

**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)

**2003**

**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 2003 calendar year, or tax year beginning September 1, 2003, and ending August 31, 2004**

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

**C Name of organization**  
**The Family Center of Greater Peterborough**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**P. O. Box 207**

City or town, state or country, and ZIP - 4  
**Peterborough, NH 03458**

**D Employer identification number**  
**22 3181410**

**E Telephone number**  
**(603) 924.6306**

**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?  Yes  No  
(If "No" attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ **www.thefamilycenter.us**

**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.**

**I** Group Exemption Number ▶

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **362,548**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		<b>175,020</b>	
	<b>b</b> Indirect public support	<b>1b</b>		<b>22,250</b>	
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>96,199</b>	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>293,469</b> noncash \$ _____)	<b>1d</b>			<b>293,469</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			<b>18,260</b>
	<b>3</b> Membership dues and assessments	<b>3</b>			<b>0</b>
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			<b>470</b>
	<b>5</b> Dividends and interest from securities	<b>5</b>			<b>0</b>
	<b>6a</b> Gross rents	<b>6a</b>		<b>10,593</b>	
	<b>b</b> Less rental expenses	<b>6b</b>		<b>11,056</b>	
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			<b>(463)</b>
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>				
Revenue	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c columns (A) and (B))	<b>8c</b>			
	<b>8d</b>				<b>0</b>
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input checked="" type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>1,707</b> of contributions reported on line 1a)	<b>9a</b>		<b>39,756</b>	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		<b>20,959</b>	
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			<b>18,797</b>	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			<b>0</b>
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			<b>0</b>	
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>			<b>330,533</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>			<b>190,063</b>
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			<b>68,259</b>
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			<b>0</b>
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			<b>0</b>
	<b>17</b> Total expenses (add lines 13, 14, 15, and 16)	<b>17</b>			<b>258,322</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>			<b>72,211</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			<b>105,507</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			<b>(24)</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>			<b>177,694</b>

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**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. (See page 22 of the instructions.)

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	1,381	1,381	
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	62,539	31,621	30,918
26	Other salaries and wages	26	54,032	54,032	
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	9,210	5,751	3,459
30	Professional fundraising fees	30			
31	Accounting fees	31	492		492
32	Legal fees	32	125		125
33	Supplies	33	10,756	7,957	2,797
34	Telephone	34	2,178	1,960	218
35	Postage and shipping	35	1,739	1,513	226
36	Occupancy	36	26,000	23,016	2,984
37	Equipment rental and maintenance	37			
38	Printing and publications	38	7,312	6,371	941
39	Travel	39	4,244	4,244	
40	Conferences, conventions, and meetings	40	1,670	1,670	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	1,426		1,426
43	Other expenses not covered above (itemize): a	43a			
b	Improvements	43b	18,699	3,927	14,772
c	Insurance	43c	6,018	3,226	2,792
d	Contracted services	43d	46,971	41,513	5,459
e	Childcare, bank chg, dues, repairs, mtg	43e	3,531	1,881	1,650
44	<b>Total functional expenses</b> (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15.</i>	44	258,323	190,063	68,259

**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 25 of the instructions.)

What is the organization's primary exempt purpose? **Parent education and family support services.**

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

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts but optional for others.)
a <b>Parent-Child Connections program works to prevent child abuse and neglect by providing weekly support, education and referrals for parents with children from birth to age 5. Operates four days per week including a specialized program for single parents serving approximately 100 families/wk</b> (Grants and allocations \$ _____)	63,260
b <b>Parent education focus groups guide parents in techniques and skills to better parent their children and prevent child abuse. Groups are offered in four-, six- and eight-week formats, as well as day-long seminars and evening offerings for civic groups. Apprx. 250 families served</b> (Grants and allocations \$ _____)	26,496
c <b>Home visiting program for pregnant and parenting women under age 25 and their families. Participants are offered support and education throughout their pregnancy and the baby's first year of life. Approximately 28 women served per year.</b> (Grants and allocations \$ _____)	39,997
d <b>Community Resource Center development - A year-long planning project for the implementation of a community resource center to offer information and referrals in a one-stop model. Approximately 1200 families served by all organizations housed on site</b> (Grants and allocations \$ _____)	60,310
e Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>190,063</b>

**Part IV Balance Sheets** (See page 25 of the instructions.)

		(A)		(B)
		Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
<b>Assets</b>	45 Cash—non-interest-bearing . . . . .	24,384	45	22,244
	46 Savings and temporary cash investments . . . . .	82,340	46	95,813
	47a Accounts receivable . . . . .	47a	47c	
	b Less: allowance for doubtful accounts . . . . .	47b		
	48a Pledges receivable . . . . .	48a	48c	
	b Less: allowance for doubtful accounts . . . . .	48b		
	49 Grants receivable . . . . .		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		50	
	51a Other notes and loans receivable (attach schedule). . . . .	51a	51c	
	b Less: allowance for doubtful accounts . . . . .	51b		
	52 Inventories for sale or use . . . . .		52	
	53 Prepaid expenses and deferred charges . . . . .		53	4,347
	54 Investments—securities (attach schedule). . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a Investments—land, buildings, and equipment: basis . . . . .	55a	55c	
	b Less: accumulated depreciation (attach schedule). . . . .	55b		
	56 Investments—other (attach schedule) . . . . .		56	
	57a Land, buildings, and equipment: basis . . . . .	57a	57c	
	b Less: accumulated depreciation (attach schedule). . . . .	57b		
	58 Other assets (describe ▶ _____ )		58	276,579
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	106,724	59	421,861	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .		60	
	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) . . . . .		64b	242,692
	65 Other liabilities (describe ▶ _____ )	1,217	65	1,474
66 <b>Total liabilities</b> (add lines 60 through 65) . . . . .	1,217	66	244,166	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		67	
	67 Unrestricted . . . . .			
	68 Temporarily restricted . . . . .			
	69 Permanently restricted . . . . .		69	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.		70	
	70 Capital stock, trust principal, or current funds . . . . .			
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .	105,507		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) <b>must</b> equal line 19; column (B) <b>must</b> equal line 21). . . . .	105,507	73	177,694
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	106,724	74	421,861

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶		<b>a</b>
<b>b</b>	Amounts included on line a but not on line 12, Form 990		<b>a</b>
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) through (4) ▶		<b>b</b>
<b>c</b>	Line a minus line b. ▶		<b>c</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		<b>a</b>
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) ▶		<b>d</b>
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶		<b>e</b>

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements ▶		<b>a</b>
<b>b</b>	Amounts included on line a but not on line 17, Form 990		<b>a</b>
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20 Form 990 \$ _____		
(3)	Losses reported on line 20 Form 990 \$ _____		
(4)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) through (4) ▶		<b>b</b>
<b>c</b>	Line a minus line b. ▶		<b>c</b>
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		<b>a</b>
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) ▶		<b>d</b>
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶		<b>e</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated see page 27 of the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Susan M. McCandless Knight 325 Slip Road, Greenfield, NH 03047	Exec. Dir/ 30 hr/wk	23,682	0	0
Elizabeth Broderick P. O. Box 294, Hancock, NH 03449	Dir. Parent Ed 30 hr/wk	22,589	0	0
Jane LaRoche 32 East Hill Road, Peterborough, NH 03458	Finance Dir/ 20 hr/wk	16,268	0	0
<b>Board of Directors</b>				
Elizabeth K. Harris 152 Windy Row, Peterborough, NH 03458	Consultant 7 hr/month	6,275	0	0
See attached list of unpaid Board of Directors				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
If "Yes," attach schedule—see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions.)

Yes No

<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		✓
<b>77</b>	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	<b>77</b>		✓
<b>78a</b>	Did the organization have unrelated business gross income of \$1 000 or more during the year covered by this return?	<b>78a</b>		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>		
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes" attach a statement	<b>79</b>		✓
<b>80a</b>	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?	<b>80a</b>		✓
<b>b</b>	If "Yes," enter the name of the organization ▶ ..... ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
<b>81a</b>	Enter direct and indirect political expenditures See line 81 instructions <b>81a</b>			
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>		✓
<b>82a</b>	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?	<b>82a</b>		✓
<b>b</b>	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) <b>82b</b>			
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	✓	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	✓	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>		
<b>85</b>	<b>501(c)(4), (5) or (6) organizations</b> <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members <b>85c</b>			
<b>d</b>	Section 162(e) lobbying and political expenditures <b>85d</b>			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <b>85e</b>			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) <b>85f</b>			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>		
<b>h</b>	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?	<b>85h</b>		
<b>86</b>	<b>501(c)(7) orgs</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12 <b>86a</b>			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities <b>86b</b>			
<b>87</b>	<b>501(c)(12) orgs</b> Enter <b>a</b> Gross income from members or shareholders <b>87a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) <b>87b</b>			
<b>88</b>	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	<b>88</b>		✓
<b>89a</b>	<b>501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 ▶ ..... section 4912 ▶ ..... section 4955 ▶ .....			
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	<b>89b</b>		✓
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ .....			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ .....			
<b>90a</b>	List the states with which a copy of this return is filed ▶ .....			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) <b>90b</b>			
<b>91</b>	The books are in care of ▶ <b>Jane T. LaRoche</b> Telephone no ▶ ( <b>603</b> ) <b>924.6306</b> Located at ▶ <b>46 Concord Street, Peterborough, NH</b> ZIP + 4 ▶ <b>03458</b>			
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>92</b>			

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

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> Course and parent fees					12,685
<b>b</b> Lecture fees					5,575
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	470	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					(463)
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			01	18,797	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				19,267	17,797
<b>105</b> Total (add line 104, columns (B), (D), and (E))					37,064

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	Fees from parent course . . . one of our exempt purposes.
93b	Subcontract lecture fees for parent education . . . one of our exempt purposes.

**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
	%			
	%			
	%			
	%			

**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)

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.

Please Sign

*Susan L Howard* Board President | 4-8-05

Signature of officer

Date

Date

Check if self-employed

Preparer's SSN or PTIN (See Gen. Inst. W)

**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

**2003**

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

**The Family Center of Greater Peterborough**

Employer identification number

**22 3181410**

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

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

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

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

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

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

<b>Part III Statements About Activities</b> (See page 2 of the instructions )		Yes	No
<b>1</b>	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) 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.		✓
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?		✓
<b>b</b>	Lending of money or other extension of credit?		✓
<b>c</b>	Furnishing of goods, services, or facilities?		✓
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
<b>e</b>	Transfer of any part of its income or assets?		✓
<b>3a</b>	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.)		✓
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?		✓
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		✓

**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 6 of the instructions.)



**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)**

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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 )		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> 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 )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</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		
<b>35</b> 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		

**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)

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—			
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>		
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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



The Family Center of Greater Peterborough

22-3181410

Attachment. Schedule of Special Events

<b>Special Event Schedule</b>	<b>Odds Bodkin Performance(1)</b>	<b>Honda Hybrid Raffle (1)</b>
Gross Receipts	4,263 00	37,200 00
Less Contributions	1,707 00	0 00
Gross Revenue	<b>2,556.00</b>	<b>37,200.00</b>
Less Direct Expenses	2,156 00	18,803.00
Net Income (Loss)	<b>400.00</b>	<b>18,397.00</b>

THE FAMILY CENTER BOARD OF DIRECTORS  
SEPTEMBER 2004-AUGUST 2005

Erika Alusic-Bingham (Secretary) (Exp. 8/31/05)  
Family Services Coordinator  
Southern New Hampshire Services  
41-3 Pheasant Road  
Peterborough, NH 03458  
W: 924-9601 H: 588-3348

Sandy Bibace (Treasurer) (Exp. 8/31/06)  
21 Pine Street  
Peterborough, NH 03458  
W: 924-8818x433 H: 924-4178

Loring Catlin, Jr. (Exp. 8/31/07)  
P.O. Box 245  
West Lake Road  
Dublin, NH 03444  
H: 563-8489  
lcatlinjr@aol.com

Rich Dufresne (Exp. 8/31/07)  
92 Spring Hill Road  
Sharon, NH 03458  
W: 924-6871 H: 924-3195  
rdalliance@monad.net

Bonnie Harris (Exp. 8/31/06)  
152 Windy Row  
Peterborough, NH 03458  
H: 924-6639  
bonnieharris1@verizon.net

Susan Howard (President) (Exp. 8/31/07)  
21 High Street  
Peterborough, NH 03458  
W: 924-3551 H: 924-7976  
showard@monad.net

Jane LaPointe (Exp. 8/31/07)  
47 High Street  
Peterborough, NH 03458  
H: 924-6321  
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Kathy Manfre (Exp. 8/31/05)  
17 Arundel Road  
Peterborough, NH 03458  
H: 924-2024  
bkke@verizon.net

Christine Mann (VP) (Exp. 8/31/07)  
154 Windy Row  
Peterborough, NH 03458  
H: 924-6012  
christinemann@verizon.net

Lynn Phillips (Exp. 8/31/06)  
12 Orchard Hill Road  
Peterborough, NH 03458  
H: 924-0167  
jackellerkamp@verizon.net

Sue Shute (Exp. 8/31/05)  
24 Nichols Road  
Peterborough, NH 03458  
syishome@verizon.net

Revised March 11, 2005

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

Department of the Treasury  
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Attachment  
Sequence No **67**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

*The Family Center of Greater Peterborough*

*22-3181410*

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses . . . . .	<b>1</b>	\$100,000
<b>2</b>	Total cost of section 179 property placed in service (see page 2 of the instructions). . . . .	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation . . . . .	<b>3</b>	\$400,000
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 2 of the instructions . . . . .	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29 . . . . .	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 . . . . .	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2002 Form 4562. . . . .	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2004. Add lines 9 and 10, less line 12 ▶	<b>13</b>	

**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.)**

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . .	<b>14</b>	
<b>15</b>	Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	<b>16</b>	

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2003 . . . . .	<b>17</b>	
<b>18</b>	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 2003 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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	<i>06/2004</i>	<i>222,406</i>	39 yrs.	MM	S/L	<i>1190</i>
				MM	S/L	

**Section C—Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see page 6 of the instructions)**

<b>21</b>	Listed property. Enter amount from line 28 . . . . .	<b>21</b>	
<b>22</b>	<b>Total.</b> 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.	<b>22</b>	<i>1190</i>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	<b>23</b>	