

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable

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

Please use IRS label or print or type See Specific Instructions

C Name of organization

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:
A RETIREMENT AND NURSING HOMENumber and street (or P O box if mail is not delivered to street address)
201 SOUTH HUNTINGTON AVE.City or town, state or country, and ZIP + 4
BOSTON, MA 02130

D Employer identification number

04-2104314

E Telephone number

(617) 522-3080

F Accounting method

☐ Cash ☒ Accrual
☐ Other (specify)

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No," attach a list)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN

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

G Web site WWW.GODDARDHOUSE.ORG

J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 17,459,227.

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

SCANNED DEC 15 2003

Net Assets

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	108,323.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 108,323. noncash \$)	1d	108,323.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	13,402,882.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5	555,298.		
6a	Gross rents SEE STATEMENT 1	6a	27,714.		
b	Less rental expenses SEE STATEMENT 2	6b	33,526.		
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	-5,812.		
7	Other investment income (describe)	7			
8a	Gross amount from sale of assets other than inventory	(A) Securities	3,365,010.	(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b	3,720,198.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8c	-355,188.		
8d		8d	-355,188.		
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	13,705,503.		
13	Program services (from line 14, column (B))	13	11,936,321.		
14	Management and general (from line 44, column (C))	14	2,203,230.		
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 14, column (A))	17	14,139,551.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-434,048.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	26,039,057.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	-3,855,373.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	21,749,636.		

9

**HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:
A RETIREMENT AND NURSING HOME**

04-2104314

Part II Statement of Functional Expenses

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

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	176,977.	0.	176,977.	0.
26	Other salaries and wages	6,921,414.	6,390,117.	531,297.	
27	Pension plan contributions	23,922.	23,190.	732.	
28	Other employee benefits	363,512.	321,164.	42,348.	
29	Payroll taxes	581,833.	554,943.	26,890.	
30	Professional fundraising fees				
31	Accounting fees	31,424.		31,424.	
32	Legal fees	35,173.		35,173.	
33	Supplies	946,653.	928,286.	18,367.	
34	Telephone	55,729.		55,729.	
35	Postage and shipping	11,238.		11,238.	
36	Occupancy	1,431,279.	1,431,279.		
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	2,887.		2,887.	
40	Conferences, conventions, and meetings				
41	Interest	27,211.	27,211.		
42	Depreciation, depletion, etc (attach schedule)	927,979.	927,979.		
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 5	43e			
	Total functional expenses (add lines 22 through 43)	2,602,320.	1,332,152.	1,270,168.	
44	Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	14,139,551.	11,936,321.	2,203,230.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

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

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☐

ASSISTED LIVING AND NURSING HOME CARE FOR THE ELDERLY

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

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

a	126 BED LONG-TERM CARE FACILITY PROVIDING NURSING AND RETIREMENT CARE.	(Grants and allocations \$ _____)	8,470,409.
b	115 BED ASSISTED LIVING FACILITY	(Grants and allocations \$ _____)	3,465,912.
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		11,936,321.

**HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:
A RETIREMENT AND NURSING HOME**

Form 990 (2002)

04-2104314 Page 3

Part IV Balance Sheets

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	1,129,262.	45	1,331,128.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	1,538,481.		
	b Less allowance for doubtful accounts	290,207.	47c	1,248,274.
	48 a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use	37,446.	52	39,534.
	53 Prepaid expenses and deferred charges	174,951.	53	126,101.
	54 Investments - securities STMT 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	22,632,971.	54	19,492,031.
	55 a Investments - land, buildings, and equipment basis			
	b Less accumulated depreciation		55c	
56 Investments - other SEE STATEMENT 7	218,654.	56	192,996.	
57 a Land, buildings, and equipment basis	25,455,275.			
b Less accumulated depreciation STMT 8	7,951,624.	57c	17,503,651.	
58 Other assets (describe SEE STATEMENT 9)	4,222,990.	58	4,013,358.	
59 Total assets (add lines 45 through 58) (must equal line 74)	47,174,533.	59	43,947,073.	
Liabilities	60 Accounts payable and accrued expenses	1,355,946.	60	1,489,011.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities STMT 10	19,225,000.	64a	18,860,000.
	b Mortgages and other notes payable STMT 11		64b	
	65 Other liabilities (describe SEE STATEMENT 12)	554,530.	65	1,848,426.
66 Total liabilities (add lines 60 through 65)	21,135,476.	66	22,197,437.	
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	15,921,945.	67	12,517,714.
	68 Temporarily restricted	5,656,242.	68	4,896,010.
	69 Permanently restricted	4,460,870.	69	4,335,912.
	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)	26,039,057.	73	21,749,636.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	47,174,533.	74	43,947,073.

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.

Yes	No
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N/A

**HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:
A RETIREMENT AND NURSING HOME**

Form 990 (2002)

04-2104314

Page 6

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

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a NET PATIENT SERVICE REV					13,358,064.
b OTHER INCOME					44,818.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	555,298.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property	532000	-5,812.			
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-355,188.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-5,812.		200,110.	13,402,882.
105 Total (add line 104, columns (B), (D), and (E))					13,597,180.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	HOME FOR AGED WOMEN D/B/A GODDARD HOUSE: A RETIREMENT AND NURSING HOME
93B	IS A NOT-FOR-PROFIT ORGANIZATION WHICH PRODUCES INCOME SOLELY TO OPERATE A 126 BED LONG-TERM CARE FACILITY LOCATED IN JAMAICA PLAIN AND A 115 UNIT ASSISTED LIVING FACILITY LOCATED IN BROOKLINE, MA.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds directly or indirectly, from any individual who is a disqualified person?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract described in section 501(c)(3) for the purchase of life insurance on any individual who is a disqualified person?
- 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 furnished to him.
	Signature of officer <i>Rachel J. Keller</i> Date <i>10/10/03</i>
Paid Preparer's Use Only	Preparer's signature <i>Michael T. Hinchey</i>
	Firm's name (or yours if self-employed), address and ZIP + 4 RSM MCGLADREY, INC. 21 B STREET BURLINGTON, MA 01803

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2002Name of the organization **HOME FOR AGED WOMEN D/B/A GODDARD HOUSE :
A RETIREMENT AND NURSING HOME**Employer identification number
04 2104314**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
NORMA PAULA ----- C/O HOME FOR AGED WOMEN DBA GODDARD	LPN 40	 136,758.	 0.	
MECY MESUMBE ----- C/O HOME FOR AGED WOMEN DBA GODDARD	LPN 40	 75,331.	 0.	
PAULINE IYAMABO ----- C/O HOME FOR AGED WOMEN DBA GODDARD	LPN 40	 85,364.	 6,405.	
EZIMMA IKWUANUSI ----- C/O HOME FOR AGED WOMEN DBA GODDARD	NURSING SUPVR 40	 74,774.	 6,405.	
KATHLEEN GLASCO ----- C/O HOME FOR AGED WOMEN DBA GODDARD	D.O.N 40	 77,280.	 2,135.	
Total number of other employees paid over \$50,000 ▶	12			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GENESIS ELDERCARE ----- C/O HOME FOR AGED WOMEN DBA GODDARD	MANAGEMENT SERVICES	489,511.
NEIGHBORCARE ----- C/O HOME FOR AGED WOMEN DBA GODDARD	PHARMACY SERVICES	539,656.
COLUMBIA CONSTRUCTION CO -----	CONSTRUCTION SERVICES	378,260.
ADS MANAGEMENT -----	CONSULTANTS	398,067.
TUFTS HEALTH PLAN -----	HEALTH INSURANCE PROVIDERS	250,957.
Total number of others receiving over \$50,000 for professional services ▶	12	

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:

Schedule A (Form 990 or 990-EZ) 2002 A RETIREMENT AND NURSING HOME

04-2104314 Page 2

Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) **SEE STATEMENT 16**

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 X

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

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

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

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2002

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:

Schedule A (Form 990 or 990-EZ) 2002 **A RETIREMENT AND NURSING HOME**

04-2104314 Page 3

Part IV-A**Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	31,365.	43,578.	29,980.	105,287.	210,210.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	13,083,795.	11,614,110.	9,787,106.	9,199,761.	43,684,772.
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	1,103,956.	1,771,263.	1,248,471.	1,349,916.	5,473,606.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	14,219,116.	13,428,951.	11,065,557.	10,654,964.	49,368,588.
24 Line 23 minus line 17	1,135,321.	1,814,841.	1,278,451.	1,455,203.	5,683,816.
25 Enter 1% of line 23	142,191.	134,290.	110,656.	106,550.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts.					26b N/A
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c N/A
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2001) 87,000. (2000) 58,000. (1999) 29,000. (1998) 31,071.				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2001) 0. (2000) 0. (1999) 0. (1998) 0.					
c Add: Amounts from column (e) for lines 15 210,210. 16 _____ 17 43,684,772. 20 _____ 21 _____					27c 43,894,982.
d Add: Line 27a total 205,071. and line 27b total 0.					27d 205,071.
e Public support (line 27c total minus line 27d total)					27e 43,689,911.
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27f 49,368,588.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 88.4974%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 11.0872%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:

Schedule A (Form 990 or 990-EZ) 2002 A RETIREMENT AND NURSING HOME

04-2104314 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
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)		
<hr/>		
<hr/>		
<hr/>		
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)		
<hr/>		
<hr/>		
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)		
<hr/>		
<hr/>		
34 a 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		

Schedule A (Form 990 or 990-EZ) 2002

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:

Schedule A (Form 990 or 990-EZ) 2002 **A RETIREMENT AND NURSING HOME**

04-2104314 Page 5

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

N/A

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

Check ☐ a ☐ if the organization belongs to an affiliated groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -	The lobbying nontaxable amount is -	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

Yes	No	Amount
		0.

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

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	PROGRAM SERVICES											
1	LAND	VARIES		.000	16	2280000.			2280000.			0.
2	LAND IMPROVEMENTS	VARIES		.000	16	792,637.			792,637.	146,690.		39,384.
3	BUILDINGS	VARIES		.000	16	10297773.			10297773.	1968051.		236,888.
4	BUILDING IMPROVEMENTS	VARIES		.000	16	9091395.			9091395.	3198425.		410,673.
5	OTHER IMPROVEMENTS	VARIES		.000	16							0.
6	FURNITURE & EQUIPMENT	VARIES		.000	16	2889464.			2889464.	1610761.		252,500.
7	EQUIPMENT	VARIES		.000	16							0.
8	SOFTWARE	VARIES		.000	16	25,618.			25,618.	16,035.		348.
9	MOTOR VEHICLES	VARIES		.000	16	25,153.			25,153.	24,770.		100.
10	COMPUTER/TELEPHONE EQUIPMENT	VARIES		.000	16	53,235.			53,235.	42,581.		4,418.
	* 990 PAGE 2 TOTAL											
	PROGRAM SERVICES					25455275.		0.	25455275.	7007313.	0.	944,311.
	* GRAND TOTAL 990 PAGE 2 DEPR					25455275.		0.	25455275.	7007313.	0.	944,311.

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PERSONAL, 201 SOUTH HUNTINGTON AVE, BOSTON ,MA	1	27,714.
TOTAL TO FORM 990, PART I, LINE 6A		27,714.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES AND WAGES		1,029.	
EMPLOYEE BENEFITS		82.	
PAYROLL TAXES		36.	
ACCOUNTING AND LEGAL		145.	
OFFICE SUPPLIES AND EXPENSES		252.	
TELEPHONE		116.	
POSTAGE		21.	
MANAGEMENT FEES		1,139.	
MISCELLANEOUS		234.	
INSURANCE - OTHER		3,272.	
UTILITIES		5,731.	
INTEREST		4,950.	
AMORTIZATION		185.	
DEPRECIATION		16,332.	
PENSION		2.	
- SUBTOTAL -	1		33,526.
TOTAL TO FORM 990, PART I, LINE 6B			33,526.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
DETAILS AVAILABLE UPON REQUEST	3,365,010.	3,720,198.	0.	-355,188.
TO FORM 990, PART I, LINE 8	3,365,010.	3,720,198.	0.	-355,188.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	484,790.
LOSS ON INTEREST RATE SWAP CONTRACT	-1,444,051.
OTHER THAN TEMPORARY IMPAIRMENT ON INVESTMENT	-2,896,112.
TOTAL TO FORM 990, PART I, LINE 20	-3,855,373.

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BAD DEBT	163,442.		163,442.	
PURCHASED SERVICES	349,710.	347,988.	1,722.	
MEDICAL EXPENSES	162,195.	162,195.		
OCCUPATIONAL THERAPY	102,599.	102,599.		
PHYSICAL THERAPY	299,910.	299,910.		
SPEECH THERAPY	28,714.	28,714.		
PHARMACY	320,379.	320,379.		
MISCELLANEOUS	127,982.	33,858.	94,124.	
DATA PROCESSING & BOOKKEEPING	86,785.		86,785.	
MANAGEMENT FEE	538,861.		538,861.	
INVESTMENT & OTHER PROFESSIONAL SERVICES	228,946.		228,946.	
TUITION & EDUCATION	154.		154.	
LICENSES & DUES	29,670.		29,670.	
ADVERTISING	46,035.		46,035.	
INSURANCE	69,915.		69,915.	
LATE CHARGES AND FEES	1,180.		1,180.	
DONATIONS	0.			
MUSIC THERAPY	0.			
AMORTIZATION	36,509.	36,509.		
RENTAL EXPENSES	9,334.		9,334.	
TOTAL TO FM 990, LN 43	2,602,320.	1,332,152.	1,270,168.	

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	6
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SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
STOCKS	19,492,031.				19,492,031.
TO 990, LN 54 COL B	19,492,031.				19,492,031.

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
MONEY FUND	COST	192,996.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		192,996.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	2,280,000.	0.	2,280,000.
LAND IMPROVEMENTS	792,637.	186,074.	606,563.
BUILDINGS	10,297,773.	2,204,939.	8,092,834.
BUILDING IMPROVEMENTS	9,091,395.	3,609,098.	5,482,297.
FURNITURE & EQUIPMENT	2,889,464.	1,863,261.	1,026,203.
SOFTWARE	25,618.	16,383.	9,235.
MOTOR VEHICLES	25,153.	24,870.	283.
COMPUTER/TELEPHONE EQUIPMENT	53,235.	46,999.	6,236.
TOTAL TO FORM 990, PART IV, LN 57	25,455,275.	7,951,624.	17,503,651.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
CONSTRUCTION IN PROGRESS	0.
DEBT SERVICE RESERVE	1,992,209.
PROJECT FUNDS	199,370.
DEFERRED FINANCING COSTS, NET	909,590.
INTEREST IN PERPETUAL FUNDS	912,189.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,013,358.

FORM 990	TAX-EXEMPT BOND LIABILITIES OUTSTANDING	STATEMENT 10
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PURPOSE OF ISSUEISSUE DATEESTABLISH THE DEBT SERVICE RESERVE,CAPITAL ADDITIONS, REPAY
MORTGAGES12/05/95

<u>ORIGINAL ISSUE AMOUNT</u>	<u>PROJECT COMPLETION DATE</u>	<u>UNEXPENDED BOND PROCEEDS</u>	<u>TYPE OF FORM 8038 FILED</u>	<u>FORM 8038 DATE</u>
20,485,000.		0.	NONE FILED	

THIRD PARTY INFORMATIONAMOUNT OF
ISSUE
OUTSTANDING18,860,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64A

18,860,000.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 11
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LENDER'S NAME	TERMS OF REPAYMENT
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AVALON LEASING, INC.	MONTHLY
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DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
12/01/96	01/01/02	41,061.	12.40%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
OFFICE EQUIPMENT	TELEPHONE EQUIPMENT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
TELEPHONE EQUIPMENT	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990	OTHER LIABILITIES	STATEMENT 12
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DESCRIPTION	AMOUNT
AMOUNTS HELD FOR RESIDENTS	29,214.
DEFERRED INCOME	375,161.
INTEREST RATE SWAP CONTRACT	1,444,051.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,848,426.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
RENTAL EXPENSE	33,526.
OTHER THAN TEMPORARY IMPAIRMENT ON INVESTMENT	-2,896,112.
LOSS ON INTEREST RATE SWAP CONTRACT	-1,444,051.
TOTAL TO FORM 990, PART IV-A	-4,306,637.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
RENTAL EXPENSES	33,526.
TOTAL TO FORM 990, PART IV-B	33,526.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 15
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ELIZABETH CADY 75 MONMOUTH STREET BROOKLINE, MA 02446	VICE PRESIDENT 5	0.	0.	0.
MARLENE DORAN 165 CHESTNUT STREET BROOKLINE, MA 02446	EXECUTIVE DIRECTOR - AL 40	91,638.	0.	0.
JULIA GANSON 150 CHESTNUT STREET WESTON, MA 02493	BOARD MEMBER 5	0.	0.	0.
STEWART GOFF 201 S. HUNTINGTON AVENUE JAMAICA PLAIN, MA 02130	EXECUTIVE DIRECTOR - NH 40	85,339.	0.	0.
DAVID MADDOX 67 OLD ORCHARD ROAD CHESTNUT HILL, MA 02467	SECRETARY 5	0.	0.	0.
JAMES MNOOKIN 40 WOODCHESTER DRIVE CHESTNUT HILL, MA 02467	BOARD MEMBER 5	0.	0.	0.
ELIZABETH MOLODOVSKY 11 KENT SQUARE BROOKLINE, MA 02446	BOARD MEMBER 5	0.	0.	0.
HARRIET TOLPIN 50 BYRON ROAD WESTON, MA 02493-2273	VICE PRESIDENT 5	0.	0.	0.

HOME FOR AGED WOMEN D/B/A GODDARD HOUSE:

04-2104314

PHYLLIS VINEYARD 39 KINGSBURY ROAD CHESTNUT HILL, MA 02467	BOARD MEMBER 5	0.	0.	0.
RICHARD KILLIGREW 34 SEAWARD ROAD WELLESLEY HILLS, MA 02481	PRESIDENT 10	0.	0.	0.
JULIE COX 225 SARGENT ROAD BROOKLINE, MA 02445	BOARD MEMBER 5	0.	0.	0.
C. MACKAY GANSON 150 CHESTNUT STREET WESTON, MA 02493	VICE PRESIDENT 5	0.	0.	0.
CHARLES HAYDOCK 59 RESERVOIR AVENUE CHESTNUT HILL, MA 02467	BOARD MEMBER 5	0.	0.	0.
JOHN HOBBS, JR. 9 ARROWHEAD LANE, PO BOX 990 MARION, MA 02738	BOARD MEMBER 5	0.	0.	0.
ANN THORNBURG ONE INTERNATIONAL PLACE BOSTON, MA 02110	TREASURER 10	0.	0.	0.
SARAH B. PORTER 43 UPLAND ROAD BROOKLINE, MA 02445	BOARD MEMBER 5	0.	0.	0.
LYNN WIATROWSKI 280 BEACON STREET #73 BOSTON, MA 02116	BOARD MEMBER 5	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		176,977.	0.	0.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT 16
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COMPENSATION IN THE AMOUNT OF \$85,339 WAS PAID TO STEWART GOFF, AND
\$91,638 TO MARLENE DORAN, BOTH EXECUTIVE DIRECTORS OF THE ORGANIZATION.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

► File a separate application for each return

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

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

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

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

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

Type or print	Name of Exempt Organization HOME FOR AGED WOMEN D/B/A GODDARD HOUSE: A RETIREMENT AND NURSING HOME	Employer identification number 04-2104314
	Number, street, and room or suite no. If a P.O. box, see instructions 201 SOUTH HUNTINGTON AVE.	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02130	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

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

- 1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **AUGUST 15, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2002** or ☐ tax year beginning _____, and ending _____

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

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

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

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

Signature and Verification

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

Signature ► Richard L. Antonucci Title ► CPA Date ► 5/8/03
LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

• 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.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization HOME FOR AGED WOMEN D/B/A GODDARD HOUSE: A RETIREMENT AND NURSING HOME	Employer identification number 04-2104314
	Number, street, and room or suite no. If a P.O. box, see instructions 201 SOUTH HUNTINGTON AVE.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BOSTON, MA 02130	

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

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

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

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

4 I request an additional 3-month extension of time until NOVEMBER 17, 2003
 5 For calendar year 2002, or other tax year beginning _____ and ending _____
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPLETE THE AUDITED FINANCIAL STATEMENTS,
WHICH ARE NECESSARY TO PREPARE A COMPLETE RETURN

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

Signature and Verification

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

Signature Richard L. Antenucci Title CPA Date 8/11/03

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 the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____

Director _____ By _____ Date _____

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

Type or print 223832 05-22-02	Name RSM MCGLADREY, INC.
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 21 B STREET
	City or town, province or state, and country (including postal or ZIP code) BURLINGTON, MA 01803