

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)

2002

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03

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

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

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

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

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

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

G Web site:

J Organization type (check only one): [X] 501(c)(3) (insert no.) [] 4947(a)(1) or [] 527

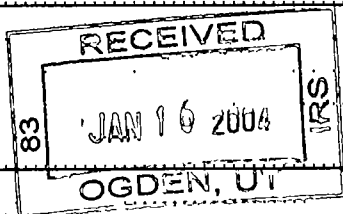
K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

I Enter 4-digit GEN
M Check [X] if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 890,667

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes revenue lines 1-12 and expense lines 13-17, ending with net assets lines 18-21.



See Stmt

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Part II Statement of

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 21 of the instructions)

Functional Expenses

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals	23			
24	Benefits paid to or for members	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26	539,174	434,345	96,005
27	Pension plan contributions	27			
28	Other employee benefits	28	41,578	34,094	7,484
29	Payroll taxes	29	49,122	40,280	8,842
30	Professional fundraising fees	30			
31	Accounting fees	31	10,000		10,000
32	Legal fees	32	130		130
33	Supplies	33	75,665	64,101	11,564
34	Telephone	34			
35	Postage and shipping	35			
36	Occupancy	36	19,581	16,047	3,534
37	Equipment rental and maintenance	37	13,182	10,677	2,505
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	14,262	11,695	2,567
43	Other expenses not covered above (itemize) a	43a			
	b See Statement	43b	82,475	74,127	8,348
	c	43c			
	d	43d			
	e	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	845,169	685,366	150,979

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts, but optional for others.)
<p>See Statement</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	
<p>a CES - Comprehensive Emergency Service provides counseling to battered women and sexual assault survivors on an individual and group basis.</p> <p>(Grants and allocations \$ _____)</p>	304,605
<p>b VOCA - provides legal advocacy services through court accompaniment and counseling to battered women.</p> <p>(Grants and allocations \$ _____)</p>	192,496
<p>c Rape Crisis - Sexual Assault Program - A preventative component that reaches out to the community through education on alternatives to violent behavior.</p> <p>(Grants and allocations \$ _____)</p>	129,040
<p>d COPS - provides educational outreach to Barnstable community with respect to domestic violence.</p> <p>(Grants and allocations \$ _____)</p>	41,289
<p>e Other program services (attach schedule) See Stmt (Grants and allocations \$ _____)</p>	17,936
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	685,366

Part IV Balance Sheets (See page 24 of the instructions.)

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
45	Cash - non-interest-bearing	5,023	45	23,000
46	Savings and temporary cash investments	103,062	46	118,104
47a	Accounts receivable	45,804		
b	Less: allowance for doubtful accounts		47c	45,804
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable	11,437	49	11,546
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	3,038	53	3,458
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	459,073		
b	Less: accumulated depreciation (attach schedule) See Stmt 5			
57b		113,561	57c	345,512
58	Other assets (describe See Stmt 6)	64,165	58	63,523
59	Total assets (add lines 45 through 58) (must equal line 74)	567,307	59	610,947
60	Accounts payable and accrued expenses	57,856	60	65,007
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) See Worksheet	162,687	64b	156,669
65	Other liabilities (describe See Stmt 7)	5,866	65	5,866
66	Total liabilities (add lines 60 through 65)	226,409	66	227,542
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	340,898	67	383,405
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	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)	340,898	73	383,405
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	567,307	74	610,947

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.
DAA

Part VI Other Information (See page 27 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instr		
b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	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	
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
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	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
90a	List the states with which a copy of this return is filed <u>MA</u>	90b	
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)		
91	The books are in care of <u>Independence House, Inc.</u> Located at <u>160 Bassett Street, Hyannis, MA</u>	Telephone no <u>508-771-6507</u> ZIP + 4 <u>02601</u>	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		

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

	Unrelated business income		Excluded by sec 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a State Service Contracts					489,323
b Daycare					654
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	657	
96 Dividends and interest from securities			14	2,935	
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					55,046
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b Micellaneous			41	1,024	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0	4,616	545,023
105 Total (add line 104, columns (B), (D), and (E))					549,639

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)
●	
N/A	

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

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

Please Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Date 1/8/04

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information-(See separate instructions.)

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

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

Name of the organization Independence House, Inc.	Employer identification number 04-2716665
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

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

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

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

Schedule A (Form 990 or 990-EZ) 2002

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 amount on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		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)(ii) 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.)	320,458	302,041	294,852	318,356	1,235,707
16 Membership fees received					
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	505,662	561,473	592,384	599,639	2,259,158
18 Gross inc from int, dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	3,025	5,969	13,827	2,571	25,392
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge. Do not incl the value of serv or fac generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets.	697	1,115	13,806		15,618
23 Total of lines 15 through 22	829,842	870,598	914,869	920,566	3,535,875
24 Line 23 minus line 17	324,180	309,125	322,485	320,927	1,276,717
25 Enter 1% of line 23	8,298	8,706	9,149	9,206	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	25,534
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 total of all these excess amounts		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	1,276,717
d Add Amounts from column (e) for lines:	18 <u>25,392</u> 19 _____ 22 <u>15,618</u> 26b _____	26d	41,010
e Public support (line 26c minus line 26d total)		26e	1,235,707
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	96.7879%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year N/A

(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 _____
17 _____	20 _____	21 _____	27c _____
d Add: Line 27a total _____ and line 27b total _____			27d _____
e Public support (line 27c total minus line 27d total)			27e _____
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			27h _____ %

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

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
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?	30		
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)	31		
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.)	32a 32b 32c 32d		
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)	33a 33b 33c 33d 33e 33f 33g 33h		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

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

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

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

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
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	41	
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				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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 instr.)

N/A

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

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

Yes	No	Amount

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

**Independence House
Board of Directors 10/2003**

NAME & ADDRESS	PHONE # AND EXT.	Term	E-mail and Fax	SKILL	COMMITTEES	CAPE TOWN	RACE
Kathleen Cassie 249 Winslow Gray Rd Yarmouth, MA 02673	Home 508 790-1340 Work 508 398-3122	2002	myrina52@aol.com	Hotel Management	Secretary Development/ Marketing/PR Executive Finance	Yarmouth	W
John Curtis Quick & Reilly 749 Main Street Hyannis, MA 02601	Work 508-771-1168	2004	John.Curtis@quick- reilly.com fax: 508-771-9379	Investing Financial Recruitment	Development/ Marketing/PR Nominating - chair Foundation	Hyannis	W
Jan D'Antuono 2 Lucerne Drive Yarmouthport, MA 02675	Home 508-375-0778 Work 508-790-3772	2005	jldantuono@aol.com	General Manager WFCCWKPE	Development/ Marketing/PR Foundation	Yarmouthport	W
Fred Detschel 14 Aries Lane Mashpee, MA 02649	Home 508 539-2160 Work 508 477-3583	2003	fwdinc@yahoo.com	Management Consultant	Development Marketing/PR	Mashpee	W
Dr. Abraham Dietz M.D 215 Church Street West Barnstable, MA 02668	Home 508 362-6208 Work 508 778-0202	2005	508-778-1155	Physician	Personnel	West Barnstable	W
Janet Feeney 220 West Main Street Hyannis, MA 02601	Work 508-775-7819	2004	janetf@cpacapecod.com	Financial Advisement	Treasurer Executive Comm. Finance - Chair	Hyannis	W
Jerome Forman 227 Stonybrook Road Brewster, MA 02631	Home 508-385-8709 Work 508-771-3363	2005	FAX 508-771-6966 Email fhg@capecod.net	Legal Attorney	Finance Foundation Personnel	Brewster	W

**Independence House
Board of Directors 10/2003**

Elizabeth Harris-Moritz 426 North Street Hyannis, MA 02601	Work 508 778-7700	2001	ehamis@the executivesuite.com	Human Resources Consultant	Vice President/ Development/PR Marketing/PR Nominating Foundation Executive	Hyannis	W
Jeannie Heroux P.O. Box 733 Harwich Port, MA 02646	Home 508 430-0797 Work 978 547-2799 Beeper	2001	jsheroux@attbi.com fax. 508-255-9363	R.N. Nurse Consultant		Harwich Port	W
Lysetta Hurge - Putnam Executive Director Independence House, Inc.	Work 508-771-6507		delta@indhouse.net	Executive Director	Annual Meeting Finance Personnel Nominating Foundation Development / Marketing/PR	Hyannis	B
Jill Levine P.O. Box 168 Yarmouth Port, MA 02675	Home 508-362-3354	2005	jilllevine@comcast.net	Marketing/PR Development	Development - chair Marketing/PR Foundation	Yarmouth Port	W
Andre Ravenelle P O Box 955 Hyannis, MA 02601	Work 508-790-9814	2005	aravenelle@bps.mec.edu	Assistant Superintendent of Secondary Schools Barnstable Public Schools	Nominating	Hyannis	W
Deane B. Sawyer 35 Fishing Brook Road South Yarmouth, MA 02664	Home 508-394-9780 Work 508-394-9780	2005	dsawyer@capecod.net 508-394-0990	Consultant	Personnel	South Yarmouth	W
Bea Selmeski 17 Grove Street Harwich Port, MA 02646	Home 508 430-0519 Work 508 775-0990	2005	Bea_S@spinaltech.com	Human Resources		Harwich Port	W

**Independence House
Board of Directors 10/2003**

Chris Shakalis 30 Lakeview Avenue Centerville, MA 02632	Home 508-771-7943 Work 508-790-6727	2005	chris_shakalis@infinium.com FAX# 508-790-6809		Development / Marketing/PR Finance	Centerville	W
Margaret Shea 36 Aunt Molls Ridge Rd Brewster, MA 02631	Home 508 896-5134 Work 508 977-3150	2002	margfran@gjs.net	Clinical Administrator	Personnel	Brewster	W
Laura Thomson 141 Fox Den Bluff Road Cotuit, MA 02635	Home 508 428-6709 Work 508 428-3320	2005	C21Laura@msn.com	Realtor	Development	Cotuit	W
David Willard 19 West Road P.O. Box 10 Orleans, MA 02655	Home 508 430-0797 Work 508 240-0555 ext 233	2001	lgreenhaigh@capecodfive.com 508 -240-0222	Banker Community Relations	President-Board of Directors Executive Foundation Organizational Personnel	Orleans	W
<u>Racial Diversity</u>							
Board Members							
African American: 6%							
Asian: 0%							
Latino: 0%							
White: 94%							
<u>Geographical Representation</u>							
Barnstable 7							
Bourne 0							
Brewster 2							
Chatham 0							
Dennis 0							
Eastham 0							
Falmouth 1							
Harwich 2							
Mashpee 1							
Provincetown 0							
Orleans 1							
Sandwich 0							
Truro 0							
Wellfleet 0							
Yarmouth 4							

Mortgages and Other Notes Payable

Form
990/990-PF

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

2002

Name
Independence House, Inc.

Employer Identification Number
04-2716665

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

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

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	162,687	156,669
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	162,687	156,669

Depreciation and Amortization

OMB No 1545-0172

Form **4562**

(Including Information on Listed Property)

2002

Department of the Treasury
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

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

Identifying number
04-2716665

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	24,000
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg. 2 of the instr.	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2001 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 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 prop. (other than listed prop.) placed in service during the tax year (see pg. 3 of the instr.)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	9,799

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2002	17	3,165
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		869	5.0	HY	S/L	87
c 7-year property		13,869	7.0	HY	S/L	990
d 10-year property						
e 15-year property		1,000	15.0	HY	S/L	33
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property	11/01/02	12,000	39 yrs.	MM	S/L	188
				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 page 6 of the instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	14,262
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2002)

**Application for Extension of Time To File an
Exempt Organization Return**

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization Independence House, Inc.	Employer identification number 04-2716665
	Number, street, and room or suite no If a P.O. box, see instructions 160 Bassett Lane	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Hyannis MA 02601	

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 2/17/04, 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 7/01/02, and ending 6/30/03.

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

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

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPTA**

Date **11/15/03**

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

<u>Description</u>	<u>Amount</u>
Unrealized loss on investments	\$ -791
Total	<u>\$ -791</u>

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Insurance	12,203	8,865	3,338	
Meals	2,052	1,774	278	
Miscellaneous	545	494	51	
Temporary Help	15,059	12,469	2,590	
Training	1,074	1,000	74	
Mileage	8,134	7,175	959	
Transportation	576	576		
Other Professional Fees	4,516	3,709	807	
Program Support	35,024	35,024		
Leased equipment	3,292	3,042	250	
Total	\$ 82,475	\$ 74,128	\$ 8,347	\$ 0

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

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

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

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

Federal Statements

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Buildings & Improvements	\$ 200,982	\$ 41,301	\$ 200,982	\$ 49,214
Leasehold Imp.	21,078	9,582	34,078	10,857
Land	151,000		151,000	
Furniture & Equipment	58,275	48,417	73,013	53,490
Total	\$ 431,335	\$ 99,300	\$ 459,073	\$ 113,561

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

Description	Beginning of Year	End of Year
Investments	\$ 51,246	\$ 50,621
Endowment	7,738	7,971
Other Receivables	5,181	4,931
Total	\$ 64,165	\$ 63,523

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

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

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
Special Event expenses (Form 990 line 9b)	\$ -2,200
Total	<u>\$ -2,200</u>

Statement 9 - Form 990, Part IV-B - Other Expenses Included on Return

<u>Description</u>	<u>Amount</u>
Special Event expenses (Form 990 line 9b)	\$ -2,200
rounding	<u>1</u>
Total	<u>\$ -2,199</u>

Federal Asset Report

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
43	Computers, printer	4/04/03	700				700	5	HY S/L	0	70
44	lamp	4/09/03	169				169	5	HY S/L	0	17
			<u>869</u>				<u>869</u>			<u>0</u>	<u>87</u>
7-year GDS Property:											
40	Furnace/AC - 160 Bassett	1/27/03	10,869				10,869	7	HY S/L	0	776
41	Alarm System (Fire/Safety) - 160 Bassett	1/29/03	3,000				3,000	7	HY S/L	0	214
			<u>13,869</u>				<u>13,869</u>			<u>0</u>	<u>990</u>
15-year GDS Property:											
42	Driveway - 160 Bassett	6/21/03	1,000				1,000	15	HY S/L	0	33
			<u>1,000</u>				<u>1,000</u>			<u>0</u>	<u>33</u>
NonResidential Real Property:											
39	Roof - 160 Bassett	11/01/02	12,000				12,000	39	MM S/L	0	188
			<u>12,000</u>				<u>12,000</u>			<u>0</u>	<u>188</u>
Prior MACRS:											
30	Apple - IMAC	9/14/00	1,400				1,400	5	HY 200DB	728	269
31	2 - Cannon Video Cams	9/14/00	1,700				1,700	5	HY 200DB	884	326
32	Network Server & Workstations	7/10/00	9,180				9,180	5	HY 200DB	4,774	1,763
33	Network install	7/26/00	1,200				1,200	5	HY 200DB	624	230
34	Roof - 116 Stevens	6/01/02	7,200				7,200	39	MMS/L	8	185
35	Video Recorder	6/01/02	150		X		105	5	HY 200DB	66	34
36	Canon QS 200	6/01/02	200		X		140	5	HY 200DB	88	45
37	Copy machine	6/01/02	100		X		70	5	HY 200DB	44	22
38	Computer	1/31/02	1,300		X		910	5	HY 200DB	572	291
			<u>22,430</u>				<u>21,905</u>			<u>7,788</u>	<u>3,165</u>
Other Depreciation:											
1	Land - 160 Bassett Lane	5/01/97	151,000				151,000	0	-- Land	0	0
2	Building - 160 Bassett Lane	5/01/97	152,544				152,544	27	HY S/L	30,509	5,547
4	Improvements - Stevens St.	5/31/97	23,021				23,021	20	HY S/L	6,330	1,151
5	Improvements - Castle Point Assoc	7/01/97	13,070				13,070	20	HY S/L	2,941	654
6	Improvements - Rightway Fence	10/01/97	3,858				3,858	20	HY S/L	868	193
10	Improvements	11/01/88	5,610				5,610	20	HY S/L	3,783	281
11	Improvements	6/30/94	3,243				3,243	20	HY S/L	1,216	162
12	Handicapped Ramp	6/30/94	12,225				12,225	20	HY S/L	4,584	611
13	Word Processor	3/01/88	1,195				1,195	5	HY S/L	1,195	0
14	Office Furniture	5/01/88	3,596				3,596	7	HY S/L	3,596	0
15	Office Furniture	9/01/88	1,244				1,244	7	HY S/L	1,244	0
16	Telephone System	7/01/90	7,950				7,950	5	HY S/L	7,950	0
17	Typewriter	10/01/90	1,295				1,295	5	HY S/L	1,295	0
18	Child Care Furniture	2/01/98	837				837	7	HY S/L	538	120
19	Child Care Furniture	2/01/98	849				849	7	HY S/L	546	121
20	Child Care Furniture	3/01/98	2,262				2,262	7	HY S/L	1,454	323
21	Child Care Computer	5/01/98	1,900				1,900	5	HY S/L	1,710	190
22	Child Care Refrigerator	6/01/98	430				430	5	HY S/L	387	43
23	Computer & Printer	8/01/91	1,957				1,957	5	HY S/L	1,957	0
24	Photocopier	7/01/96	1,000				1,000	3	HY S/L	1,000	0
25	Carpeting	11/01/93	15,000				15,000	7	HY S/L	15,000	0
26	Computer	2/01/92	1,000				1,000	5	HY S/L	1,000	0
27	Computer	2/01/92	1,000				1,000	5	HY S/L	1,000	0
28	Alarm System	1/01/99	1,290				1,290	7	HY S/L	645	184
29	Furnishings - In Kind	12/01/98	1,530				1,530	7	HY S/L	765	219
	Total Other Depreciation		<u>408,906</u>				<u>408,906</u>			<u>91,513</u>	<u>9,799</u>
	Total ACRS and Other Depreciation		<u>408,906</u>				<u>408,906</u>			<u>91,513</u>	<u>9,799</u>

Federal Asset Report

Indirect Depreciation

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Sec 168(k)	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		459,074				458,549		99,301	14,262
	Less: Dispositions		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>459,074</u>				<u>458,549</u>		<u>99,301</u>	<u>14,262</u>

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
Column A	\$
Mothers' Day Supplies	<u>500</u>
SubTotal	500
Column B	
Annual Meeting Supplies	<u>28</u>
SubTotal	28
Column C	
Other events Supplies	<u>1,672</u>
SubTotal	1,672
Column Others	
Comedy Night	<u>0</u>
SubTotal	0
Fashion Show	<u>0</u>
SubTotal	0
Total	<u><u>2,200</u></u>

Direct expenses other than fundraising expenses
reported on Form 990, page 1, line 9b.