line 8a. 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 \$ N/A

**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 Matthew Pratt Title CPA Date 8/13/03

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return
- We have approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name <b>ALEXANDER, ARONSON, FINNING &amp; CO., P.C.</b>
	Number and street (include suite, room, or apt no) Or a P.O box number <b>21 E. MAIN STREET</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WESTBORO, MA 01581</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	Name of Exempt Organization	Employer identification number
	<b>COMMITTEE TO END ELDER HOMELESSNESS, INC</b>	<b>04-3206820</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no If a P O box, see Instructions	
	<b>1640 WASHINGTON STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>BOSTON, MA 02118</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 AUGUST 15, 2003 to file the exempt organization return for the organization named above The extension is for the organization's return for  calendar year 2002 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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 \$ N/A

### 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 ▶ David G. Kelleher Title ▶ CPA Date ▶ 5/12/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)