

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)

OMB No. 1545-0047

2004Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning**and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**47 Palmer, Inc.****DBA Passim Folk Music & Cultural Center**

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

47 Palmer Street

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

Cambridge, MA 02138**D Employer identification number****04-3255365****E Telephone number****617-492-5300****F Accounting method** ☐ Cash ☒ Accrual
☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G Website:** ▶ **WWW.CLUBPASSIM.ORG****J Organization type** (check only one) ☒ 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.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**711135.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	96933.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	6236.	
	d Total (add lines 1a through 1c) (cash \$ 101496. noncash \$ 1673.)	1d	103169.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	467620.	
	3 Membership dues and assessments	3	59703.	
	4 Interest on savings and temporary cash investments	4	11.	
	5 Dividends and interest from securities	5		
	6 a Gross rents	6a		
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe Other investment income)				
8 Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
a Less: cost or other basis and sales expenses	8a			
b Less: cost or other basis and sales expenses	8b			
c Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
9 Special events and activities (attach schedule). If any amount is from gaming , check here ☐				
a Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	77356.		
b Less: direct expenses other than fundraising expenses	9b	66925.		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	10431.		
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	3276.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	644210.		
13 Program services (from line 44, column (B))	13	480387.		
14 Management and general (from line 44, column (C))	14	120003.		
15 Fundraising (from line 44, column (D))	15	106317.		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	706707.		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	-62497.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	-52228.		
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	-114725.		

423001
01-13-05**LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Form 990 (2004)

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12291109 801088 47palclubpas 2004.06000 47 Palmer, Inc. DBA Passim 47PALCL1

SCANNED DEC 15 2005

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26 Other salaries and wages	26 222121.	118101.	46619.	57401.
27 Pension plan contributions	27			
28 Other employee benefits	28 22336.	11227.	5601.	5508.
29 Payroll taxes	29 20945.	10869.	4786.	5290.
30 Professional fundraising fees	30			
31 Accounting fees	31 9575.		9575.	
32 Legal fees	32			
33 Supplies	33 6124.	2050.	3187.	887.
34 Telephone	34 3093.	1865.	986.	242.
35 Postage and shipping	35 9824.	609.	949.	8266.
36 Occupancy	36 43754.	34523.	5149.	4082.
37 Equipment rental and maintenance	37 2609.	1454.	1070.	85.
38 Printing and publications	38 18564.	733.	1937.	15894.
39 Travel	39 1623.	720.		903.
40 Conferences, conventions, and meetings	40 836.	524.	156.	156.
41 Interest	41 2407.	9.	2398.	
42 Depreciation, depletion, etc. (attach schedule)	42 7906.	800.	7106.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 2	43e 334990.	296903.	30484.	7603.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 706707.	480387.	120003.	106317.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? ☐**Promotion of folk arts**

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

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

a Cultivation, preservation and performance of folk music in an historic folk art coffee house known as "Club Passim". (Grants and allocations \$ _____)	394713.
b School for folk music for all levels and workshops. (Grants and allocations \$ _____)	40502.
c Provides free programs for children from all backgrounds to learn music, dance, cooking, art, culture and history of different styles of music. (Grants and allocations \$ _____)	45172.
d Preservation and creation of permanent records of folk music memorabilia. (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	480387.

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	24343.	45	3146.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	3896.		
	b Less: allowance for doubtful accounts	2075.	995.	47c 1821.
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable	40375.	49	30000.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	11878.	53	8925.
	54 Investments - securities		54	
	55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			55c	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	73658.			
b Less: accumulated depreciation Stmt 3	69658.	6357.	57c 4000.	
58 Other assets (describe ► Deposits)	10231.	58	10901.	
59 Total assets (add lines 45 through 58) (must equal line 74)	94179.	59	58793.	
Liabilities	60 Accounts payable and accrued expenses	120821.	60	164930.
	61 Grants payable		61	
	62 Deferred revenue	11577.	62	5379.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	13609.	64b	3209.
	65 Other liabilities (describe ►)	400.	65	0.
66 Total liabilities (add lines 60 through 65)	146407.	66	173518.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	-80510.	67	-114725.
	68 Temporarily restricted	28282.	68	0.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	-52228.	73	-114725.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	94179.	74	58793.

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

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is ☐ exempt or ☐ nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed Massachusetts		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 7		
91	The books are in care of Elizabeth Siggins Schmidt Telephone no. 617-491-2382		
	Located at 47 Palmer Street, Cambridge, MA ZIP + 4 02138		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A and enter the amount of tax-exempt interest received or accrued during the tax year		

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a Admissionsb Tuitions

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets

other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue:

a Miscellaneous income

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 34 of the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93a Admissions for folk art performances are directly related to promotion of the folk arts.

103a Club usage fees and reimbursed expenses comprise other revenue - both are directly related to the promotion of the folk arts.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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 1/14/05Signature Betsy Siggins, Executive Direc

Type or print name and title.

Date

Check if self-employed ☐

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

2004

Name of the organization **47 Palmer, Inc.**
DBA Passim Folk Music & Cultural Center

Employer identification number
04 3255365

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>None</u>				
Total number of other employees paid over \$50,000 ▶	0			

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

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

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

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 i 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.)

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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ 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.)

47 Palmer, Inc.

Schedule A (Form 990 or 990-EZ) 2004 **DBA Passim Folk Music & Cultural Center** 04-3255365 Page 3**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	165951.	165492.	169704.	162957.	664104.
16 Membership fees received	42374.	39750.	40001.	27131.	149256.
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	434482.	371676.	377494.	383100.	1566752.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	24.	118.	272.	537.	951.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	2951.	7068.	See Statement 7	5274.	18913.
23 Total of lines 15 through 22	645782.	584104.	591091.	578999.	2399976.
24 Line 23 minus line 17	211300.	212428.	213597.	195899.	833224.
25 Enter 1% of line 23	6458.	5841.	5911.	5790.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	16664.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	833224.
d Add: Amounts from column (e) for lines: 18 <u>951.</u> 19 _____ 22 <u>18913.</u> 26b _____	26d	19864.
e Public support (line 26c minus line 26d total)	26e	813360.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	97.6160%

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	(2003)	(2002)	(2001)	(2000)
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	(2003)	(2002)	(2001)	(2000)
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) N/A	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 2000 through 2003, 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?	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?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
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) 2004

47 Palmer, Inc.

Schedule A (Form 990 or 990-EZ) 2004 **DBA Passim Folk Music & Cultural Center** 04-3255365 Page 5**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)Check **a** ☐ if the organization belongs to an affiliated group.Check **b** ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
45 Lobbying nontaxable amount					0.	
46 Lobbying ceiling amount (150% of line 45(e))					0.	
47 Total lobbying expenditures					0.	
48 Grassroots nontaxable amount					0.	
49 Grassroots ceiling amount (150% of line 48(e))					0.	
50 Grassroots lobbying expenditures					0.	

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

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

Yes	No	Amount
		0.

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
-----------------	---

Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization.

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

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
	Buildings											
1	Construction	010195SL		3.00	16	26282.			26282.	26282.		0.
2	Sound System	080195SL		3.00	16	3645.			3645.	3645.		0.
3	Additions	010101SL		3.00	16	16253.			16253.	13545.		2708.
	* 990 Page 2 Total Buildings					46180.		0.	46180.	43472.	0.	2708.
	* 990 Page 2 Total - Other					46180.		0.	46180.	43472.	0.	2708.
4	Signage	010197SL		3.00	16	3600.			3600.	3600.		0.
	* 990 Page 2 Total Other					3600.		0.	3600.	3600.	0.	0.
	* 990 Page 2 Total - Furniture & Fixtures					3600.		0.	3600.	3600.	0.	0.
5	Credit card machine	110195SL		5.00	16	735.			735.	735.		0.
6	File Cabinet	030199SL		3.00	16	330.			330.	330.		0.
7	Folding Table	050199SL		3.00	16	568.			568.	568.		0.
8	Chairs	060199SL		3.00	16	234.			234.	234.		0.
9	Sound Equipment	070103SL		3.00	16	790.			790.	132.		658.
20	Padded Chairs	090199SL		3.00	16	1007.			1007.	1007.		0.
	* 990 Page 2 Total Furniture & Fixtures					3664.		0.	3664.	3006.	0.	658.

2004 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 2

990

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
	* 990 Page 2 Total - Machinery & Equipment					3664.		0.	3664.	3006.	0.	658.
10	Computer Upgrade	080198SL		3.00	16	508.			508.	508.		0.
11	HP Printer	060197SL		3.00	16	997.			997.	997.		0.
12	Apple Computer	040100SL		3.00	16	5315.			5315.	5315.		0.
13	Additions	010101SL		3.00	16	1948.			1948.	1623.		325.
14	Computer - F	110103SL		3.00	16	549.			549.	31.		518.
15	Computer - B	120103SL		3.00	16	1049.			1049.	29.		1020.
16	Computer - M	120103SL		3.00	16	1160.			1160.	32.		1128.
21	OFFICE EQUIPMENT	070904SL		3.00	16	749.			749.			749.
	* 990 Page 2 Total Machinery & Equipment					12275.		0.	12275.	8535.	0.	3740.
	* 990 Page 2 Total - Machinery & Equipment					12275.		0.	12275.	8535.	0.	3740.
17	Apple monitor/modem	100198SL		3.00	16	600.			600.	600.		0.
18	Computer w/modem	070199SL		3.00	16	600.			600.	600.		0.
19	Computer system	120195SL		3.00	16	1939.			1939.	1939.		0.
	* 990 Page 2 Total Machinery & Equipment					3139.		0.	3139.	3139.	0.	0.
	* 990 Page 2 Total -					3139.		0.	3139.	3139.	0.	0.

428102
10-08-04

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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
	Other											
22	SOUND EQUIPMENT	07/15/04	SL	3.00	16	4800.			4800.			800.
	* 990 Page 2 Total											
	Other					4800.		0.	4800.	0.	0.	800.
	* 990 Page 2 Total -											
	* Grand Total 990 Page					4800.		0.	4800.	0.	0.	800.
	2 Depr					73658.		0.	73658.	61752.	0.	7906.

Form 990	Special Events and Activities				Statement 1
Description of Event	Gross Receipts	Contribut. Included	Gross Revenue	Direct Expenses	Net Income
Concerts	52615.		52615.	38713.	13902.
Other	24741.		24741.	28212.	-3471.
To Fm 990, Part I, line 9	77356.		77356.	66925.	10431.

Form 990	Other Expenses			Statement 2
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	1887.	1139.	300.	448.
Artist fees	237355.	236355.	0.	1000.
Artist fees donated	2128.	2128.	0.	0.
Bank fees	775.	0.	766.	9.
Organizational development	8043.	60.	4525.	3458.
Credit card fees	14010.	480.	13530.	
Dues and subscriptions	1243.	292.	590.	361.
Hospitality	11220.	10322.	305.	593.
Instructor fees	20697.	20697.	0.	0.
Insurance	6263.	0.	6263.	0.
License and permits	3945.	3545.	250.	150.
Miscellaneous	3628.	124.	2257.	1247.
Special events other fees	77.		0.	77.
Subcontractor fees	23086.	21561.	1525.	0.
Professional fees	633.	200.	173.	260.
Total to Fm 990, ln 43	334990.	296903.	30484.	7603.

Form 990	Depreciation of Assets Not Held for Investment	Statement	3
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Construction	26282.	26282.	0.
Sound System	3645.	3645.	0.
Additions	16253.	16253.	0.
Signage	3600.	3600.	0.
Credit card machine	735.	735.	0.
File Cabinet	330.	330.	0.
Folding Table	568.	568.	0.
Chairs	234.	234.	0.
Sound Equipment	790.	790.	0.
Computer Upgrade	508.	508.	0.
HP Printer	997.	997.	0.
Apple Computer	5315.	5315.	0.
Additions	1948.	1948.	0.
Computer - F	549.	549.	0.
Computer - B	1049.	1049.	0.
Computer - M	1160.	1160.	0.
Apple monitor/modem	600.	600.	0.
Computer w/modem	600.	600.	0.
Computer system	1939.	1939.	0.
Padded Chairs	1007.	1007.	0.
OFFICE EQUIPMENT	749.	749.	0.
SOUND EQUIPMENT	4800.	800.	4000.
Total to Form 990, Part IV, ln 57	73658.	69658.	4000.

Form 990	Other Revenue Not Included on Form 990	Statement	4
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Description	Amount
Special event expenses netted against revenue on Form 990	66925.
Total to Form 990, Part IV-A	66925.

Form 990	Other Expenses Not Included on Form 990	Statement	5
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Description	Amount
Special event expenses netted against revenue on Form 990	66925.
Total to Form 990, Part IV-B	66925.

Form 990	Part V - List of Officers, Directors, Trustees and Key Employees	Statement	6
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Name and Address	Title and Avrg Hrs/Wk	Compensation	Employee Ben Plan Expense Contrib Account
William Nowlin 29 Lancaster St. Cambridge, MA 02140	Director None	0.	0. 0.
Rob Laurnes 20 Chandler St. #2 Somerville, MA 02144	Vice Chair None	0.	0. 0.
Jamie Barth 416 Marlborough St. #704 Boston, MA 02115-1507	Chair None	0.	0. 0.
Jerry Potts 7 Curve St. Medfield, MA 02052-2610	Director None	0.	0. 0.
Mary Ann Cicala 256 Summer St. Apt. 1L Somerville, MA 02143	Clerk None	0.	0. 0.
Joseph W. Dello Russo 14 Longmeadow Drive Westwood, MA 02090-1079	Treasurer None	0.	0. 0.
Alessandro Doria 3 Ellsworth Ave. #1 Cambridge, MA 02139	Director None	0.	0. 0.
Jeff Ginsburg 905 Beacon St. Apt. 1 Boston, MA 02215	Director None	0.	0. 0.

Ralph Jaccodine P.O. Box 381978 Cambridge, MA 02238-1978	Director None	0.	0.	0.
Fran Rivkin 18 Lakeville Rd. Jamaica Plain, MA 02130	Director None	0.	0.	0.
Kevin Sheehan 37 Huron Ave. Cambridge, MA 02138	Director None	0.	0.	0.
Totals Included on Form 990, Part V		0.	0.	0.

Schedule A	Other Income			Statement 7
Description	2003 Amount	2002 Amount	2001 Amount	2000 Amount
Miscellaneous	2951.	7068.	3620.	5274.
Total to Schedule A, line 22	2951.	7068.	3620.	5274.

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

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

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

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

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization 47 Palmer, Inc. DBA Passim Folk Music & Cultural Center	Employer identification number 04-3255365
	Number, street, and room or suite no. If a P.O. box, see instructions. 47 Palmer Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Cambridge, MA 02138	

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

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

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

- The books are in the care of **Elizabeth Siggins Schmidt**
 Telephone No. **617-491-2382** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for
- 4 I request an additional 3-month extension of time until **November 15, 2005**.
- 5 For calendar year **2004**, or other tax year beginning _____ and ending _____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension
Additional time is required to prepare a complete and accurate return.

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Signature and Verification

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

Signature _____ Title **CPA** Date _____

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By: _____ Date _____

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

Type or print	Name 47 Palmer, Inc. c/o Pavento, Ratcliffe, Renzi & Co., LLC
	Number and street (include suite, room, or apt. no.) or a P.O. box number 1000 Franklin Village Drive
	City or town, province or state, and country (including postal or ZIP code) Franklin, MA 02038

423832
01-10-05