

Form 990

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Open to Public Inspection

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

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

C Name of organization

47 PALMER, INC.

Number and street (or P O box if mail is not delivered to street address)

47 PALMER STREET

City or town state or country, and ZIP + 4

CAMBRIDGE, MA 02138

D Employer identification number

04-3255365

E Telephone number

617-492-5300

F Accounting method

☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates ▶

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 ▶

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

G Web site ▶ WWW.CLUBPASSIM.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527K 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 ▶

695,255.

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	160,162.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	5,330.		
d	Total (add lines 1a through 1c) (cash \$ 163,155. noncash \$ 2,337.)	1d	165,492.		
2	Program service revenue including government fees and contracts (from Part VII line 93)	2	371,676.		
3	Membership dues and assessments	3	39,750.		
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) (combine line 8c columns (A) and (B))	8c			
8d		8d			
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	111,269.		
b	Less direct expenses other than fundraising expenses	9b	75,188.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	36,081.		
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11	7,068.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	620,067.		
13	Program services (from line 44, column (B))	13	436,393.		
14	Management and general (from line 44, column (C))	14	152,868.		
15	Fundraising (from line 44, column (D))	15	65,350.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	654,611.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-34,544.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,559.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	-31,985.		

223001

01 22 03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

09311021 758029 7440

2002.06010 47 PALMER, INC.

7440

1

613
21

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 \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors etc	54,615.	21,846.	10,923.	21,846.
26	Other salaries and wages	133,464.	73,254.	38,834.	21,376.
27	Pension plan contributions				
28	Other employee benefits	13,226.	5,886.	4,349.	2,991.
29	Payroll taxes	18,331.	9,268.	4,850.	4,213.
30	Professional fundraising fees				
31	Accounting fees	5,000.		5,000.	
32	Legal fees				
33	Supplies	7,444.	2,982.	3,495.	967.
34	Telephone	5,383.	3,364.	1,346.	673.
35	Postage and shipping				
36	Occupancy	47,971.	20,905.	19,616.	7,450.
37	Equipment rental and maintenance	2,700.	775.	900.	1,025.
38	Printing and publications	15,043.	615.	13,575.	853.
39	Travel	479.	188.	291.	
40	Conferences conventions and meetings				
41	Interest	3,838.	214.	3,624.	
42	Depreciation depletion, etc (attach schedule)	8,296.		8,296.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e	SEE STATEMENT 2				
44	Total functional expenses (add lines 22 through 43)	338,821.	297,096.	37,769.	3,956.
	Organizations completing columns (B)-(D) carry these totals to lines 13-15	654,611.	436,393.	152,868.	65,350.

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 AccomplishmentsWhat is the organization's primary exempt purpose? ☐**PROMOTION OF FOLK ARTS**

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	CULTIVATION, PRESERVATION AND PERFORMANCE OF FOLK MUSIC IN AN HISTORIC FOLK ART COFFEE HOUSE KNOWN AS "CLUB PASSIM"	
	(Grants and allocations \$ _____)	318,533.
b	SCHOOL FOR FOLK MUSIC FOR ALL LEVELS AND WORKSHOPS	
	(Grants and allocations \$ _____)	56,468.
c	PROVIDES FREE PROGRAM FOR CHILDREN FROM ALL BACKGROUNDS TO LEARN MUSIC, DANCE, COOKING, ART AND CULTURE AND HISTORY OF DIFFERENT STYLE OF MUSIC	
	(Grants and allocations \$ _____)	41,179.
d	PRESERVATION AND CREATION OF PERMANENT RECORD OF THE FOLK MUSIC MEMORABILIA	
	(Grants and allocations \$ _____)	20,213.
e	Other program services (attach schedule)	(Grants and allocations \$ _____)
f	Total of Program Service Expenses (should equal line 44 column (B), Program services)	436,393.

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	24,176.	45	8,679.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	53,969.		
	b Less allowance for doubtful accounts		47c	53,969.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	8,038.	53	8,390.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	64,561.			
b Less accumulated depreciation	54,575.	57c	9,986.	
58 Other assets (describe ► SEE STATEMENT 3)	11,336.	58	8,206.	
59 Total assets (add lines 45 through 58) (must equal line 74)	122,557.	59	89,230.	
Liabilities	60 Accounts payable and accrued expenses	85,718.	60	90,911.
	61 Grants payable		61	
	62 Deferred revenue	1,547.	62	7,295.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	24,409.	64b	19,009.
	65 Other liabilities (describe ► CLAIMS PAYABLE)	8,324.	65	4,000.
66 Total liabilities (add lines 60 through 65)	119,998.	66	121,215.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	-5,073.	67	-33,117.
	68 Temporarily restricted	7,632.	68	1,132.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► ☐ 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 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)	2,559.	73	-31,985.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	122,557.	74	89,230.	

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	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	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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	X
b If "Yes," enter the name of the organization: _____ and check whether it is ☐ exempt or ☐ nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
b Did the organization file Form 1120-POL for this year?	81b	X
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	X
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.) N/A	82b	
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
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.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts included on line 12 for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
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	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0.		
b 501(c)(3) and 501(c)(4) organizations 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	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed: MASSACHUSETTS		
b Number of employees employed in the pay period that includes March 12, 2002	90b	0
91 The books are in care of: BETSY SIGGINS SCHMIDT Telephone no: 617-491-2382		

Located at 47 PALMER ST., CAMBRIDGE, MA

ZIP + 4 02138

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year

92

N/A

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

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a ADMISSIONS & BENEFITS					333,521.
b TUITIONS					38,155.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					39,750.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
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					36,081.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME					7,068.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	454,575.
105 Total (add line 104, columns (B), (D), and (E))					454,575.

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)
1	SEE STATEMENT 7
2	
3	
4	

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
	%			
N/A	%			
	%			
	%			

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 and correct.

1303

BETSY SIGGINS SCHMIDT, EXECUTIVE

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

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

OMB No 1545-0047

2002

Name of the organization

47 PALMER, INC.

Employer identification number

04 3255365

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
NONE				
Total number of other employees paid over \$50,000	0			

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

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

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

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

	Yes	No
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	1	X
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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	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.)

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.)	169,704.	162,957.	93,371.	74,061.	500,093.
16 Membership fees received	40,001.	27,131.	29,602.	34,011.	130,745.
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	377,494.	383,100.	329,127.	237,094.	1,326,815.
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	272.	537.			809.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	3,620.	5,274.	SEE STATEMENT 8		8,894.
23 Total of lines 15 through 22	591,091.	578,999.	452,100.	345,166.	1,967,356.
24 Line 23 minus line 17	213,597.	195,899.	122,973.	108,072.	640,541.
25 Enter 1% of line 23	5,911.	5,790.	4,521.	3,452.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e) line 24					12,811.
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.					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					640,541.
d Add: Amounts from column (e) for lines 18 809. 19 22 8,894. 26b					9,703.
e Public support (line 26c minus line 26d total)					630,838.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.4852%
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) (2000) (1999) (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) (2000) (1999) (1998)	N/A				
c Add: Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					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				

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)

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?

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain (If you need more space attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

a Students rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No " attach an explanation

Schedule A (Form 990 or 990-EZ) 2002

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 - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 \$100 000 plus 15% of the excess over \$500 000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000 \$1 000 000	41		
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
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
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)

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

Yes	No	Amount
		0.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	111,269.		111,269.	75,188.	36,081.
TO FM 990, PART I, LINE 9	111,269.		111,269.	75,188.	36,081.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING AND PROMOTION	7,538.	6,154.	1,121.	263.
CONTRACTED SERVICES	32,421.	28,830.	3,591.	
INSURANCE	6,223.		6,223.	
LICENSES	4,791.	4,356.	435.	
DUES	265.		213.	52.
BAD DEBTS	500.		500.	
MISCELLANEOUS	1,820.		1,820.	
INSTRUCTOR FEES	23,909.	23,909.		
SCHOLARSHIP EXPENSE	100.	100.		
HOSPITALITY	13,528.	10,987.	394.	2,147.
ARTIST FEES	212,871.	212,871.		
BANK AND CREDIT CARD FEES	9,738.	7,369.	2,369.	
BOARD AND PERSONNEL DEVELOPMENT	4,775.	71.	4,285.	419.
CONTRIBUTIONS	1,644.	1,644.		
POSTAGE AND SHIPPING	18,698.	805.	16,818.	1,075.
TOTAL TO FM 990, LN 43	338,821.	297,096.	37,769.	3,956.

FORM 990 OTHER ASSETS STATEMENT 3

DESCRIPTION	AMOUNT
SECURITY DEPOSITS	6,256.
LEASE DEPOSITS	1,950.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	8,206.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	4
----------	--	-----------	---

DESCRIPTION	AMOUNT
SPECIAL EVENT REVENUE, PRESENTED AS NET OF EXPENSE ON TAX RETURN	75,188.
TOTAL TO FORM 990, PART IV-A	75,188.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	5
----------	---	-----------	---

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSE PRESENTED AS NET ON TAX RETURN	75,188.
TOTAL TO FORM 990, PART IV-B	75,188.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	6
----------	---	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
JAMIE BARTH 416 MARLBOROUGH ST. #704 BOSTON, MA 02115-1507	BOARD NONE	0.	0.	0.
MARILYN REA BEYER 34 OUTLOOK DR. LEXINGTON, MA 02421	BOARD NONE	0.	0.	0.
DAVID GOLDFINGER 7 CHURCHILL LN LEXINGTON, MA 02421	BOARD NONE	0.	0.	0.
WENDI HORI 231 GROVE STREET CAMBRIDGE, MA 02138	BOARD NONE	0.	0.	0.
JOHN W KRANT 740 LYNN FELS PARKWAY MELROSE, MA 02176	BOARD NONE	0.	0.	0.

ROB LAURENS 20 CHANDLER ST. #2 SOMEVILLE, MA 02144	BOARD NONE	0.	0.	0.
WAYNE LAWRENCE 76 WEST ST. BEVERLY FARMS, MA 01915	BOARD NONE	0.	0.	0.
VINCENT LEMBO 10 CHATHAM RD NORWOOD, MA 02062	BOARD NONE	0.	0.	0.
ELIZABETH MITCHELL 11 FAIRMONT ST. ARLINGTON, MA 02474	BOARD NONE	0.	0.	0.
WILLIAM NOWLIN 29 LANCASTER ST. CAMBRIDGE, MA 02140	BOARD NONE	0.	0.	0.
JERRY POTTS 7 CURVE ST. MEDFIELD, MA 02052	BOARD NONE	0.	0.	0.
CHRIS REYNOLDS 22 DRAPER RD. WAYLAND, MA 01778	BOARD NONE	0.	0.	0.
JONATHAN STRYMISH 69 VALENTINE STREET NEWTON, MA 02465	BOARD NONE	0.	0.	0.
SUSAN J THOMPSON 180 HEMENWAY RD. FRAMINGHAM, MA 01701	BOARD NONE	0.	0.	0.
JUDITH DUMONT 49 BREEZY HILL TER NAHANT, MA 01908-1507	BOARD NONE	0.	0.	0.
DAVID LEVENSON 237 E. FOXBORO STREET SHARON, MA 02067-2954	CHAIR OF BOARD & TREASURER NONE	0.	0.	0.
MARK ERELLI 129 WARREN STREET MEDFORD, MA 02155-2236	BOARD NONE	0.	0.	0.
LISA MURDOCK 95 KIDDER AVE #2 SOMERVILLE, MA 02144	CLERK NONE	0.	0.	0.

JOHANNA HARRIS 52 HEDGE RD BROOKLINE, MA 02445	BOARD NONE	0.	0.	0.
LINDA STUNDIS 139 SHERMAN ROAD CHESTNUT HILL, MA 02467	BOARD NONE	0.	0.	0.
BOBBI CARREY 121 RAYMOND ST. CAMBRIDGE, MA 02140	BOARD NONE	0.	0.	0.
BESTY SIGGINS 47 PALMER STREET CAMBRIDGE, MA 02138	EXECUTIVE DIRECTOR 40	54,615.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		54,615.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 7
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	ADMISSIONS FOR FOLK ART PERFORMANCES ARE DIRECTLY RELATED TO PROMOTION OF THE FOLK ARTS
93B	TUITIONS FOR FOLK ART AND MUSIC IS DIRECTLY RELATED TO PROMOTION OF FOLK MUSIC
94	MEMBERSHIP DUES ARE RELATED TO THE PROMOTION OF FOLK ART CULTURE TO MEMBERS
101	SPECIAL EVENT PROCEEDS USED FOR THE PROMOTION OF FOLK ARTS
103A	CLUB USAGE OF FEES AND REIMBURSED EXPENSES COMPRISE OTHER REVENUE - BOTH ARE DIRECTLY RELATED TO THE PROMOTION OF THE FOLK ARTS

SCHEDULE A	OTHER INCOME			STATEMENT	8
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	
MISCELLANEOUS INCOME	3,620.	5,274.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	3,620.	5,274.	0.	0.	

Form **8868**

(December 2000)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► 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 47 PALMER, INC.	Employer identification number 04-3255365
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 47 PALMER STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CAMBRIDGE, MA 02138	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990 BL | ☐ Form 990 T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990 EZ | ☐ Form 990 T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041 A | ☐ 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 ► **Peter A. Bowri** Title ► **CPA**Date ► **5/14/03**

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)

• 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	Name of Exempt Organization 47 PALMER, INC.	Employer identification number 04-3255365
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 47 PALMER STREET	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions CAMBRIDGE, MA 02138	

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 17, 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:
NEED ADDITIONAL TIME TO ASSEMBLE INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

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 *Patty J. Brown* 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 not 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 _____

Director _____ 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 ABRAMS LITTLE-GILL LOBERFELD PC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1330 BOYLSTON STREET
	City or town, province or state, and country (including postal or ZIP code) CHESTNUT HILL, MA 02467

223832
05-22-02