

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 **JUL 1, 2002** and ending **JUN 30, 2003**

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

**HAP, INC.**

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

**322 MAIN STREET**

City or town, state or country, and ZIP + 4

**SPRINGFIELD, MA 01105**

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

D Employer identification number

**04-2518368**

E Telephone number

**(413) 785-1251**

F Accounting method

☐ Cash☒ Accrual

Other (specify) ▶

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 ☐ NoH(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)L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **35,450,509.****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

**82,369.**

b Indirect public support

1b

c Government contributions (grants)

1c

**33,434,731.**d Total (add lines 1a through 1c) (cash \$ **33,517,100.** noncash \$ )

1d

**33,517,100.**

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2

**1,483,816.**

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

**65,851.**

5 Dividends and interest from securities

5

6 a Gross rents

**SEE STATEMENT 1**

6a

**383,742.**

b Less rental expenses

**SEE STATEMENT 2**

6b

**429,754.**

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

**<46,012.>**

7 Other investment income (describe ▶ )

7

8 a Gross amount from sale of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

**STMT 3**

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

9a

b Less direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10 a 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

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12

**35,020,755.**

13 Other income (from line 44, column (B))

13

**33,736,251.**

14 Management and general from line 44, column (C))

14

**1,177,828.**

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17

**34,914,079.**

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18

**106,676.**

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19

**1,840,839.**

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

**1,947,515.**233001  
01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

FILED DEC 16 2003  
RevenueExpenses 330  
NOV 24 2003  
OGDEN UT

Net Assets

**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 28,323,768.	28,323,768.	STATEMENT 6	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25 351,960.	0.	351,960.	0.
26	Other salaries and wages	26 2,813,612.	2,511,146.	302,466.	
27	Pension plan contributions	27			
28	Other employee benefits	28 424,746.	356,818.	67,928.	
29	Payroll taxes	29 244,053.	192,911.	51,142.	
30	Professional fundraising fees	30			
31	Accounting fees	31 52,300.	52,300.		
32	Legal fees	32			
33	Supplies	33 36,653.	34,329.	2,324.	
34	Telephone	34 53,947.	53,947.		
35	Postage and shipping	35 73,428.	71,376.	2,052.	
36	Occupancy	36 180,731.		180,731.	
37	Equipment rental and maintenance	37 31,586.		31,586.	
38	Printing and publications	38 62,999.	43,029.	19,970.	
39	Travel	39 56,394.	45,283.	11,111.	
40	Conferences, conventions, and meetings	40			
41	Interest	41 81,850.	70,060.	11,790.	
42	Depreciation, depletion, etc (attach schedule)	42 93,430.	2,223.	91,207.	
43	Other expenses not covered above (itemize)				
	a	43a			
	b	43b			
	c	43c			
	d	43d			
	e SEE STATEMENT 4	43e 2,032,622.	1,979,061.	53,561.	
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 34,914,079.	33,736,251.	1,177,828.	0.

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 5**

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

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

a	THE AFFORDABLE HOUSING PROGRAM REHABS AFFORDABLE HOUSING FOR FIRST TIME HOME BUYERS.	(Grants and allocations \$ )	1,351,094.
b	THE MOD REHAB PROG. PROVIDES A RENT SUPPLEMENT FOR SPECIFIC APT COMPLEXES OCCUPIED BY QUALIF'D LOW-INCOME TENANTS. THE RENT SUPPLEMENT ALLOWS THE TENANT TO PAY A REDUCED RENT BASED ON THEIR ANNUAL INCOME.	(Grants and allocations \$ )	5,851,198.
c	MASS RESIDENTIAL VOUCHER PROGRAM PROVIDES RENTAL ASSISTANCE TO QUALIFIED LOW-INCOME APPLICANTS, BASED ON REQUIREMENTS ESTABLISHED BY THE STATE. THE RENT SUPPLEMENT ALLOWS THE APPLICANT TO OBTAIN AFFORDABLE HSNQ.	(Grants and allocations \$ )	1,703,917.
d	FEDERAL HSNQ VOUCHER PROGRAM PROVIDES A RENT SUPPLEMENT TO QUALIF'D LOW INCOME APPLICANTS, BASED ON REQMENTS EST BY HUD THE SUPPLEMENT PAYS THE DIFF B/N FAIR MKT RENTS & APPLICANT PORTION BASED ON INCOME.	(Grants and allocations \$ )	22,657,831.
e	Other program services (attach schedule) STATEMENT 7	(Grants and allocations \$ )	2,172,211.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		33,736,251.

**Part IV Balance Sheets**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing	222,184.	45	444,623.	
	46 Savings and temporary cash investments	4,586,440.	46	4,905,474.	
	47 a Accounts receivable	47a 839,739.			
	b Less allowance for doubtful accounts	47b 169,522.	47c	670,217.	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a 48,969.			
	b Less allowance for doubtful accounts	51b	51c	48,969.	
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land, buildings, and equipment basis	55a 3,647,259.			
	b Less accumulated depreciation	STMT 8 55b 583,646.	2,600,107.	55c	3,063,613.
56 Investments - other	SEE STATEMENT 9	319,780.	56	279,870.	
57 a Land, buildings, and equipment basis	57a 1,345,823.				
b Less accumulated depreciation	STMT 10 57b 184,274.	243,969.	57c	1,161,549.	
58 Other assets (describe ▶ SEE STATEMENT 11)		1,631,742.	58	1,580,293.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		10,521,620.	59	12,154,608.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	204,845.	60	239,291.	
	61 Grants payable		61		
	62 Deferred revenue	3,643,315.	62	2,959,551.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable	STMT 12 STMT 13 64b 4,329,638.	5,799,203.		
	65 Other liabilities (describe ▶ SEE STATEMENT 14)	502,983.	65	1,209,048.	
66 <b>Total liabilities</b> (add lines 60 through 65)		8,680,781.	66	10,207,093.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	1,840,839.	67	1,794,663.	
	68 Temporarily restricted		68	152,852.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,840,839.	73	1,947,515.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		10,521,620.	74	12,154,608.

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 <b>HAP-CHS INC</b> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures See line 81 instructions 81a 0.	81a	
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) 82b 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	85c	
d Section 162(e) lobbying and political expenditures 85d N/A	85d	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	
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	86a	
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	87a	
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	87b	
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 <b>MASSACHUSETTS</b>	90b	112
b Number of employees employed in the pay period that includes March 12, 2002		
91 The books are in care of <b>PETER GAGLIARDI</b> Telephone no <b>413-785-1251</b>		

Located at **322 MAIN STREET, SPRINGFIELD, MA**ZIP + 4 **01105**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 SEE STATEMENT 19					1,483,816.
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			14	65,851.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					<46,012.>
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.		65,851.	1,437,804.
105 Total (add line 104, columns (B), (D), and (E))					1,503,655.

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)

SEE STATEMENT 21

**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
SEE STATEMENT 20	%			
	%			
	%			
	%			

**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

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I have prepared this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct.

11/13/03

Date

PETER GAGLIARDI EXEC DIR

Type or print name and title

Date

Check if  
self-

Preparer's SSN or PTIN

**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

**HAP, INC.**

Employer identification number

**04 2518368**

**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
<b>NANCY RIVERA</b> <b>322 MAIN STREET</b>	<b>DIRECTOR</b> <b>40</b>	<b>58,523.</b>	<b>7,837.</b>	
Total number of other employees paid over \$50,000	<b>0</b>			

**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
<b>KOSTIN, RUFFKESS &amp; CO. LLC</b> <b>FARMINGTON, CT</b>	<b>AUDIT &amp; TAX</b>	<b>52,300.</b>
Total number of others receiving over \$50,000 for professional services	<b>0</b>	

**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)

1 X

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) **SEE STATEMENT 22**

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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	32337487.	28814085.	27159607.	26626667.	114937846.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	843,721.	1,165,203.	1,416,180.	1,032,881.	4,457,985.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	90,842.	121,251.	99,211.	33,158.	344,462.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	33272050.	30100539.	28674998.	27692706.	119740293.
<b>24</b> Line 23 minus line 17	32428329.	28935336.	27258818.	26659825.	115282308.
<b>25</b> Enter 1% of line 23	332,721.	301,005.	286,750.	276,927.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 2,305,646.
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 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 115282308.
d Add: Amounts from column (e) for lines 18 344,462. 19 22					26d 344,462.
e Public support (line 26c minus line 26d total)					26e 114937846.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.7012%
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2001)	(2000)	(1999)	(1998)	
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: N/A	(2001)	(2000)	(1999)	(1998)	
c Add: Amounts from column (e) for lines 15 16 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.

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

N/A

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

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

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 groupCheck ☐ **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
		<b>N/A</b>	
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		
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)

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
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
	<input checked="" type="checkbox"/>	
		0.



## SPRINGFIELD MA

## RENT

1

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
101	LAND (1)	VARIABLE				45,000.			45,000.			0.
102	LAND (2)	VARIABLE				40,000.			40,000.			0.
103	LAND (3)	VARIABLE				20,825.			20,825.			0.
104	LAND (4)	VARIABLE				41,310.			41,310.			0.
105	LAND (5)	VARIABLE				50,000.			50,000.			0.
106	LAND (6)	VARIABLE				41,440.			41,440.			0.
107	BUILDING (1)	VARIABLE		30.00	16	189,994.			189,994.	69,074.		6,333.
108	BUILDING (2)	VARIABLE		30.00	16	164,831.			164,831.	60,733.		5,494.
109	BUILDING (3)	VARIABLE		30.00	16	219,109.			219,109.	79,735.		7,304.
110	BUILDING (4)	VARIABLE		30.00	16	210,393.			210,393.	78,069.		7,013.
111	BUILDING (5)	VARIABLE		30.00	16	176,373.			176,373.	64,604.		5,879.
112	BUILDING (6)	VARIABLE		30.00	16	178,910.			178,910.	66,298.		5,964.
113	IMPROVEMENTS - BUILDING (4)	011794SL		40.00	16	3,447.			3,447.	774.		86.
114	IMPROVEMENTS - BUILDING (4)	011794SL		40.00	16	2,611.			2,611.	585.		65.
115	IMPROVEMENTS - BUILDING (4)	070196SL		40.00	16	1,582.			1,582.	240.		40.
116	IMPROVEMENTS - BUILDING (4)	020197SL		40.00	16	5,120.			5,120.	741.		128.
117	IMPROVEMENTS - BUILDING (6)	031298SL		40.00	16	1,457.			1,457.	153.		36.
118	IMPROVEMENTS - BUILDING (LUDDLOW)	072799SL		40.00	16	5,310.			5,310.	399.		133.

228102  
10-24-02

(D) Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

## SPRINGFIELD MA

## RENT

1

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
119	IMPROVEMENTS - BUILDING (LUDLOW)	072799	SL	40.00	16	590.			590.	45.		15.
120	IMPROVEMENTS - BUILDING (GREENFIELD)	042900	SL	40.00	16	5,431.			5,431.	408.		136.
121	IMPROVEMENTS - BUILDING (GREENFIELD)	050800	SL	40.00	16	7,178.			7,178.	537.		179.
122	IMPROVEMENTS - BUILDING (GREENFIELD)	062000	SL	40.00	16	6,061.			6,061.	456.		152.
123	BUILDING (LORRAINE)	123199	SL	40.00	16	372,000.			372,000.	23,250.		9,300.
124	BUILDING (LORRAINE)	VARIES	SL	40.00	16	1,273,612.			1,273,612.	46,840.		31,840.
125	IMPROVEMENTS - BUILDING (DEWITT)	050201	SL	40.00	16	2,340.			2,340.	118.		59.
126	IMPROVEMENTS - BUILDING (LUDLOW)	050201	SL	40.00	16	1,435.			1,435.	72.		36.
127	ROOF (DEWITT)	070201	SL	40.00	16	5,400.			5,400.	135.		135.
128	BUILDING IMPROVEMENTS	050602	SL	40.00	16	1,586.			1,586.	40.		40.
129	BUILDING IMPROVEMENTS	050602	SL	40.00	16	15,200.			15,200.	380.		380.
130	CLOSED CIRCUIT TELEVISION	061302	SL	5.00	16	5,442.			5,442.	194.		894.
131	BUILDING IMPROVEMENTS (LORRAINE)	070102	SL	40.00	16	1,614.			1,614.			40.
132	BUILDING IMPROVEMENTS	082802	SL	40.00	16	2,000.			2,000.			42.
133	BUILDING IMPROVEMENTS	091002	SL	40.00	16	920.			920.			19.
134	BUILDING IMPROVEMENTS	092402	SL	40.00	16	4,300.			4,300.			81.
135	HEATING & COOLING	103102	SL	40.00	16	605.			605.			10.
136	BUILDING IMPROVEMENTS	110802	SL	40.00	16	3,300.			3,300.			55.

228102  
10-24-02

(D) Asset disposed

\* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

## SPRINGFIELD MA

RENT 1

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
137	BUILDING IMPROVEMENTS	123102SL		40.00	16	1,658.			1,658.			21.
138	CARPET	021803SL		40.00	16	2,308.			2,308.			19.
139	CARPET	021803SL		40.00	16	2,337.			2,337.			19.
140	HEATING & COOLING	033103SL		40.00	16	2,372.			2,372.			15.
141	CARPET	053003SL		40.00	16	3,327.			3,327.			7.
142	LAND (1) - STRONG	121802L				57,000.			57,000.			0.
143	LAND (2) - PLUMTREE	121802L				41,200.			41,200.			0.
144	BUILDING - STRONG	121802SL		27.50	16	175,036.			175,036.			3,182.
145	BUILDING - PLUMTREE	121802SL		27.50	16	237,953.			237,953.			4,326.
146	BUILDING ADDITIONS	121802SL		27.50	16	17,342.			17,342.			315.
	* 990 RENTAL TOTAL											
	OTHER					3,647,259.		0.	3,647,259.	493,880.	0.	89,792.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
6	LAND	VARIESL				20,889.			20,889.			0.
7	BUILDING IMPROVEMENTS	VARIESL		20.00	16	27,150.			27,150.	14,235.		1,358.
15	(D)LAP TOP COMPUTER	090198SL		3.00	16	2,475.			2,475.	2,475.		0.
155	PORCHES	07 02SL		10.00	16	3,875.			3,875.			786.
156	HOT WATER HEATER	04 03SL		10.00	16	1,218.			1,218.			52.
157	FLOORING	06 03SL		10.00	16	4,245.			4,245.			27.
158	BUILDING IMPROVEMENTS	063003SL		27.50	16	5,204.			5,204.			0.
	* 990 PAGE 2 TOTAL					65,056.		0.	65,056.	16,710.	0.	2,223.
	PROGRAM SERVICES											
	MANAGEMENT AND GENERAL											
1	(D)EQUIPMENT	070192SL		5.00	16	36,552.			36,552.			0.
2	(D)EQUIPMENT	012794SL		5.00	16	1,509.			1,509.	1,509.		0.
3	(D)FAX MACHINE	111594SL		5.00	16	1,575.			1,575.	1,575.		0.
4	(D)LASER PRINTER	021595SL		5.00	16	1,800.			1,800.	1,800.		0.
5	(D)P.C.	021595SL		5.00	16	3,000.			3,000.	3,000.		0.
	(D)BUILDING											
8	IMPROVEMENTS	093092SL		10.00	16	6,058.			6,058.	6,058.		0.
	(D)LEASEHOLD											
9	IMPROVEMENTS	093090SL		10.00	16	176,639.			176,639.	176,639.		0.
13	(D)COPIER	081596SL		5.00	16	1,295.			1,295.	1,295.		0.



Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
14	CHEVY MALIBU	030999	SL	5.00	16	24,358.			24,358.	15,619.		0.
16	(D) VOICE MAIL SYSTEM	10	99SL	3.00	16	7,325.			7,325.	7,325.		0.
19	(D) COMPUTERS	07	99SL	3.00	16	69,565.			69,565.	69,565.		0.
20	COMPUTER/PRINTER	11	99SL	3.00	16	1,608.			1,608.	1,429.		179.
21	COMPUTER	03	00SL	3.00	16	2,840.			2,840.	2,209.		631.
22	COMPUTER SOFTWARE	03	00SL	3.00	16	4,791.			4,791.	3,726.		1,065.
23	NOTEBOOK COMPUTER	04	01SL	3.00	16	2,094.			2,094.	873.		698.
24	COMPUTER SOFTWARE	11	01SL	3.00	16	61,582.			61,582.	14,677.		16,427.
25	NOTEBOOK COMPUTER	11	01SL	3.00	16	2,144.			2,144.	476.		715.
26	WHALLEY/COMPUTER	02	02SL	3.00	16	10,295.			10,295.	1,430.		3,432.
27	PRINTER	03	02SL	3.00	16	1,515.			1,515.	168.		505.
28	COMPUTER	05	02SL	3.00	16	1,198.			1,198.	130.		399.
29	DATABASE	05	02SL	3.00	16	2,335.			2,335.			778.
30	TELEDEX	03	02SL	3.00	16	5,091.			5,091.	566.		1,697.
31	TELEDEX	0630	02SL	3.00	16	49,599.			49,599.			12,939.
32	BUILDING IMPROVEMENTS	01	02SL	5.00	16	33,690.			33,690.	3,369.		6,738.
33	BUILDING IMPROVEMENTS	04	02SL	5.00	16	16,902.			16,902.	845.		3,380.
34	BUILDING IMPROVEMENTS	05	02SL	5.00	16	1,451.			1,451.	48.		290.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
35	WB MASON-FURNITURE & FIXTURES	01	01SL	5.00	16	4,744.			4,744.	1,423.		949.
36	BLDG IMPROVEMENTS	VARIABLE	SL	5.00	16	67,067.			67,067.	21,238.		13,413.
37	COMPUTER EQUIPMENT	12	00SL	3.00	16	25,910.			25,910.	12,955.		8,637.
39	COMPUTER	03	01SL	3.00	16	1,164.			1,164.	517.		388.
40	COMPUTER	05	01SL	3.00	16	8,885.			8,885.	3,456.		2,962.
41	ALTERNATE ADV COMPUTER	06	01SL	3.00	16	1,595.			1,595.	576.		532.
42	COMPUTERS	04	02SL	3.00	16	4,792.			4,792.	399.		1,597.
43	BLACKBAUD SETUP & TRAINING	01	02SL	3.00	16	7,840.			7,840.	1,307.		2,613.
147	COMPUTER	08	02SL	5.00	16	3,845.			3,845.			1,175.
148	COMPUTER	11	02SL	5.00	16	1,836.			1,836.			408.
149	COMPUTER	04	03SL	5.00	16	1,850.			1,850.			154.
150	COMPUTER	05	03SL	5.00	16	1,045.			1,045.			58.
151	COMPUTER	04	03SL	5.00	16	499.			499.			28.
152	COMPUTER	03	03SL	5.00	16	650.			650.			72.
153	BUILDING	06	03SL	30.00	16	756,416.			756,416.			1,404.
154	LAND	06	03SL	.000	16	265,000.			265,000.			0.
159	COMMUNICATION EQUIPMENT	06	03SL	5.00	16	1,685.			1,685.			47.
160	FURNITURE AND FIXTURES	01	03SL	5.00	16	1,170.			1,170.			195.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
161	COMPUTER	04	02SL	5.00	16	4,792.			4,792.	67.		1,597.
162	VEHICLE	07	0102SL	5.00	16	25,524.			25,524.			5,105.
	* 990 PAGE 2 TOTAL					1,713,120.		0.	1,713,120	392,821.	0.	91,207.
	MANAGEMENT AND GENERAL					1,778,176.		0.	1,778,176.	409,531.	0.	93,430.
	* GRAND TOTAL 990 PAGE 2 DEPR											

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
SPRINGFIELD MA	1 3	383,742.	
TOTAL TO FORM 990, PART I, LINE 6A		383,742.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		89,792.	
PAYROLL & EMPLOYEE BENEFITS		22,425.	
INTEREST		134,137.	
INSURANCE		13,670.	
UTILITIES		26,258.	
MAINTENANCE & REPAIRS		59,887.	
PROFESSIONAL SERVICES		25,461.	
OTHER TAXES		32,947.	
TELEPHONE		4,413.	
FRINGES AND TAXES		6,124.	
OFFICE & POSTAGE		1,286.	
TRAVEL		1,037.	
AUDIT		4,500.	
OTHER EXPENSES		1,902.	
BAD DEBTS		5,915.	
- SUBTOTAL -	1		429,754.
TOTAL TO FORM 990, PART I, LINE 6B			429,754.

FORM 990                      GAIN (LOSS) FROM SALE OF OTHER ASSETS                      STATEMENT      3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF ASSETS	07/ /99	07/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	300,468.	0.	300,468.	0.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF ASSETS	10/ /99	03/01/03	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	7,325.	0.	7,325.	0.
TO FM 990, PART I, LN 8		307,793.	0.	307,793.	0.

FORM 990                      OTHER EXPENSES                      STATEMENT      4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROFESSIONAL SERVICES	95,806.	77,266.	18,540.	
BAD DEBT EXPENSE	107,316.	107,316.		
INSURANCE	26,450.	16,833.	9,617.	
LICENSES, DUES AND FEES	35,109.	18,266.	16,843.	
PROGRAM EXPENSE	107,879.	105,513.	2,366.	
EMPLOYEE TRAINING	13,860.	10,465.	3,395.	
CONSTRUCTION COSTS	1,460,280.	1,460,280.		
UTILITIES	2,800.		2,800.	
PROVIDER REIMBURSEMENTS	46,547.	46,547.		
OTHER EXPENSES	125,159.	125,159.		
COMPUTER OPERATIONS	11,416.	11,416.		
TOTAL TO FM 990, LN 43	2,032,622.	1,979,061.	53,561.	

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FORM 990      STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE      STATEMENT      5  
PART III

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## EXPLANATION

TO PROVIDE HOUSING ASSISTANCE AND TECHNICAL ASSISTANCE TO LOW-INCOME AND  
DISABLED INDIVIDUALS IN WESTERN MASSACHUSETTS

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FORM 990      SPECIFIC ASSISTANCE TO INDIVIDUALS      STATEMENT      6

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## DESCRIPTION

## AMOUNT

RENTAL ASSISTANCE PAYMENTS PAID TO LANDLORDS ON THE BEHALF  
OF  
QUALIFIED LOW-INCOME INDIVIDUALS

28,323,768.

TOTAL TO FORM 990, PART II, LINE 23

28,323,768.

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FORM 990      OTHER PROGRAM SERVICES      STATEMENT      7

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## DESCRIPTION

GRANTS AND  
ALLOCATIONS

## EXPENSES

HOMEOWNERSHIP EDUCATION & ASSISTANCE  
PROPERTY DEVELOPMENT & MANAGEMENT  
TEMPORARY SHELTER FOR THE HOMELESS  
OTHER RENTAL ASSISTANCE PROGRAMS  
DEVELOPMENT LOAN FUND  
LIFE INITIATIVE LOAN FUND  
SSTAP & CONSUMER EDUCATION  
VARIOUS CLIENT SERVICES

356,687.

668,641.

292,774.

170,203.

45,660.

30,000.

499,217.

109,029.

TOTAL TO FORM 990, PART III, LINE E

2,172,211.

## FORM 990

## DEPRECIATION OF ASSETS HELD FOR INVESTMENT

## STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND (1)	45,000.	0.	45,000.
LAND (2)	40,000.	0.	40,000.
LAND (3)	20,825.	0.	20,825.
LAND (4)	41,310.	0.	41,310.
LAND (5)	50,000.	0.	50,000.
LAND (6)	41,440.	0.	41,440.
BUILDING (1)	189,994.	75,407.	114,587.
BUILDING (2)	164,831.	66,227.	98,604.
BUILDING (3)	219,109.	87,039.	132,070.
BUILDING (4)	210,393.	85,082.	125,311.
BUILDING (5)	176,373.	70,483.	105,890.
BUILDING (6)	178,910.	72,262.	106,648.
IMPROVEMENTS - BUILDING (4)	3,447.	860.	2,587.
IMPROVEMENTS - BUILDING (4)	2,611.	650.	1,961.
IMPROVEMENTS - BUILDING (4)	1,582.	280.	1,302.
IMPROVEMENTS - BUILDING (4)	5,120.	869.	4,251.
IMPROVEMENTS - BUILDING (6)	1,457.	189.	1,268.
IMPROVEMENTS - BUILDING (LUDLOW)	5,310.	532.	4,778.
IMPROVEMENTS - BUILDING (LUDLOW)	590.	60.	530.
IMPROVEMENTS - BUILDING (GREENFIELD)	5,431.	544.	4,887.
IMPROVEMENTS - BUILDING (GREENFIELD)	7,178.	716.	6,462.
IMPROVEMENTS - BUILDING (GREENFIELD)	6,061.	608.	5,453.
BUILDING (LORRAINE)	372,000.	32,550.	339,450.
BUILDING (LORRAINE)	1,273,612.	78,680.	1,194,932.
IMPROVEMENTS - BUILDING (DEWITT)	2,340.	177.	2,163.
IMPROVEMENTS - BUILDING (LUDLOW)	1,435.	108.	1,327.
ROOF (DEWITT)	5,400.	270.	5,130.
BUILDING IMPROVEMENTS	1,586.	80.	1,506.
BUILDING IMPROVEMENTS	15,200.	760.	14,440.
CLOSED CIRCUIT TELEVISION	5,442.	1,088.	4,354.
BUILDING IMPROVEMENTS (LORRAINE)	1,614.	40.	1,574.
BUILDING IMPROVEMENTS	2,000.	42.	1,958.
BUILDING IMPROVEMENTS	920.	19.	901.
BUILDING IMPROVEMENTS	4,300.	81.	4,219.
HEATING & COOLING	605.	10.	595.
BUILDING IMPROVEMENTS	3,300.	55.	3,245.
BUILDING IMPROVEMENTS	1,658.	21.	1,637.
CARPET	2,308.	19.	2,289.

CARPET	2,337.	19.	2,318.
HEATING & COOLING	2,372.	15.	2,357.
CARPET	3,327.	7.	3,320.
LAND (1) - STRONG	57,000.	0.	57,000.
LAND (2) - PLUMTREE	41,200.	0.	41,200.
BUILDING - STRONG	175,036.	3,182.	171,854.
BUILDING - PLUMTREE	237,953.	4,326.	233,627.
BUILDING ADDITIONS	17,342.	315.	17,027.
TOTAL TO FORM 990, PART IV, LN 55	3,647,259.	583,672.	3,063,587.

FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
INVESTMENT IN JV'S AND LP'S	COST	279,870.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		279,870.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	20,889.	0.	20,889.
BUILDING IMPROVEMENTS	27,150.	15,593.	11,557.
CHEVY MALIBU	24,358.	15,619.	8,739.
COMPUTER/PRINTER	1,608.	1,608.	0.
COMPUTER	2,840.	2,840.	0.
COMPUTER SOFTWARE	4,791.	4,791.	0.
NOTEBOOK COMPUTER	2,094.	1,571.	523.
COMPUTER SOFTWARE	61,582.	31,104.	30,478.
NOTEBOOK COMPUTER	2,144.	1,191.	953.
WHALLEY/COMPUTER	10,295.	4,862.	5,433.
PRINTER	1,515.	673.	842.
COMPUTER	1,198.	529.	669.
DATABASE	2,335.	778.	1,557.
TELEDEX	5,091.	2,263.	2,828.
TELEDEX	49,599.	12,939.	36,660.
BUILDING IMPROVEMENTS	33,690.	10,107.	23,583.
BUILDING IMPROVEMENTS	16,902.	4,225.	12,677.
BUILDING IMPROVEMENTS	1,451.	338.	1,113.
WB MASON-FURNITURE & FIXTURES	4,744.	2,372.	2,372.
BLDG IMPROVEMENTS	67,067.	34,651.	32,416.
COMPUTER EQUIPMENT	25,910.	21,592.	4,318.
COMPUTER	1,164.	905.	259.



COMPUTER	8,885.	6,418.	2,467.
ALTERNATE ADV COMPUTER	1,595.	1,108.	487.
COMPUTERS	4,792.	1,996.	2,796.
BLACKBAUD SETUP & TRAINING	7,840.	3,920.	3,920.
COMPUTER	3,845.	1,175.	2,670.
COMPUTER	1,836.	408.	1,428.
COMPUTER	1,850.	154.	1,696.
COMPUTER	1,045.	58.	987.
COMPUTER	499.	28.	471.
COMPUTER	650.	72.	578.
BUILDING	756,416.	1,404.	755,012.
LAND	265,000.	0.	265,000.
PORCHES	3,875.	786.	3,089.
HOT WATER HEATER	1,218.	52.	1,166.
FLOORING	4,245.	27.	4,218.
BUILDING IMPROVEMENTS	5,204.	0.	5,204.
COMMUNICATION EQUIPMENT	1,685.	47.	1,638.
FURNITURE AND FIXTURES	1,170.	195.	975.
COMPUTER	4,792.	1,664.	3,128.
VEHICLE	25,524.	5,105.	20,419.
TOTAL TO FORM 990, PART IV, LN 57	1,470,383.	195,168.	1,275,215.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
OTHER ASSETS	37,400.
WORK IN PROCESS	986,144.
NOTE RECEIVABLE - AFFILIATE	556,749.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,580,293.

FORM 990	MORTGAGES PAYABLE	STATEMENT	12
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DESCRIPTION	BALANCE DUE
SPRINGFIELD INSTITUTE FOR SAVINGS	952,079.
VARIOUS HOUSING AUTHORITIES AND COMMUNITY DEVELOPMENT CORPORATION	270,000.
UNITED COOPERATIVE BANK	5,000.
COOPERATIVE FUND OF NEW ENGLAND	31,180.
COOPERATIVE FUND OF NEW ENGLAND	36,040.
DIOCESS OF WESTERN MASSACHUSETTS	200,000.
FLORENCE SAVINGS BANK	178,642.
LIFE INSURANCE COMMUNITY INVESTMENT INITIATIVE	500,000.

HAP, INC.

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PROPERTY AND CASUALTY INITIATIVE

250,000.

LIFE INSURANCE INITIATIVE

250,000.

FLEET NATIONAL BANK

366,183.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B

3,039,124.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 13

LENDER'S NAMETERMS OF REPAYMENTCOMMUNITY ECONOMIC  
DEVELOPMENT CORP.REPAID OUT OF SURPLUS  
CASHDATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

0. 5.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

CERTAIN REAL ESTATE

\$500,000 CREDIT

RELATIONSHIP OF LENDERDESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0. 500,000.

LENDER'S NAMETERMS OF REPAYMENT

CITY OF NORTHAMPTON

DATE OF  
NOTEMATURITY  
DATEORIGINAL  
LOAN AMOUNTINTEREST  
RATE

03/14/30 0. .00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

CERTAIN REAL ESTATE

RELATIONSHIP OF LENDERDESCRIPTION OF CONSIDERATIONFMV OF  
CONSIDERATIONBALANCE DUE

0. 170,000.

LENDER'S NAMETERMS OF REPAYMENTMASSACHUSETTS HOUSING  
PARTNERSHIP BOARD

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	04/24/30	0.	.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

CERTAIN REAL ESTATE

\$500,000 CREDIT AVAILABLE

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	500,000.

LENDER'S NAMETERMS OF REPAYMENTMASS. DEVELOPMENT FINANCE 2,625/MONTH  
AGENCY

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	04/01/06	0.	5.50%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

CERTAIN OFFICE EQUIPMENT

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	85,097.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
FLEET NATIONAL BANK		MONTHLY PAYMENTS	

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	06/10/13	0.	4.03%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	1,100,000.

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
GMAC		\$650 MONTHLY PAYMENTS	

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
	06/17/05	0.	7.95%

<u>SECURITY PROVIDED BY BORROWER</u>	<u>PURPOSE OF LOAN</u>
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RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	14,950.

LENDER'S NAMETERMS OF REPAYMENT

COMMUNITY ECONOMIC  
DEVELOPMENT ASSISTANCE  
CORP

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	7.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOANRELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	1,000.

LENDER'S NAMETERMS OF REPAYMENT

FLEET NATIONAL BANK

MONTHLY PAYMENTS

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
		0.	2.00%

SECURITY PROVIDED BY BORROWERPURPOSE OF LOAN

BILCHERTOWN PROJECT

RELATIONSHIP OF LENDER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
	0.	389,032.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

2,760,079.

FORM 990	OTHER LIABILITIES	STATEMENT 14
DESCRIPTION		AMOUNT
ESCROW LIABILITIES		388,145.
ACCRUED LIABILITIES		820,903.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		1,209,048.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 15
DESCRIPTION		AMOUNT
GROSS REVENUES FROM MAJORITY OWNED SUBSIDIARIES		273,444.
GROSS INVESTMENT EXPENSES REFLECTED AS A COMPONENT OF EXPENSES PER THE AUDIT		429,754.
TOTAL TO FORM 990, PART IV-A		703,198.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 16
DESCRIPTION		AMOUNT
GROSS EXPENSES FROM SUBSIDIARIES INCLUDED IN CONSOLIDATED F/S		589,819.
GROSS INVESTMENT EXPENSES REFLECTED AS A COMPONENT OF EXPENSES PER THE AUDIT		<798.>
TOTAL TO FORM 990, PART IV-B		589,021.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 17
DESCRIPTION		AMOUNT
PARTNERSHIP INCOME FROM SUBSIDIARIES INCLUDED IN THE CONSOLIDATED F/S		114,177.
TOTAL TO FORM 990, PART IV-A		114,177.

FORM 990

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

STATEMENT 18

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PETER GAGLIARDI 322 MAIN STREET SPRINGFIELD, MA 01105	EXEC DIRECTOR 40/WEEK	94,603.	14,311.	0.
ELLEN HATZAKIS 322 MAIN STREET SPRINGFIELD, MA 01105	CFO 40/WEEK	69,558.	5,150.	0.
LINDA MORLEY 322 MAIN STREET SPRINGFIELD, MA 01105	LEGAL COUNSEL 40/WEEK	62,707.	3,178.	0.
KAREN ANN LEVEILLE 322 MAIN STREET SPRINGFIELD, MA 01105	REAL ESTATE OFFICER 40/WEEK	61,560.	2,964.	0.
JAMES REIS 322 MAIN STREET SPRINGFIELD, MA 01105	ASSOCIATE EXEC DIRECTOR 40/WEEK	63,532.	4,605.	0.
NEAL MCBRIDE 322 MAIN STREET SPRINGFIELD, MA 01105	PRESIDENT 1/WEEK	0.	0.	0.
CARLOS VEGA 322 MAIN STREET SPRINGFIELD, MA 01105	PRESIDENT 1/WEEK	0.	0.	0.
MR. JOSEPH LAPLANTE 322 MAIN STREET SPRINGFIELD, MA 01105	VICE PRESIDENT 1/WEEK	0.	0.	0.
MS. SARAH PAGE 322 MAIN STREET SPRINGFIELD, MA 01105	VICE PRESIDENT 1/WEEK	0.	0.	0.
MR. CHARLES RUCKS 322 MAIN STREET SPRINGFIELD, MA 01105	TREASURER 1/WEEK	0.	0.	0.
REV. CHARLES PINK 322 MAIN STREET SPRINGFIELD, MA 01105	CLERK 1/WEEK	0.	0.	0.



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JACK HUNTER 322 MAIN STREET SPRINGFIELD, MA 01105	DIRECTOR 1/WEEK	0.	0.	0.
JAMES SHERBO 322 MAIN STREET SPRINGFIELD, MA 01105	DIRECTOR 1/WEEK	0.	0.	0.
GLENN DAVIS 322 MAIN STREET SPRINGFIELD, MA 01105	DIRECTOR 1/WEEK	0.	0.	0.
ERIC GROSS 322 MAIN STREET SPRINGFIELD, MA 01105	DIRECTOR 1/WEEK	0.	0.	0.
JAMES BOARDMAN 322 MAIN STREET SPRINGFIELD, MA 01105	DIRECTOR 1/WEEK	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

351,960.	30,208.	0.
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FORM 990	PROGRAM SERVICE REVENUE	STATEMENT 19
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
DEVELOPMENT FEES					1,126,642.
HOMEOWNERSHIP					102,144.
CLIENT SERVICES					28,902.
MGT FEES AND RENTS					207,627.
TECHNICAL SERVICES					16,037.
ASSISTANCE					1,714.
MISCELLANEOUS					750.
TO FORM 990, PART VII, LINE 93					1,483,816.

FORM 990	PART IX INFORMATION REGARDING TAXABLE SUBSIDIARIES	STATEMENT 20
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NAME, ADDRESS & ID NUMBER OF CORP OR PARTNERSHIP	PCT OWN	NATURE OF BUSINESS	TOTAL INCOME	END-OF-YEAR ASSETS
HAP-CHS, INC & SUBSIDIARIES, 322 MAIN STREET, SPRINGFIELD MA	100.00%	HOUSING SERVICES	<12,718.>	1,825,806.
PLUMTREE ROAD LIMITED PARTNERSHIP, 322 MAIN STREET, SPRINGFIELD MA	80.00%	LOW-INCOME HOUSING	739.	0.
08451106 756950 36725H	2002.06000	HAP, INC.	STATEMENT(S) 18, 19, 20	36725H_1

STRONG STREET LIMITED  
PARTNERSHIP, 322 MAIN  
STREET, SPRINGFIELD MA

80.00% LOW-INCOME  
HOUSING

<885.> 215,464.

NEWCOURT TERRACE, 322  
MAIN STREET, SPRINGFIELD  
MA

99.00% LOW-INCOME  
HOUSING

101,155. 671,449.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO  
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 21

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	HAP, INC. DEVELOPS & MANAGES REAL PROPERTY TO PROVIDE TEMPORARY AND PERMANENT HOUSING FOR THE HOMELESS & QUALIFIED LOW-INCOME INDIVIDUALS
93B	HAP, INC IS A PARTNER IN 2 PARTNERSHIPS THAT HAVE DEVELOPED BUILDINGS FOR THE ACCOMPLISHMENT OF THE ORGANIZATIONS PURPOSE TO PROVIDE LOW-INCOME HOUSING TO QUALIFIED TENANTS.
93C	HAP, INC. PROVIDES FINANCIAL COUNSELING FOR QUALIFIED LOW-INCOME INDIVIDUALS WHO ARE AT RISK OF LOSING THEIR HOMES.
93D	HAP INC PROVIDES TECHNICAL AND EDUCATION SERVICES RELATED TO THE HAZARDS OF LEAD PAINT AND THE REHAB WORK REQUIRED TO PROVIDE SAFE HOUSING.
93E	HAP INC. PROVIDES LEGAL AND FINANCIAL COUNSELING AND HOUSING EDUCATION SERVICES TO QUALIFIED INDIVIDUALS TO PRESERVE AFFORDABLE HOUSING.
93F	HAP INC. OWNS AND MANAGES REAL PROPERTY TO PROVIDE HOUSING FOR QUALIFIED LOW INCOME INDIVIDUALS AND MENTALLY RETARDED INDIVIDUALS.

SCHEDULE A

STATEMENT REGARDING ACTIVITIES WITH  
SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS,  
CREATORS, KEY EMPLOYEES, ETC.,  
PART III, LINE 2

STATEMENT 22

2(B) HAP, INC EXTENDED CREDIT TO ITS WHOLLY OWNED SUBSIDIARY AT STANDARD COMMERCIAL TERMS.

2(C) HAP, INC ALLOCATES OVERHEAD COSTS TO ITS WHOLLY OWNED SUBSIDIARY BASED ON THE DIRECT HOURS CHARGED TO THE SUBSIDIARY. ADDITIONALLY, OCCUPANCY COSTS ARE CHARGED BASED UPON THE SPACE USED BY THE SUBSIDIARY'S OPERATIONS

2(D) SEE FORM 990, PART V

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

▶ See separate instructions

▶ Attach to your tax return

OMB No 1545-0172

**2002**Attachment  
Sequence No 67**HAP, INC.****FORM 990 PAGE 2****04-2518368****Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	93,430.

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

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18	If you are electing under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property						
b 5-year property						
c 7 year property						
d 10-year property						
e 15 year property						
f 20 year property						
g 25 year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	93,430.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2002 tax year


43 Amortization of costs that began before your 2002 tax year

43

44 Total. Add amounts in column (f). See instructions for where to report.

44

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

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

▶ See separate instructions

▶ Attach to your tax return.

OMB No 1545-0172

**2002**Attachment  
Sequence No 67**HAP, INC.****SPRINGFIELD MA****04-2518368****Part I Election To Expense Certain Tangible Property Under Section 179** Note If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See instructions for a higher limit for certain businesses	1	24,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0	4	
5 Dollar limitation for tax year Subtract line 4 from line 1, if zero or less, enter -0- If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election (see instructions)	15	
16 Other depreciation (including ACRS) (see instructions)	16	89,792.

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

17 MACRS deductions for assets placed in service in tax years beginning before 2002	17	
18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2002 Tax Year Using the General Depreciation System**

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

**Section C - Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	89,792.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L		
		%				S/L		
		%				S/L		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1

29

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

**Note** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2002 tax year					
43 Amortization of costs that began before your 2002 tax year				43	
44 Total. Add amounts in column (f). See instructions for where to report				44	

For June 2003

In accordance with the provisions of 1561 and 1563 of the Internal Revenue Code, the undersigned corporations hereby consent to the apportionment of the "Taxable Income Bracket Amounts" "The Alternative Minimum Tax Exemption", "Section 179 Deduction" "Environmental Tax", and The "General Business Credit"

The original of this statement is being filed with the District Director of Internal Revenue at Cincinnati, Ohio

1 HAP, Inc.  
(Name of Corporation)  
By [Signature]  
(Title and Date)  
Executive Director 9/5/03

2 HAP CHS  
Inc. & Sub.  
(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

4 Kendall Housing, Inc.  
(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

5 Third Canal, Inc.

(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

7 Kenwyn Park, Inc.  
(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

3 South City Housing, Inc.  
(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

6 Quadrangle Court, Inc.  
(Name of Corporation)

By Allen Hatzakos  
(Title and Date)  
Treasurer 9/5/03

(1) If the taxable income of the controlled group exceeds \$100,000, each member of the group must pay an additional 5% tax (39% on up to \$235,000 of income ) based on the portion of the exemption used (\$75,000) to reduce its tax below 34% If the total combined income of the group exceeds \$335,000, a 34% tax rate applies on all income

L:\2003\masc\06\36725APP.doc

**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	Employer identification number
	HAP, INC.	04-2518368
	Number, street, and room or suite no. If a P O box, see instructions	
File by the due date for filing your return. See instructions.	322 MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	SPRINGFIELD, MA 01105	

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

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

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

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 17, 2004  
to file the exempt organization return for the organization named above. The extension is for the organization's return for  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning JUL 1, 2002, and ending JUN 30, 2003

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

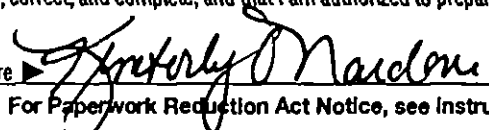
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

- 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  Title CPADate 11/6/03

LHA For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)