

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ABBY KELLEY FOSTER HOUSE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 52 HIGH STREET City or town, state or province, country, and ZIP or foreign postal code WORCESTER, MA 01609 F Name and address of principal officer: SUSAN MANERO SAME AS C ABOVE	D Employer identification number 04-2648411 E Telephone number 508-756-5486 G Gross receipts \$ 1,212,708. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ABBYSHOUSE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO PROVIDE EMERGENCY AND LONG-TERM HOUSING, AS WELL AS WOMAN-CENTERED ADVOCACY AND SUPPORT</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 23 6 Total number of volunteers (estimate if necessary) 6 220 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">680,264.</td> <td style="text-align: right;">597,440.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">373,166.</td> <td style="text-align: right;">250,846.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">81.</td> <td style="text-align: right;">78.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">356,218.</td> <td style="text-align: right;">356,982.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">1,409,729.</td> <td style="text-align: right;">1,205,346.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	680,264.	597,440.	9 Program service revenue (Part VIII, line 2g)	373,166.	250,846.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81.	78.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	356,218.	356,982.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,409,729.	1,205,346.						
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer SUSAN MANERO, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name PATRICIA L JONES, CPA Preparer's signature PATRICIA L JONES, CP	Date 06/10/14 Check <input type="checkbox"/> if self-employed PTIN P00003191
	Firm's name ▶ P.L. JONES & ASSOCIATES, P.C. CPA'S Firm's address ▶ 34 CEDAR STREET WORCESTER, MA 01609-2525	Firm's EIN ▶ 04-3337790 Phone no. 508-755-7575

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: TO PROVIDE EMERGENCY AND LONG-TERM HOUSING, AS WELL AS WOMAN-CENTERED ADVOCACY AND SUPPORT SERVICES TO HOMELESS, BATTERED AND LOW-INCOME WOMEN, WITH OR WITHOUT CHILDREN. IN ADDITION, WE PROVIDE EDUCATION TO THE COMMUNITY ABOUT THE ISSUES WITH WHICH OUR GUESTS AND RESIDENTS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,053,345. including grants of \$) (Revenue \$ 542,928.)

1) 71 SRO'S AND 7 2-BR APARTMENTS OF SERVICE-ENRICHED HOUSING; HOUSE APPROX 110 RESIDENTS/YEAR; LOW RENTS; INDIVIDUAL ADVOCATE & SERVICE PLAN FOR EACH RESIDENT; FOOD SERVICE; COMMUNITY RESOURCES.

2) TEMPORARY SHELTER, OPEN 365 NIGHTS/YEAR. OVER 250 GUESTS SERVED EACH YEAR. MEALS; CLOTHING; INDIVIDUAL ADVOCACY; AND ASSISTANCE WITH COMMUNITY RESOURCES; DOMESTIC VIOLENCE SERVICES.

3) WOMEN'S CENTER PROVIDES LIFESKILLS WORKSHOPS SUCH AS BUDGETING, NUTRITION; HOMELESS PREVENTION SERVICES; EDUCATIONAL, CULTURAL AND SOCIALIZATION OPPORTUNITIES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,053,345.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Main form table with columns for question number, description, sub-questions (1a-1b, 2a-2b, etc.), and Yes/No columns. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	17		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		X
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 508-756-5486**
52 HIGH STREET, WORCESTER, MA 01609

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VIRGINIA CONTI VICE-TREASURER	2.00	X		X				0.	0.	0.
(2) LAURIE BOWATER TREASURER	2.00	X		X				0.	0.	0.
(3) EILEEN GALVIN KARR DIRECTOR	1.00	X						0.	0.	0.
(4) MARIE FUSARO DAVIS DIRECTOR	1.00	X						0.	0.	0.
(5) KELLY BRISSETTE DIRECTOR	1.00	X						0.	0.	0.
(6) MOLLY DONAHUE DIRECTOR	2.00	X						0.	0.	0.
(7) MICHELLE HANSEN DIRECTOR	1.00	X						0.	0.	0.
(8) LYNNE MCKENNEY LYDICK DIRECTOR	1.00	X						0.	0.	0.
(9) SUE MANERO VICE PRESIDENT	2.00	X		X				0.	0.	0.
(10) NATALIE MELLO PRESIDENT	2.00	X		X				0.	0.	0.
(11) ANN PINGITORE-SPRING CLERK	1.00	X		X				0.	0.	0.
(12) MELANIE DEMARAIS DIRECTOR	1.00	X						0.	0.	0.
(13) CHRISTINE JUDYUCKI-CREPEAULT TREASURER	2.00	X		X				0.	0.	0.
(14) PEGGY DIX DIRECTOR	1.00	X						0.	0.	0.
(15) ALICE LIVDAHL DIRECTOR	1.00	X						0.	0.	0.
(16) KELLY THAYER DIRECTOR	1.00	X						0.	0.	0.
(17) PATTI MCKONE DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BRIDGET HAVARD DIRECTOR	1.00	X					0.	0.	0.	
(19) TESS SNEESBY EXECUTIVE DIRECTOR	40.00			X			48,739.	0.	0.	
(20) EDLA BLOOM EXECUTIVE DIRECTOR	40.00			X			11,538.	0.	0.	
1b Sub-total							60,277.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							60,277.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	597,440.				
	g	Noncash contributions included in lines 1a-1f: \$		8,503.				
	h	Total. Add lines 1a-1f		597,440.				
	Program Service Revenue	2 a	GRANTS	Business Code				
			624200	250,846.	250,846.			
b								
c								
d								
e								
f		All other program service revenue						
g	Total. Add lines 2a-2f		250,846.					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		78.			78.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	288,876.				
			(ii) Personal					
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	288,876.			
	d	Net rental income or (loss)		288,876.	288,876.			
	7 a	Gross amount from sales of assets other than inventory	(i) Securities					
			(ii) Other					
			b	Less: cost or other basis and sales expenses				
			c	Gain or (loss)				
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	71,129.				
			b	Less: direct expenses	6,229.			
c			Net income or (loss) from fundraising events		64,900.		64,900.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a	4,339.					
		b	Less: cost of goods sold	1,133.				
		c	Net income or (loss) from sales of inventory		3,206.	3,206.		
Miscellaneous Revenue			Business Code					
11 a								
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d					
12	Total revenue. See instructions.		1,205,346.	542,928.	0.	64,978.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	60,277.	49,198.	11,079.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	442,064.	317,862.	81,252.	42,950.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	98,961.	72,311.	18,189.	8,461.
10 Payroll taxes	41,560.	30,368.	7,639.	3,553.
11 Fees for services (non-employees):				
a Management				
b Legal	10,040.	2,881.	7,028.	131.
c Accounting	12,565.		12,565.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	27,530.	348.	16,219.	10,963.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	8,615.	8,615.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	128,964.	127,688.	638.	638.
23 Insurance	36,870.	32,179.	3,868.	823.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UTILITIES	106,639.	101,975.	4,664.	
b REPAIRS AND MAINTENANCE	89,634.	89,270.	182.	182.
c SECURITY	47,441.	47,441.		
d PRINTING AND POSTAGE	46,230.	42,825.	2,473.	932.
e All other expenses SEE SCH O	150,226.	130,384.	11,713.	8,129.
25 Total functional expenses. Add lines 1 through 24e	1,307,616.	1,053,345.	177,509.	76,762.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	214,268.	1	188,874.	
	2 Savings and temporary cash investments	73,267.	2	84,838.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	12,732.	4	5,891.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	4,293.	8	4,169.	
	9 Prepaid expenses and deferred charges	10,087.	9	2,947.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,293,041.			
	b Less: accumulated depreciation	10b 1,465,362.	2,917,255.	10c	2,827,679.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	146,452.	15	146,452.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,378,354.	16	3,260,850.		
Liabilities	17 Accounts payable and accrued expenses	46,068.	17	40,026.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	216,470.	23	212,580.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	124,250.	25	119,000.	
	26 Total liabilities. Add lines 17 through 25	386,788.	26	371,606.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,967,759.	27	2,836,284.	
	28 Temporarily restricted net assets	23,807.	28	52,960.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	2,991,566.	33	2,889,244.	
34 Total liabilities and net assets/fund balances	3,378,354.	34	3,260,850.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,205,346.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,307,616.
3	Revenue less expenses. Subtract line 2 from line 1	3	-102,270.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,991,566.
5	Net unrealized gains (losses) on investments	5	-52.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,889,244.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	921,399.	897,450.	921,140.	1,095,475.	903,540.	4,739,004.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	9,463.	5,388.	5,126.	5,505.	4,339.	29,821.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	930,862.	902,838.	926,266.	1,100,980.	907,879.	4,768,825.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6.)						4,768,825.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	930,862.	902,838.	926,266.	1,100,980.	907,879.	4,768,825.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	483.	670.	750.	81.	78.	2,062.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	483.	670.	750.	81.	78.	2,062.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	288,275.	318,689.	326,160.	315,091.	304,751.	1,552,966.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1,219,620.	1,222,197.	1,253,176.	1,416,152.	1,212,708.	6,323,853.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	75.41 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	75.48 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	.03 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	.05 %

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990**

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number

04-2648411

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		138,600.		138,600.
b Buildings		3,248,207.	1,030,552.	2,217,655.
c Leasehold improvements		805,866.	335,338.	470,528.
d Equipment		100,368.	99,472.	896.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 2,827,679.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED GRANT REVENUE	119,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	119,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,211,523.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-52.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,229.
e	Add lines 2a through 2d	2e	6,177.
3	Subtract line 2e from line 1	3	1,205,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,205,346.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,313,845.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,229.
e	Add lines 2a through 2d	2e	6,229.
3	Subtract line 2e from line 1	3	1,307,616.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,307,616.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES 6,229.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING DIRECT EXPENSES 6,229.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		HIP HIP HER RACE	GALA EVENT	11	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	21,495.	20,423.	29,211.	71,129.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	21,495.	20,423.	29,211.	71,129.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	147.	6,082.		6,229.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				6,229.
	11 Net income summary. Subtract line 10 from line 3, column (d)				64,900.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

ABBY KELLEY FOSTER HOUSE, INC.

Employer identification number

04-2648411

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERVICES TO HOMELESS, BATTERED AND LOW-INCOME WOMEN, WITH OR WITHOUT
CHILDREN.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRUGGLE EACH DAY. WE FULFILL OUR MISSION BY EMPOWERING WOMEN TO LEAD
SELF-DIRECTED LIVES FILLED WITH DIGNITY AND HOPE. BY OFFERING WARM
HOSPITALITY, WE SEEK TO BE IN RELATIONSHIPS OF CARING AND SUPPORT. IN
NAMING THE OPPRESSION THAT EXISTS IN WOMEN'S LIVES, WE STRIVE TO CREATE
CHANGE.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE COMPLETED FORM 990 IS PROVIDED TO THE BOARD
PRIOR TO FILING. THE BOARD REVIEWS THE RETURN AND SIGNS OFF ON THE COPY
BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: THE HUMAN RESOURCE COMMITTEE OF THE BOARD DIRECTORS IS
RESPONSIBLE FOR THIS REVIEW.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: UPON WRITTEN REQUEST ABBY'S FEDERAL AND STATE FILINGS AND
GOVERNING DOCUMENTS WILL BE PROVIDED IN A TIMELY FASHION.

FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:

SUPPORTIVE SERVICES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization ABBY KELLEY FOSTER HOUSE, INC.	Employer identification number 04-2648411
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PROGRAM SERVICE EXPENSES	36,733.
MANAGEMENT AND GENERAL EXPENSES	500.
FUNDRAISING EXPENSES	211.
TOTAL EXPENSES	37,444.

SUPPLIES:

PROGRAM SERVICE EXPENSES	24,587.
MANAGEMENT AND GENERAL EXPENSES	894.
FUNDRAISING EXPENSES	1,486.
TOTAL EXPENSES	26,967.

EQUIPMENT:

PROGRAM SERVICE EXPENSES	17,790.
MANAGEMENT AND GENERAL EXPENSES	5,683.
FUNDRAISING EXPENSES	1,353.
TOTAL EXPENSES	24,826.

FOODBANK:

PROGRAM SERVICE EXPENSES	16,586.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,586.

SERVICE CONTRACTS:

PROGRAM SERVICE EXPENSES	10,395.
MANAGEMENT AND GENERAL EXPENSES	200.
FUNDRAISING EXPENSES	250.
TOTAL EXPENSES	10,845.

Name of the organization ABBY KELLEY FOSTER HOUSE, INC.	Employer identification number 04-2648411
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PUBLIC RELATIONS:

PROGRAM SERVICE EXPENSES	9,266.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,266.

TELEPHONE:

PROGRAM SERVICE EXPENSES	6,952.
MANAGEMENT AND GENERAL EXPENSES	284.
FUNDRAISING EXPENSES	284.
TOTAL EXPENSES	7,520.

DUES AND SUBSCRIPTIONS:

PROGRAM SERVICE EXPENSES	2,708.
MANAGEMENT AND GENERAL EXPENSES	816.
FUNDRAISING EXPENSES	2,337.
TOTAL EXPENSES	5,861.

MISCELLANEOUS:

PROGRAM SERVICE EXPENSES	1,303.
MANAGEMENT AND GENERAL EXPENSES	2,836.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,139.

BAD DEBT EXPENSE:

PROGRAM SERVICE EXPENSES	2,749.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization ABBY KELLEY FOSTER HOUSE, INC.	Employer identification number 04-2648411
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FUNDRAISING EXPENSES 43.

TOTAL EXPENSES 2,792.

EVENT EXPENSE:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 2,165.

TOTAL EXPENSES 2,165.

LICENSES AND PERMITS:

PROGRAM SERVICE EXPENSES 835.

MANAGEMENT AND GENERAL EXPENSES 500.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,335.

THRIFT SHOP EXPENSE:

PROGRAM SERVICE EXPENSES 480.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 480.

TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A 150,226.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE ORGANIZATION HAS AN AUDIT COMMITTEE SELECTED BY THE BOARD OF DIRECTORS TO OVERSEE THE AUDIT OF FINANCIAL STATEMENTS.

2013 DEPRECIATION AND AMORTIZATION REPORT

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	Current Year Deduction
358	LOCKS	080101	SL	10.00	16	3,898.			3,898.	3,897.		0.
359	ELECTRIC WIRING	080101	SL	10.00	16	8,950.			8,950.	8,950.		0.
360	SECURITY SYSTEM	090101	SL	10.00	16	2,767.			2,767.	2,767.		0.
361	MAILBOXES	100101	SL	10.00	16	2,098.			2,098.	2,098.		0.
362	IMPROVEMENT	020102	SL	10.00	16	11,675.			11,675.	11,675.		0.
363	IMPROVEMENTS	100103	SL	10.00	16	15,065.			15,065.	15,065.		0.
364	TELEPHONE SYSTEM	091501	SL	5.00	16	16,875.			16,875.	16,875.		0.
365	REFRIGERATORS	091501	SL	5.00	16	4,500.			4,500.	4,500.		0.
366	DISHWASHER	031003	SL	5.00	16	374.			374.	374.		0.
367	REFRIGERATORS	071404	SL	5.00	16	1,200.			1,200.	1,200.		0.
368	FURNITURE	110184	SL	5.00	16	416.			416.	416.		0.
369	FURNACE	112989	SL	7.00	16	8,000.			8,000.	8,000.		0.
370	FIXTURES	041599	SL	7.00	16	1,545.			1,545.	1,545.		0.
371	FIXTURES	071599	SL	7.00	16	1,615.			1,615.	1,615.		0.
372	DESKS	081501	SL	7.00	16	2,778.			2,778.	2,778.		0.
373	FUTONS (2)	031203	SL	7.00	16	1,247.			1,247.	1,247.		0.
374	FURNITURE	042203	SL	7.00	16	2,520.			2,520.	2,520.		0.
375	FURNITURE	061203	SL	7.00	16	4,020.			4,020.	4,020.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

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	Current Year Deduction
376	CUSTOM BUILT CABINETS	072403	SL	7.00	16	1,000.			1,000.	1,000.		0.
377	RUG	042303	SL	7.00	16	886.			886.	886.		0.
378	CHAIRS	032304	SL	7.00	16	1,498.			1,498.	1,497.		0.
379	YARD FURNITURE	072004	SL	7.00	16	710.			710.	710.		0.
380	TABLES	123104	SL	7.00	16	545.			545.	545.		0.
381	BUILDING	080179	SL	25.00	16	45,000.			45,000.	45,000.		0.
382	IMPROVEMENTS	111582	SL	10.00	16	7,426.			7,426.	7,426.		0.
383	IMPROVEMENTS	111583	SL	10.00	16	4,297.			4,297.	4,297.		0.
384	IMPROVEMENTS	111584	SL	10.00	16	9,946.			9,946.	9,946.		0.
385	IMPROVEMENTS	111585	SL	10.00	16	22,892.			22,892.	22,892.		0.
386	IMPROVEMENTS	111586	SL	10.00	16	5,000.			5,000.	5,000.		0.
387	IMPROVEMENTS	111587	SL	10.00	16	25,029.			25,029.	25,029.		0.
388	IMPROVEMENTS	111588	SL	10.00	16	12,035.			12,035.	12,035.		0.
389	IMPROVEMENTS	060189	SL	10.00	16	33,466.			33,466.	33,466.		0.
390	IMPROVEMENTS	070190	SL	10.00	16	25,175.			25,175.	25,175.		0.
391	IMPROVEMENTS	061591	SL	10.00	16	4,832.			4,832.	4,832.		0.
392	IMPROVEMENTS	063092	SL	10.00	16	1,100.			1,100.	1,100.		0.
393	SPRINKLER	080192	SL	10.00	16	8,300.			8,300.	8,300.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

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	Current Year Deduction
394	SPRINKLER	04/30/93	SL	10.00	16	790.			790.	790.		0.
395	19 CROWN	12/01/92	SL	27.00	16	5,470.			5,470.	3,844.		203.
396	19 CROWN	03/31/93	SL	39.00	16	58,000.			58,000.	29,371.		1,487.
397	IMPROVEMENTS	09/30/93	SL	39.00	16	221,393.			221,393.	109,278.		5,677.
398	IMPROVEMENTS	09/30/93	SL	39.00	16	27,000.			27,000.	13,326.		692.
399	FENCE	04/15/94	SL	20.00	16	840.			840.	788.		42.
400	IMPROVEMENTS	04/15/94	SL	39.00	16	600.			600.	287.		15.
401	CEILING FANS	11/15/97	SL	10.00	16	1,971.			1,971.	1,971.		0.
402	IMPROVEMENTS	12/31/02	SL	10.00	16	8,125.			8,125.	8,125.		0.
403	IMPROVEMENTS	03/26/03	SL	10.00	16	1,158.			1,158.	1,129.		29.
404	IMPROVEMENTS	02/05/04	SL	10.00	16	5,800.			5,800.	5,123.		580.
405	IMPROVEMENTS	03/08/04	SL	10.00	16	1,750.			1,750.	1,531.		175.
406	IMPROVEMENTS	09/29/04	SL	10.00	16	3,163.			3,163.	2,609.		316.
407	ROOF	10/15/94	SL	39.00	16	12,500.			12,500.	5,841.		321.
408	FENCE	04/15/94	SL	20.00	16	468.			468.	438.		23.
409	BUILDING IMPROVEMENTS	09/01/97	SL	10.00	16	4,512.			4,512.	4,512.		0.
410	BUILDING IMPROVEMENTS	10/01/97	SL	10.00	16	6,850.			6,850.	6,850.		0.
411	BUILDING IMPROVEMENTS	07/01/97	SL	10.00	16	5,158.			5,158.	5,158.		0.

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	Current Year Deduction
412	BUILDING IMPROVEMENTS	03/02/98	SL	10.00	16	1,630.			1,630.	1,630.		0.
413	BUILDING IMPROVEMENTS	12/31/02	SL	10.00	16	13,353.			13,353.	13,352.		0.
414	IMPROVEMENTS	03/26/03	SL	10.00	16	1,158.			1,158.	1,129.		29.
415	IMPROVEMENTS	03/08/04	SL	10.00	16	1,750.			1,750.	1,531.		175.
416	77 CHATHAM ST	12/31/96	SL	39.00	16	577,957.			577,957.	237,110.		14,819.
417	SECURITY SYSTEM	11/15/97	SL	10.00	16	5,819.			5,819.	5,819.		0.
418	BASEMENT RENOVATIONS	11/15/97	SL	10.00	16	18,050.			18,050.	18,050.		0.
419	DOOR STRIKER	07/01/97	SL	10.00	16	800.			800.	800.		0.
420	EXTERIOR LIGHTS	07/01/97	SL	10.00	16	1,521.			1,521.	1,521.		0.
421	MISC IMPROVEMENTS	07/01/97	SL	10.00	16	11,166.			11,166.	11,166.		0.
422	MISC IMPROVEMENTS	07/01/97	SL	10.00	16	12,317.			12,317.	12,317.		0.
423	BLDG IMPROVEMENTS	03/02/98	SL	10.00	16	10,800.			10,800.	10,800.		0.
424	IMPROVEMENTS	03/26/03	SL	10.00	16	1,158.			1,158.	1,129.		29.
425	IMPROVEMENTS	12/31/04	SL	10.00	16	3,400.			3,400.	2,734.		340.
426	O'COINS APPLIANCE	02/09/05	SL	5.00	16	1,683.			1,683.	1,683.		0.
427	DELL COMPUTERS	09/13/05	SL	5.00	16	2,148.			2,148.	2,148.		0.
428	BAYSTATE HARDWARE	10/24/05	SL	5.00	16	1,496.			1,496.	1,496.		0.
429	DELL COMPUTERS	11/01/05	SL	5.00	16	1,113.			1,113.	1,113.		0.

2013 DEPRECIATION AND AMORTIZATION REPORT

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	Current Year Deduction
430	DELL COMPUTERS	110105	SL	5.00	16	1,103.			1,103.	1,103.		0.
431	NEW FENCING	070705	SL	10.00	16	10,025.			10,025.	7,520.		1,003.
432	COMPUTER SOFTWARE BUILDING	111504	SL	3.00	16	601.			601.	601.		0.
433	IMPROVEMENTS FURNITURE &	052708	SL	10.00	16	14,000.			14,000.	6,417.		1,400.
434	FIXTURES	010103	SL	7.00	16	2,365.			2,365.	2,365.		0.
435	APPLIANCES FURNITURE &	020706	SL	7.00	16	5,594.			5,594.	5,527.		67.
436	FIXTURES	010103	SL	7.00	16	533.			533.	533.		0.
437	MATTRESS AND BOXSPRINGS	121505	SL	7.00	16	2,090.			2,090.	2,090.		0.
438	REGRADING AND PAVING OF YARD/DRIV	051205	SL	10.00	16	8,368.			8,368.	7,794.		574.
439	DELL COMPUTERS	051006	SL	5.00	16	2,446.			2,446.	2,446.		0.
440	CARPETING	051706	SL	10.00	16	6,412.			6,412.	4,221.		641.
441	4 SETS COIN OPERATED LAUNDRY MA	062006	SL	5.00	16	4,104.			4,104.	4,104.		0.
442	SECURITY SYSTEM	062606	SL	10.00	16	1,454.			1,454.	944.		145.
443	DELL LAPTOP	112006	SL	5.00	16	3,396.			3,396.	3,394.		0.
444	DISHWASHER	020706	SL	5.00	16	998.			998.	998.		0.
445	SECURITY SYSTEM	062606	SL	10.00	16	1,809.			1,809.	1,176.		181.
446	SECURITY SYSTEM	062606	SL	10.00	16	2,117.			2,117.	1,377.		212.
447	SECURITY SYSTEM	112806	SL	10.00	16	8,372.			8,372.	2,511.		837.

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	Current Year Deduction
448	SECURITY SYSTEM	112806	SL	10.00	16	8,371.			8,371.	2,511.		837.
449	PORCH CARBON MONOXIDE	111306	SL	10.00	16	23,375.			23,375.	14,416.		2,338.
450	DETECTORS	103006	SL	10.00	16	1,772.			1,772.	1,092.		177.
451	BUILDING - 52 HIGH STREET	080106	SL	39.00	16	2153100.			2153100.	354,250.		55,208.
452	52 HIGH STREET - LAND	080106	L			138,600.			138,600.			0.
453	COIN OPERATED LAUNDRY MACHINES	062006	SL	5.00	16	2,052.			2,052.	2,052.		0.
454	COMPUTER FOR THRIFT SHOP	022607	SL	5.00	16	2,345.			2,345.	2,345.		0.
455	COMPUTER FOR JULIE	041007	SL	5.00	16	1,243.			1,243.	1,243.		0.
456	COMPUTER FOR EDLA PRINTERS FOR	043007	SL	5.00	16	1,526.			1,526.	1,526.		0.
457	WOMEN'S CENTER BUILDING	112707	SL	5.00	16	3,555.			3,555.	3,555.		0.
458	IMPROVEMENTS 77 CHATHAM	061208	SL	10.00	16	10,500.			10,500.	4,813.		1,050.
459	IMPROVEMENTS BUILDING	072808	SL	10.00	16	12,950.			12,950.	5,720.		1,295.
460	IMPROVEMENTS 19 CROWN STREET	110108	SL	10.00	16	7,952.			7,952.	3,313.		795.
461	KITCHEN REPAIRS	032409	SL	10.00	16	27,000.			27,000.	10,125.		2,700.
462	PRINTERS	030309	SL	5.00	16	2,903.			2,903.	2,226.		581.
463	COMPUTERS	040109	SL	5.00	16	3,024.			3,024.	2,268.		605.
464	COPIER PARTNER MESSAGING	092209	SL	5.00	16	2,164.			2,164.	1,407.		433.
465	SYSTEM	101609	SL	5.00	16	2,159.			2,159.	1,404.		432.

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	Current Year Deduction
466	ROOF REPLACEMENT	063010	SL	10.00	16	14,300.			14,300.	4,648.		1,430.
467	BASEMENT KITCHEN	110910	SL	10.00	16	8,718.			8,718.	1,962.		872.
468	PERIMETER PROJECT	101910	SL	10.00	16	25,750.			25,750.	5,794.		2,575.
469	WINDOWS	081711	SL	5.00	16	23,655.			23,655.	6,308.		4,731.
470	BATHROOMS	100611	SL	5.00	16	34,800.			34,800.	8,700.		6,960.
471	BATHROOMS	053111	SL	5.00	16	19,200.			19,200.	6,080.		3,840.
472	GUTTERS	110711	SL	5.00	16	7,476.			7,476.	1,744.		1,495.
474	ROOF- HIGH STREET	053112	SL	39.00	16	280,068.			280,068.	4,189.		7,181.
475	2 1/2 BATHROOMS	020712	SL	10.00	16	23,700.			23,700.	2,173.		2,370.
476	BATHROOM REMODEL	053012	SL	10.00	16	4,066.			4,066.	237.		407.
477	19 CROWN HEATING AND HOT WATER TANK	072213	SL	15.00	16	19,000.			19,000.			528.
478	REPLACEMENT WINDOWS 21-23 CRWON	121113	SL	15.00	16	20,388.			20,388.			113.
	* TOTAL 990 PAGE 10 DEPR					4293046.		0.	4293046.	1336399.	0.	128,965.