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 01/01/2005, and ending 06/30/2006.

Name of organization: THE WELCOME PROJECT, INC.

D Employer identification number: 04-3088140

E Telephone number: 617-623-6633

F Accounting method: $X Cash $X Accrual

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

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

K Check here $X 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, 6b, 9b, and 10b to line 12 $X 158,412

Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances

See the instructions.

1 Contributions, gifts, grants, and similar amounts received

   a Direct public support $ 1b 90,795

   b Indirect public support

   c Government contributions (grants)

   d Total (add lines 1a through 1c) (cash $ + noncash $)

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

3 Membership dues and assessments

4 Interest on savings and temporary cash investments

5 Dividends and interest from securities

6a Gross rents

   b Less: rental expenses

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

7 Other investment income (describe $X)

   a Gross amount from sales of assets other than inventory

   b Less: cost or other basis and sales expenses

   c Gain or (loss) (attach schedule)

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

9 Special events and activities (attach schedule). If any amount is from gaming, check here $X

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

   b Less: direct expenses other than fundraising expenses

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

10a Gross sales of inventory, less returns and allowances

   b Less: cost of goods sold

10c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a).

11 Other revenue (from Part VII, line 103)

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

13 Program services (from line 44, column (B))

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

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

16 Payments to affiliates (attach schedule)

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

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

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

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

S-17

STF FED1922F 1

OMB No 1545-0047

2005 Open to Public Inspection
### 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.)

<table>
<thead>
<tr>
<th>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Grants and allocations (attach schedule) ......</td>
<td>22</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $ __________ noncash $ __________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here □</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td>23</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td>24</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Compensation of officers, directors, etc.</td>
<td>25</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other salaries and wages</td>
<td>26</td>
<td>95,353</td>
<td>66,748</td>
<td>19,070</td>
</tr>
<tr>
<td>27 Pension plan contributions</td>
<td>27</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other employee benefits</td>
<td>28</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes AND FRINGES</td>
<td>29</td>
<td>28,269</td>
<td>19,788</td>
<td>5,654</td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td>30</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>31</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td>32</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td>33</td>
<td>2,333</td>
<td>1,634</td>
<td>466</td>
</tr>
<tr>
<td>34 Telephone</td>
<td>34</td>
<td>2,344</td>
<td>1,641</td>
<td>469</td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>35</td>
<td>461</td>
<td>322</td>
<td>93</td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>36</td>
<td>2,250</td>
<td>1,576</td>
<td>449</td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td>37</td>
<td>0</td>
<td></td>
<td></td>
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<tr>
<td>38 Printing and publications</td>
<td>38</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td>39</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td>40</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td>41</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td>42</td>
<td>383</td>
<td>268</td>
<td>77</td>
</tr>
<tr>
<td>a CONTRACT SERVICES</td>
<td>43a</td>
<td>25,354</td>
<td>17,748</td>
<td>5,071</td>
</tr>
<tr>
<td>b INSURANCE</td>
<td>43b</td>
<td>1,538</td>
<td>1,077</td>
<td>307</td>
</tr>
<tr>
<td>c OTHER</td>
<td>43c</td>
<td>6,389</td>
<td>4,472</td>
<td>1,278</td>
</tr>
<tr>
<td>d</td>
<td>43d</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>43e</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>43f</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>43g</td>
<td>0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15.)

| 44 | 164,674 | 115,274 | 32,934 | 16,466 |

**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 $ _______.
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.

What is the organization's primary exempt purpose? ▶ EDUCATIONAL AND ORGANIZING ACTIVITIES

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.)

<table>
<thead>
<tr>
<th>Part III</th>
<th>Statement of Program Service Accomplishments (See the instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a THE WELCOME PROJECT IS A MULTI-SERVICE CENTER FOR THE RESIDENTS OF FAMILY PUBLIC HOUSING AND SURROUNDING NEIGHBORHOODS IN SOMERVILLE, MA. THE ORGANIZATION PROVIDED EDUCATIONAL CLASSES, APPLICATION ASSISTANCE, FAMILY ADVOCACY, NATIVE LANGUAGE WOMEN'S GROUPS FOR LATINA, VIETNAMESE AND HAITIAN WOMEN, A TEEN GROUP, FAMILY TRIPS, COMMUNITY GARDENS AND DEVELOPMENT IMPROVEMENT TASK FORCE.</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td>115,274</td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td></td>
</tr>
<tr>
<td>e Other program services (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here ▶</td>
<td></td>
</tr>
<tr>
<td>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</td>
<td>115,274</td>
</tr>
</tbody>
</table>
### Balance Sheets (See the instructions.)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash—non-interest-bearing</td>
<td>36,386</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>46</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>14,994</td>
</tr>
<tr>
<td>47b</td>
<td>Less: allowance for doubtful accounts</td>
<td>13,142</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>48a</td>
</tr>
<tr>
<td>48b</td>
<td>Less: allowance for doubtful accounts</td>
<td>48c</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>49</td>
</tr>
<tr>
<td>50</td>
<td>Receivables from officers, directors, trustees, and key employees (attach schedule)</td>
<td>50</td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>51a</td>
</tr>
<tr>
<td>51b</td>
<td>Less: allowance for doubtful accounts</td>
<td>51c</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>6,750</td>
</tr>
<tr>
<td>54</td>
<td>Investments—securities (attach schedule)</td>
<td>2,012</td>
</tr>
<tr>
<td>55a</td>
<td>Investments—land, buildings, and equipment: basis</td>
<td>55a</td>
</tr>
<tr>
<td>55b</td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>55c</td>
</tr>
<tr>
<td>56</td>
<td>Investments—other (attach schedule)</td>
<td>56</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment: basis</td>
<td>7,025</td>
</tr>
<tr>
<td>57b</td>
<td>Less: accumulated depreciation (attach schedule)</td>
<td>6,291</td>
</tr>
<tr>
<td>58</td>
<td>Other assets (describe )</td>
<td>58</td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74). Add lines 45 through 58.</td>
<td>59,407</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>8,853</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>62</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
</tr>
<tr>
<td>64b</td>
<td>Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
</tr>
<tr>
<td>65</td>
<td>Other liabilities (describe )</td>
<td>65</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities. Add lines 60 through 65</td>
<td>8,853</td>
</tr>
<tr>
<td>67</td>
<td>Organizations that follow SFAS 117, check here</td>
<td>50,554</td>
</tr>
<tr>
<td>68</td>
<td>Unrestricted</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Temporarily restricted</td>
<td>69</td>
</tr>
<tr>
<td>70</td>
<td>Permanently restricted</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Organizations that do not follow SFAS 117, check here</td>
<td>50,554</td>
</tr>
<tr>
<td>72</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>73</td>
</tr>
<tr>
<td>74</td>
<td>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)</td>
<td>50,554</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets/fund balances. Add lines 66 and 73.</td>
<td>59,407</td>
</tr>
</tbody>
</table>
**Part IV-A** Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

- Total revenue, gains, and other support per audited financial statements
- Amounts included on line a but not on Part I, line 12:
  1. Net unrealized gains on investments
  2. Donated services and use of facilities
  3. Recoveries of prior year grants
  4. Other (specify):

Add lines b1 through b4

- Subtract line b from line a

- Amounts included on Part I, line 12, but not on line a:
  1. Investment expenses not included on Part I, line 6b
  2. Other (specify):

Add lines d1 and d2

- Total revenue (Part I, line 12). Add lines c and d

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

- Total expenses and losses per audited financial statements
- Amounts included on line a but not on Part I, line 17:
  1. Donated services and use of facilities
  2. Prior year adjustments reported on Part I, line 20
  3. Losses reported on Part I, line 20
  4. Other (specify):

Add lines b1 through b4

- Subtract line b from line a

- Amounts included on Part I, line 17, but not on line a:
  1. Investment expenses not included on Part I, line 6b
  2. Other (specify):

Add lines d1 and d2

- Total expenses (Part I, line 17). Add lines c and d

**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.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter &amp;-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NELSON SALAZAR</td>
<td>EXEC. DIR</td>
<td>40</td>
<td>46,183</td>
<td>0</td>
</tr>
<tr>
<td>530 MYSTIC AVE. SOMERVILLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WARREN GOLDSTEIN-GELB</td>
<td>EXEC. DIR</td>
<td>40</td>
<td>9,611</td>
<td>0</td>
</tr>
<tr>
<td>530 MYSTIC AVE. SOMERVILLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE ATTACHED LIST</td>
<td>&lt;2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Form 990 (2005)
Part V-A  Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings .

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) .

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.

d Does the organization have a written conflict of interest policy?

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>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
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</tbody>
</table>

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 .

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.

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file Form 1120-POL for this year?
**Part VI  Other Information (continued)**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(See instructions in Part III.)</td>
<td>82b</td>
<td></td>
</tr>
<tr>
<td>83a Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>84a Did the organization solicit any contributions or gifts that were not tax deductible?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b If &quot;Yes,&quot; did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; 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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Dues, assessments, and similar amounts from members</td>
<td>85c</td>
<td></td>
</tr>
<tr>
<td>d Section 162(e) lobbying and political expenditures</td>
<td>85d</td>
<td></td>
</tr>
<tr>
<td>e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</td>
<td>85e</td>
<td></td>
</tr>
<tr>
<td>f Taxable amount of lobbying and political expenditures (line 85d less 85e)</td>
<td>85f</td>
<td>0</td>
</tr>
<tr>
<td>g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</td>
<td>85g</td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>85h</td>
<td></td>
</tr>
<tr>
<td>86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12</td>
<td>86a</td>
<td></td>
</tr>
<tr>
<td>b Gross receipts, included on line 12, for public use of club facilities</td>
<td>86b</td>
<td></td>
</tr>
<tr>
<td>87 501(c)(12) orgs. Enter: a Gross income from members or shareholders</td>
<td>87a</td>
<td></td>
</tr>
<tr>
<td>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>87b</td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Part IX</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; attach a statement explaining each transaction</td>
<td>89b</td>
<td>X</td>
</tr>
<tr>
<td>c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>d Enter: Amount of tax on line 89c, above, reimbursed by the organization</td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>90a List the states with which a copy of this return is filed</td>
<td>MA</td>
<td></td>
</tr>
<tr>
<td>b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)</td>
<td>90b</td>
<td></td>
</tr>
<tr>
<td>91a The books are in care of CORPORATION Telephone no. 617-623-6633 Located at 530 MYSTIC AVE. SOMERVILLE, MA ZIP + 4 02145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country</td>
<td>91b</td>
<td></td>
</tr>
<tr>
<td>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c At any time during the calendar year, did the organization maintain an office outside of the United States?</td>
<td>91c</td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; enter the name of the foreign country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>92</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII Analysis of Income-Producing Activities (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>93</th>
<th>Program service revenue:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Medicare/Medicaid payments</td>
</tr>
<tr>
<td>g</td>
<td>Fees and contracts from government agencies</td>
</tr>
<tr>
<td>94</td>
<td>Membership dues and assessments</td>
</tr>
<tr>
<td>95</td>
<td>Interest on savings and temporary cash investments</td>
</tr>
<tr>
<td>96</td>
<td>Dividends and interest from securities</td>
</tr>
<tr>
<td>97</td>
<td>Net rental income or (loss) from real estate:</td>
</tr>
<tr>
<td>a</td>
<td>debt-financed property</td>
</tr>
<tr>
<td>b</td>
<td>not debt-financed property</td>
</tr>
<tr>
<td>98</td>
<td>Net rental income or (loss) from personal property</td>
</tr>
<tr>
<td>99</td>
<td>Other investment income</td>
</tr>
<tr>
<td>100</td>
<td>Gain or (loss) from sales of assets other than inventory</td>
</tr>
<tr>
<td>101</td>
<td>Net income or (loss) from special events</td>
</tr>
<tr>
<td>102</td>
<td>Gross profit or (loss) from sales of inventory</td>
</tr>
<tr>
<td>103</td>
<td>Other revenue:</td>
</tr>
<tr>
<td>b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>104</th>
<th>Subtotal (add columns (B), (D), and (E))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td>105</td>
<td>Total (add line 104, columns (B), (D), and (E))</td>
</tr>
<tr>
<td></td>
<td>1,345</td>
</tr>
</tbody>
</table>

**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.)

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).

### Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

<table>
<thead>
<tr>
<th>106</th>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(A) Percentage of ownership interest (C) Nature of activities (D) Total income</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
</tbody>
</table>

### 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).

---

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 by preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer  
JAMES R. GREEN  
Date  
04/10/07

**Paid Preparer's Use Only**

Preparer's signature  
Date  
04/30/07  
Check if self-employed  
Preparer's SSN or PTIN (See Gen Inst W)  
04-3372575

**Form 990 (2005):**

STF FED1923F 8
**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.")

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

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.")

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services .................................................. ► 0

For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.
**Part III  Statements About Activities** (See page 2 of the instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Sale, exchange, or leasing of property?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Lending of money or other extension of credit?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Furnishing of goods, services, or facilities?</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Transfer of any part of its income or assets?</td>
<td></td>
</tr>
</tbody>
</table>

3a 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.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Do you have a section 403(b) annuity plan for your employees?</td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td>Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td></td>
</tr>
</tbody>
</table>

**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.)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(vii). Enter the hospital’s name, city, and state.</td>
<td></td>
</tr>
</tbody>
</table>

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 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, educational, or governmental purposes, and (2) no more than 33⅓% 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. (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.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Line number from above</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2004</th>
<th>(b) 2003</th>
<th>(c) 2002</th>
<th>(d) 2001</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received. (Do not include unusual gifts. See line 28.)</td>
<td>121,276</td>
<td>115,831</td>
<td>101,674</td>
<td>109,170</td>
<td>447,951</td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (lesss section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td>655</td>
<td>244</td>
<td>557</td>
<td>955</td>
<td>2,411</td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization’s benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>121,931</td>
<td>116,075</td>
<td>102,231</td>
<td>110,125</td>
<td>450,362</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>12,219</td>
<td>1,161</td>
<td>1,022</td>
<td>1,101</td>
<td></td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>9,007</td>
</tr>
<tr>
<td>a Enter 2% of amount in column (e), line 24</td>
<td>26a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>26b</td>
<td>450,362</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test: Enter line 24, column (e)</td>
<td>26c</td>
<td>450,362</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add: Amounts from column (e) for lines: 18 2,411 19 0</td>
<td>26d</td>
<td>2,411</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 0</td>
<td>26e</td>
<td>447,951</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td>26f</td>
<td>99,46%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</td>
<td>26g</td>
<td>99,46%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27 Organizations described on line 12: 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 these amounts for each year:


27c Add: Amounts from column (e) for lines: 15 16 17 20 21 27d 27e 27f 27g 27h

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)

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.)

32 Does the organization maintain the following:
   a Records indicating the racial composition of the student body, faculty, and administrative staff?
   b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
   c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
   d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered “No” to any of the above, please explain. (If you need more space, attach a separate statement.)

33 Does the organization discriminate by race in any way with respect to:
   a Students’ rights or privileges?
   b Admissions policies?
   c Employment of faculty or administrative staff?
   d Scholarships or other financial assistance?
   e Educational policies?
   f Use of facilities?
   g Athletic programs?
   h Other extracurricular activities?

If you answered “Yes” to any of the above, please explain. (If you need more space, attach a separate statement.)

34a Does the organization receive any financial aid or assistance from a governmental agency?

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 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.)

<table>
<thead>
<tr>
<th></th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for ALL electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>36</td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>37</td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>38</td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>39</td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>40</td>
</tr>
</tbody>
</table>
| 41 | Lobbying nontaxable amount. Enter the amount from the following table—  
**If the amount on line 40 is—**  
The lobbying nontaxable amount is— |  
Not over $500,000 | 20% of the amount on line 40 |
Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
Over $17,000,000 | $1,000,000 |

| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

### 4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

#### Lobbying Expenditures During 4-Year Averaging Period

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in) ▶</th>
<th>(a) 2005</th>
<th>(b) 2004</th>
<th>(c) 2003</th>
<th>(d) 2002</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Lobbying ceiling amount (150% of line 45(e))</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>47</td>
<td>Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Grassroots ceiling amount (150% of line 48(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VI-B

**Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

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

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

N/A
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:

<table>
<thead>
<tr>
<th>Line no</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
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</tr>
</tbody>
</table>

52a 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:

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2005
<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Address</th>
<th>City</th>
<th>Zip</th>
<th>Home Phone</th>
<th>work or cell phone</th>
<th>e-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>Pirie</td>
<td>7 Saint James Avenue</td>
<td>Somerville</td>
<td>02144</td>
<td>(617) 776-8898</td>
<td>(617) 776-5931 ext 243</td>
<td><a href="mailto:apirie@somervillecdc.org">apirie@somervillecdc.org</a></td>
</tr>
<tr>
<td>Carlos</td>
<td>Mozes</td>
<td>83 Puritan Road</td>
<td>Somerville</td>
<td>02145</td>
<td>617-666-4621</td>
<td>617-671-4762</td>
<td><a href="mailto:alenet@myiboscs.com">alenet@myiboscs.com</a></td>
</tr>
<tr>
<td>Clausel</td>
<td>Laguerre</td>
<td>117 Summer St Apt#1</td>
<td>Medford</td>
<td>02155</td>
<td>781-395-1744</td>
<td></td>
<td><a href="mailto:clausel_laguerre@dmr.state.ma.us">clausel_laguerre@dmr.state.ma.us</a></td>
</tr>
<tr>
<td>Debbie</td>
<td>White</td>
<td>25 River Road #2511</td>
<td>Somerville</td>
<td>02145</td>
<td>(617) 776-4177</td>
<td>617-417-7518</td>
<td><a href="mailto:deborah.white@dmr.state.ma.us">deborah.white@dmr.state.ma.us</a></td>
</tr>
<tr>
<td>Erica</td>
<td>Bronstein</td>
<td>58 Beaver Pond Road</td>
<td>Lincoln</td>
<td>01773</td>
<td>(781) 259-1847</td>
<td>(781) 466-8482</td>
<td><a href="mailto:bronstein@ibisconsultinggroup.com">bronstein@ibisconsultinggroup.com</a></td>
</tr>
<tr>
<td>Janet</td>
<td>Pula</td>
<td>4 Porter Circle</td>
<td>Cambridge</td>
<td>02140</td>
<td>(617) 661-5653</td>
<td>(781) 314-7514</td>
<td><a href="mailto:janetpula@comcast.net">janetpula@comcast.net</a></td>
</tr>
<tr>
<td>Jim</td>
<td>Green</td>
<td>72 Mt. Vernon</td>
<td>Somerville</td>
<td>02145</td>
<td>(617) 776-8017</td>
<td></td>
<td><a href="mailto:james.green@umb.edu">james.green@umb.edu</a></td>
</tr>
<tr>
<td>Joe</td>
<td>Nissembaum</td>
<td>20 Dane Road</td>
<td>Lexington</td>
<td>2421</td>
<td>617-776-0194</td>
<td></td>
<td><a href="mailto:joe@nissenbaums.com">joe@nissenbaums.com</a></td>
</tr>
<tr>
<td>Judith</td>
<td>Perlestein</td>
<td>182 Upland Road</td>
<td>Cambridge</td>
<td>02140</td>
<td>(617) 547-3125</td>
<td>(617) 353-3754</td>
<td><a href="mailto:jpo@bu.edu">jpo@bu.edu</a></td>
</tr>
<tr>
<td>Larry</td>
<td>Marin</td>
<td>68 Colony Rd</td>
<td>Lexington</td>
<td>02420</td>
<td>(781) 861-7855</td>
<td>(781) 789-1644</td>
<td><a href="mailto:lbmlbm@aol.com">lbmlbm@aol.com</a></td>
</tr>
<tr>
<td>Nga</td>
<td>Huynh</td>
<td>50-A Memorial Road</td>
<td>Somerville</td>
<td>02145</td>
<td>(617) 628-7032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suzanne</td>
<td>Sankar</td>
<td>11 Phillips Lane</td>
<td>Newtonville</td>
<td>02160</td>
<td>(617) 964-5517</td>
<td>(617) 521-3946</td>
<td><a href="mailto:ssankar@simmons.edu">ssankar@simmons.edu</a></td>
</tr>
<tr>
<td>Toi</td>
<td>Ngo</td>
<td>10 Memorial Road #11</td>
<td>Somerville</td>
<td>02145</td>
<td>(617) 628-6303</td>
<td>(617) 436-9593</td>
<td></td>
</tr>
</tbody>
</table>
THE WELCOME PROJECT, INC.
FORM 990
6/30/2006

PART IV LINE 54
COMMON STOCK ACCOUNT $2,012

PART IV LINE 57A & B
EQUIPMENT 7,025
ACCUMULATED DEPRECIATION (6,291)

734
Application for Extension of Time To File an Exempt Organization Return

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

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

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

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

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

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

**Type or print**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE WELCOME PROJECT, INC.</td>
<td>04-3088140</td>
</tr>
</tbody>
</table>

**File by the due date for filing your return. See instructions**

<table>
<thead>
<tr>
<th>Number, street, and room or suite no. If a P.O. box, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>530 MYSTIC AVE.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, town or post office, state, and ZIP code. For a foreign address, see instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOMERVILLE, MA 02145-1602</td>
</tr>
</tbody>
</table>

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

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

**Telephone No.** 617-623-6633

**FAX No.**

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

1. I request an automatic 3-month extension of time until 2/15, 2007 to file the exempt organization return for the organization named above. The extension is for the organization’s return for:
- [X] calendar year 20__ or 
- [ ] tax year beginning 7/1, 20__ and ending 6/30, 20__

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

3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. __$__ 0

3b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. __$__

3c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. __$__ 0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box... X

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

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

**Part II**

**Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

<table>
<thead>
<tr>
<th>Name of Exempt Organization</th>
<th>Employer Identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE WELCOME PROJECT, INC.</td>
<td>04-3088140</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>File by the extended due date for filing the return</th>
<th>See instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>530 MYSTIC AVE.</td>
<td></td>
</tr>
<tr>
<td>SOMERVILLE, MA 02145-1602</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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

The books are in the care of: CORPORATION

Telephone No. ▶ 617-623-6633  
FAX No. ▶

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

4 I request an additional 3-month extension of time until MAY 15, 2007.
5 For calendar year __________, or other tax year beginning __________, 2005, and ending __________, 2006.
6 If this tax year is for less than 12 months, check reason: ▶ Initial return  
- Final return  
- Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO COMPLETE FINANCIAL INFORMATION.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ______________________

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 ______________________

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. $ 0

Signature and Verification

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

Signature ▶ CPA ▶ Date ▶ 2/13/2007

**Notice to Applicant—To Be Completed by the IRS**

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

By ▶ Date ▶

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number and street (including suite, room, or apt. no.) or a P.O. box number</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOSEPH A. RICHMOND CPA PC</td>
<td>239 LITTLETON RD SUITE 4B</td>
</tr>
<tr>
<td>WESTFORD, MA 01886</td>
<td></td>
</tr>
</tbody>
</table>

Form 8868 (Rev 12-2004)