

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the 2005 calendar year, or tax year beginning 4/1/2005, and ending 3/31/2006

- 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 Edith Wharton Restoration, Inc.		D Employer identification number 04-2666846	
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number	
	P.O. Box 974 Plunkett Street		(413) 637-1899	
	City or town	State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
Lenox	MA	01240		

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

I Group Exemption Number ▶

G Website ▶ www.edithwharton.org

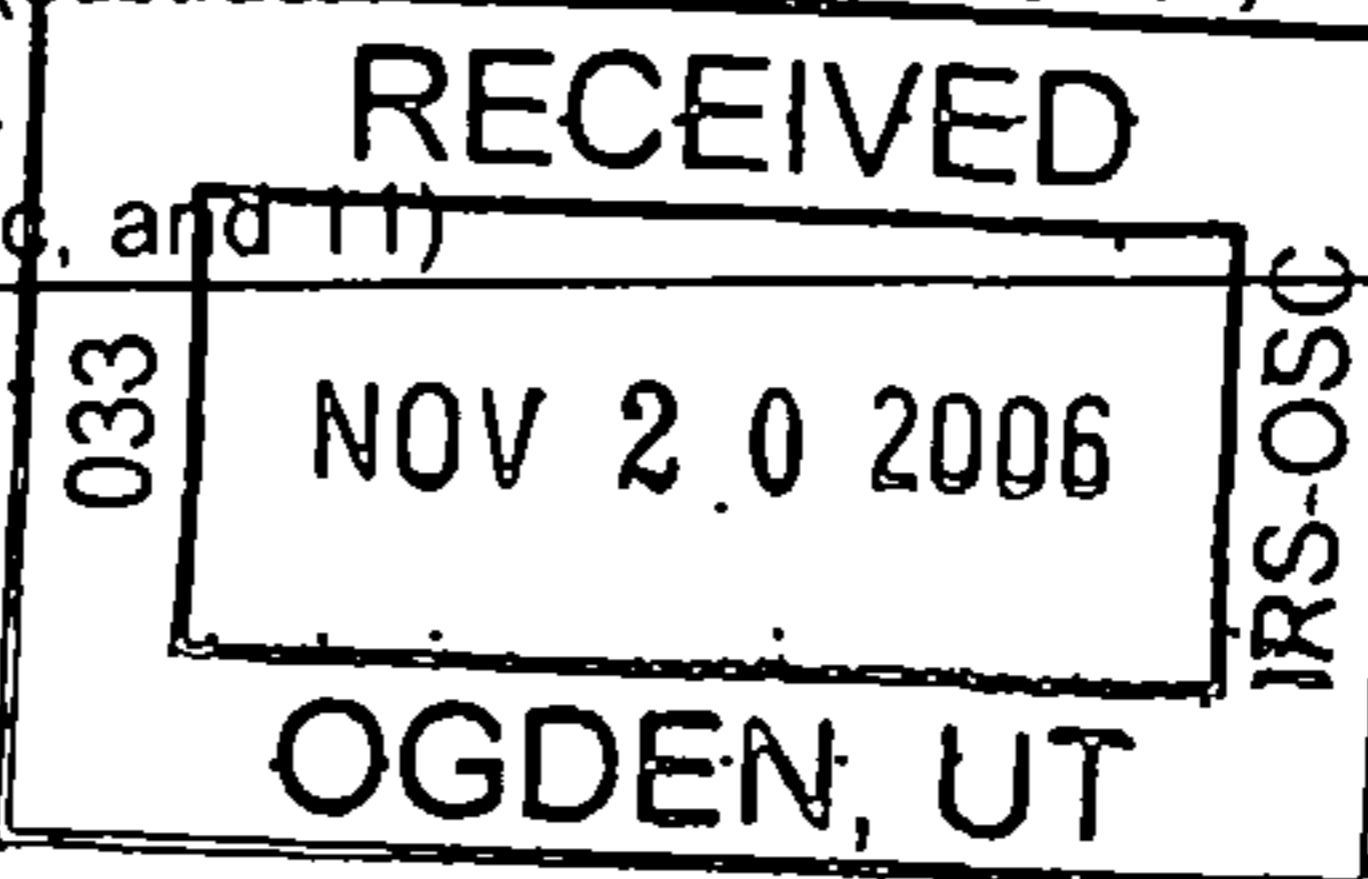
J Organization type (check only one) ▶ 501(c)(3) ◀ (insert no) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return Some states require a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,294,197

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
		a	Direct public support	1a 509,030
		b	Indirect public support	1b 0
		c	Government contributions (grants)	1c 0
		d	Total (add lines 1a through 1c) (cash \$ <u>486,235</u> noncash \$ <u>22,795</u>)	1d 509,030
		2	Program service revenue including government fees and contracts (from Part VII, line 93)	2 475,244
		3	Membership dues and assessments	3 0
		4	Interest on savings and temporary cash investments	4 6,230
		5	Dividends and interest from securities	5 0
		6a	Gross rents	6a 18,350
		6b	Less: rental expenses	6b 7,017
		6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c 11,333
	7	Other investment income (describe ▶)	7 0	
	8a	Gross amount from sales of assets other than inventory	8a 0	
		(A) Securities (B) Other		
	8b	Less: cost or other basis and sales expenses	8b 0	
	8c	Gain or (loss) (attach schedule)	8c 0	
	8d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d 0	
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	9a 92,420	
	b	Less: direct expenses other than fundraising expenses	9b 48,225	
	9c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c 44,195	
	10a	Gross sales of inventory, less returns and allowances	10a 169,975	
	10b	Less: cost of goods sold	10b 95,033	
	10c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c 74,942	
	11	Other revenue (from Part VII, line 103)	11 22,948	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12 1,143,922	
Expenses	13	Program services (from line 44, column (B))	13 1,387,605	
	14	Management and general (from line 44, column (C))	14 394,782	
	15	Fundraising (from line 44, column (D))	15 309,359	
	16	Payments to affiliates (attach schedule)	16 0	
	17	Total expenses (add lines 13 and 14, column (A))	17 2,091,746	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18 -947,824	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19 4,884,074	
	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 3,936,250	



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 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 \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	145,000	48,000	32,000	65,000
26	Other salaries and wages	456,640	358,261	23,894	74,485
27	Pension plan contributions	9,515	6,425	884	2,206
28	Other employee benefits	33,866	22,870	3,146	7,850
29	Payroll taxes	73,370	49,547	6,816	17,007
30	Professional fundraising fees	0			
31	Accounting fees	46,655		46,655	
32	Legal fees	3,003		3,003	
33	Supplies	0			
34	Telephone	21,159	16,927	2,116	2,116
35	Postage and shipping	0			
36	Occupancy	70,131	39,881	4,063	26,187
37	Equipment rental and maintenance	0			
38	Printing and publications	13,768			13,768
39	Travel	8,603			8,603
40	Conferences, conventions, and meetings	0			
41	Interest	305,237	100,728	204,509	
42	Depreciation, depletion, etc (attach schedule)	221,114	199,002	11,056	11,056
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 683,685	545,964	56,640	81,081
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,091,746	1,387,605	394,782	309,359

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 \$ 0, (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 the instructions.)

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.

<p>What is the organization's primary exempt purpose? Take title and effect restoration of Edith Wharton estate</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)</p>
<p>a Program costs include all salaries and related costs of those involved with providing tours and assisting guests at The Mount. All costs related to the on-going maintenance of the property and related to the tour function are considered program costs. During the fiscal year The Mount had nearly 30,000 guests who viewed the restoration work.</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,387,605</p>
<p>b</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>1,387,605</p>

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	3,109	45	2,204
	46 Savings and temporary cash investments	144,203	46	141,793
	47 a Accounts receivable	170		
	b Less allowance for doubtful accounts	0	47c	170
	48 a Pledges receivable	88,915		
	b Less allowance for doubtful accounts	0	48c	88,915
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51 a Other notes and loans receivable (attach schedule)	0		
	b Less allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	55,066	52	61,062
	53 Prepaid expenses and deferred charges	20,425	53	15,223
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments—land, buildings, and equipment basis	0		
	b Less accumulated depreciation (attach schedule)	0	55c	0
56 Investments—other (attach schedule)	0	56	0	
57 a Land, buildings, and equipment basis	9,270,339			
b Less: accumulated depreciation (attach schedule)	1,581,699	57c	7,688,640	
58 Other assets (describe <input type="checkbox"/> See attached statement)	412,974	58	2,923,355	
59 Total assets (must equal line 74) Add lines 45 through 58	8,488,208	59	10,921,362	
Liabilities	60 Accounts payable and accrued expenses	39,803	60	110,928
	61 Grants payable		61	
	62 Deferred revenue	10,300	62	9,405
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	3,516,807	64b	6,811,197
	65 Other liabilities (describe <input type="checkbox"/> See attached statement)	37,224	65	53,582
66 Total liabilities. Add lines 60 through 65	3,604,134	66	6,985,112	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,062,770	67	3,306,232
	68 Temporarily restricted	693,637	68	502,351
	69 Permanently restricted	127,667	69	127,667
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,884,074	73	3,936,250	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	8,488,208	74	10,921,362	

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	1,297,102
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2	2,905	
3	Recoveries of prior year grants	b3		
4	Other (specify): See attached statement	b4	150,275	
	Add lines b1 through b4			b 153,180
c	Subtract line b from line a			c 1,143,922
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total revenue (Part I, line 12). Add lines c and d			e 1,143,922

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

a	Total expenses and losses per audited financial statements		a	2,244,926
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	2,905	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify): See attached statement	b4	150,275	
	Add lines b1 through b4			b 153,180
c	Subtract line b from line a			c 2,091,746
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2	0	
	Add lines d1 and d2			d 0
e	Total expenses (Part I, line 17). Add lines c and d			e 2,091,746

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
Name Stephanie Copelar Str W. Main Street City Stockbridge ST MA ZIP 01262	Title President Hr/WK 40+	90,000	6,308	0
Name Susan Wissler Str P O Box 121 City Austerlitz ST NY ZIP 12017	Title Vice-President Hr/WK 40+	55,000	4,773	0
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name No others Str _____ City compensated ST ZIP _____	Title _____ Hr/WK _____			
Name See attached list Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			
Name _____ Str _____ City _____ ST ZIP _____	Title _____ Hr/WK _____			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 7
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization. 75c X
d Does the organization have a written conflict of interest policy? 75d X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1: Name NONE, City, Str, ST, ZIP, 0, 0, 0.

Part VI Other Information (See the instructions.)

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? 78b X
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 and indirect political expenditures. (See line 81 instructions.) 81a
b Did the organization file Form 1120-POL for this year? 81b X

Part VI Other Information (continued)

Yes No

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** 2,905

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? **84b** N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? **85a**

b Did the organization make only in-house lobbying expenditures of \$2,000 or less? **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**

d Section 162(e) lobbying and political expenditures **85d**

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices **85e**

f Taxable amount of lobbying and political expenditures (line 85d less 85e) **85f** 0

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? **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? **85h**

86 501(c)(7) orgs Enter: **a** Initiation fees and capital contributions included on line 12 **86a**

b Gross receipts, included on line 12, for public use of club facilities **86b**

87 501(c)(12) orgs Enter: **a** Gross income from members or shareholders **87a**

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **87b**

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX **88** X

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) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction **89b** X

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0**

d Enter: Amount of tax on line 89c, above, reimbursed by the organization **0**

90 a List the states with which a copy of this return is filed **MA, NY**

b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) **90b** 15

91 a The books are in care of **Name Stephanie Copeland** Telephone no **(413) 637-1899**
 Located at **The Mount, Plunkett Street** City **Lenox** ST **MA** ZIP + 4 **01240**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? **91b** X

If "Yes," enter the name of the foreign country **France**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** X

If "Yes," enter the name of the foreign country

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

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Tour revenue					356,771
b Program revenue					26,185
c Catalog advertising	541800	37,583			
d Food and beverage					54,705
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,230	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property			16	18,350	
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					44,195
102 Gross profit or (loss) from sales of inventory					74,942
103 Other revenue					
a Royalties					1,130
b Miscellaneous					10,398
c Foreign currency translation gain					11,420
d					
e					
104 Subtotal (add columns (B), (D), and (E))		37,583		24,580	579,746
105 Total (add line 104, columns (B), (D), and (E))					641,909

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 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)
93, 100,	
101, 102	All revenue received by the Organization goes towards its exempt purpose of restoring and maintaining
and 103	The Mount, the estate of Edith Wharton, in Lenox, MA

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 Sign Here

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.

Signature of officer: [Signature] Date: 11/14/06

Type or print name and title: Susan Wissler, Vice President

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 11/16/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: LOMBARDI, CLAIRMONT & KEEGAN
35 PEARL STREET, PITTSFIELD, MA 01201

Preparer's SSN or PTIN (See Gen Inst W): P00223762
EIN: 04-2511474
Phone no: (413)499-3733

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2005

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

Edith Wharton Restoration, Inc.

Employer identification number

04-2666846

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		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
		0	0	0
Total number of other employees paid over \$50,000 ▶	0			

Part II-A 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		0
		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other 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 ► \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	X	
e	Transfer of any part of its income or assets?		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)		X
b	Do you have a section 403(b) annuity plan for your employees?	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		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?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 ► _____ City _____ ST _____ Country _____
- 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)
- 11 a 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)
- 11 b 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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,077,780	779,945	922,978	928,111	3,708,814	
16 Membership fees received					0	
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	415,947	432,775	442,979	301,642	1,593,343	
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	18,729	10,573	14,760	26,898	70,960	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0	
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.					0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	0	0	0	0	0	
23 Total of lines 15 through 22	1,512,456	1,223,293	1,380,717	1,256,651	5,373,117	
24 Line 23 minus line 17	1,096,509	790,518	937,738	955,009	3,779,774	
25 Enter 1% of line 23	15,125	12,233	13,807	12,567		
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a	75,595
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b	1,615,323
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c	3,779,774
d Add. Amounts from column (e) for lines:	18	70,960	19	0	26d	1,686,283
	22	0	26b	1,615,323	26e	2,093,491
e Public support (line 26c minus line 26d total)					26e	2,093,491
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f	55.39%
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.					
	(2004)	(2003)	(2002)	(2001)		
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 11b, 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.	(2004)	(2003)	(2002)	(2001)		
c Add. Amounts from column (e) for lines:	15	0	16	0	27c	0
	17	0	20	0	27d	0
d Add. Line 27a total.	0		and line 27b total	0	27e	0
e Public support (line 27c total minus line 27d total)					27e	0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					27f	0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g	0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h	0.00%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 7 of the instructions)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

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

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

N/A

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

Limits on Lobbying Expenditures

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)	0	0												
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)	0	0												
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		
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)	0	0												
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	0	0												
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	0	0												

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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0
46	Lobbying ceiling amount (150% of line 45(e))				0
47	Total lobbying expenditures				0
48	Grassroots nontaxable amount				0
49	Grassroots ceiling amount (150% of line 48(e))				0
50	Grassroots lobbying expenditures				0

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 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.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

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

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Line 1 (990) - Public Support and Contributions

	Cash		Non Cash
Line 1a - Direct public support			
1 Contributions	486,235	1	22,795
2 Membership dues and assessments (contributions from the public)		2	
3 Commercial co-venture		3	
4 Special events contributions (Line 9 - Special Events)	0	4	
5 _____		5	
6 _____		6	
7 _____		7	
8 _____		8	
9 _____		9	
10 Total	486,235	10	22,795
Line 1b - Indirect public support			
Line 1c - Government contributions (grants)			

Line 9 (990) - Special events and activities

	Event A	Event B	Event C	All others		Totals
1 Special event name	Boston	Expiation	House of	Keillor		
	Reading	Boston	Mirth	Reading		
1a Number of special events	1	1	1	1		
2 Gross receipts	39,175	32,395	13,425	7,425	2	92,420
3 Less contributions					3	0
4 Gross revenue	39,175	32,395	13,425	7,425	4	92,420
5 Less direct expenses	23,413	2,505	21,644	663	5	48,225
6 Net income or (loss)	15,762	29,890	-8,219	6,762	6	44,195

Line 43 (990) - Other Deductions

683,685

545,964

56,640

81,081

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Insurance	44,506		44,506	
2	Repairs and maintenance	164,231	147,517	8,357	8,357
3	Advertising and marketing	144,815	144,815		
4	Program expense	47,032	47,032		
5	Tour expenses	24,028	24,028		
6	Archive costs	2,480	2,480		
7	Curatorial costs	47,626	47,626		
8	Publishing costs	6,636	6,636		
9	Catalog costs	32,182	32,182		
10	Office supplies	75,534	60,427	3,777	11,330
11	Food and beverage costs	33,221	33,221		
12	Fundraising expenses	61,394			61,394
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Line 47 (990) - Accounts receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	23,455	170		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	23,455	170	0	0

Line 48 (990) - Pledges receivable

		Pledges receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	156,722	88,915		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	156,722	88,915	0	0

Line 57 (990) - Land, buildings, and equipment

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	Land	65,710	65,710
2			
3			
4			
5			
6	Total land (net of any amortization)	65,710	65,710

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Building	255,674	255,674	211,058	220,089
8	Restoration costs	8,423,926	8,708,446	1,009,516	1,196,631
9	Improvements	51,615	51,615	23,109	25,690
10	Equipment and software	164,981	176,314	119,129	138,275
11	Motor vehicles		10,140		1,014
12	Construction in process	73,160	2,440		
13					
14					
15					
16					
17	Total buildings and equipment	8,969,356	9,204,629	1,362,812	1,581,699
18	Buildings and equipment (less accumulated depreciation)			7,606,544	7,622,930
19	Total land, buildings and equipment			7,672,254	7,688,640

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

Line 58 (990) - Other assets

		412,974	2,923,355
		Beginning	End
1	Archive costs	402,339	454,695
2	Loan costs, net	7,240	5,012
3	Security deposit	3,395	2,339
4	Library collection		2,461,309
5			
6			
7			
8			
9			
10			

Line 64b (990) - Mortgages and other notes payable

Lender's name		Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	Webster Bank	<input checked="" type="checkbox"/>	1,000,000	1,000,000	1,000,000
2	Berkshire Bank	<input checked="" type="checkbox"/>	1,300,000	898,926	1,352,926
3	Pauline C. Metcalf	<input type="checkbox"/>	1,000,000	200,000	0
4	Berkshire Bank mortgage	<input checked="" type="checkbox"/>	1,500,000	1,417,881	1,382,542
5	Robert Wilmers	<input type="checkbox"/>	2,500,000	0	2,500,000
6	George Ramsden	<input type="checkbox"/>	500,000 Pounds	0	575,729
19	Totals		7,300,000	3,516,807	6,811,197

Security provided	Date of note	Maturity date	Repayment terms	Interest rate
1 Personal assets of Organization's Board	3/8/2002	2/1/2007	Interest only	7.7500%
2 Real estate, security interest in pers. prop.	6/17/2003	7/16/2007	Interest only	8.7500%
3 Income from public operations	5/16/2001	Paid in full	Paid in full	
4 Real estate, security interest on pers. prop.	7/16/2003	7/16/2023	\$11,576/mo	7.0000%
5 None	11/30/2005	12/31/2007	Due on demand	4.0400%
6 Priority interest in library collection	12/13/2005	12/12/2005	50,000 pounds/yr	8.0000%

Line 65 (990) - Other liabilities

		37,224	53,582
		Beginning	End
1	Accrued interest	29,764	42,903
2	Accrued payroll	7,457	10,679
3	Sales tax payable	3	
4			
5			
6			
7			
8			
9			
10			

Line b(4) and line d(2), Part IV-A (990) - Reconciliation of Rev. per Audited Financial Stmts.

Line b(4) Other			
1	Fundraising and program expenses deducted from related revenue	1	48,225
2	Costs of goods sold deducted from gross sales	2	95,033
3	Rental expenses	3	7,017
4		4	
5		5	
6	Total Line b(4), Part IV-A	6	150,275
Line d(2) Other			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Total Line d(2), Part IV-A	6	0

Line b(4) and line d(2), Part IV-B (990) - Reconciliation of Exp. per Audited Financial Stmts.

Line b(4) Other			
1	Fundraising and program expenses deducted from related revenue	1	48,225
2	Costs of goods sold deducted from gross sales	2	95,033
3	Rental expenses	3	7,017
4		4	
5		5	
6	Total Line b(4), Part IV-B	6	150,275
Line d(2) Other			
1		1	
2		2	
3		3	
4		4	
5		5	
6	Total Line d(2), Part IV-B	6	0

EDITH WHARTON RESTORATION, INC.
FEDERAL ID#04-2666846
YEAR ENDED MARCH 31, 2006

FORM 990 PART V - OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

	POSITION	ADDRESS
Barbara R. de Marneffe	Co-Chair	126 Coolidge Hill Cambridge, MA 02138-5522
Jennie Kassaroff	Co-Chair	27 Valleyview Road Warren, NJ 07059-5230
Mollie Miller	Trustee	157 Coolidge Hill Cambridge, MA 02138
Charlotte Moss	Trustee	134 East 71st Street New York, NY 10021
Virginia H. Schwartz	Trustee	22 Main Street Stockbridge, MA 01262-1028
Guy N. Robinson	Trustee	445 East 84th Street New York, NY 10028
Peggy Plimpton	Trustee	39 Clyde Street Chestnut Hill, MA 02467