

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2003Open to Public
Inspection

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

A For the 2003 calendar year, or tax year beginning **JUN 1, 2003** and ending **MAY 31, 2004****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
Instruc-
tions**C** Name of organization**VOICE OF THE FAITHFUL, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

1191 CHESTNUT STREET

Room/suite

City or town, state or country, and ZIP + 4

NEWTON UPPER FALLS, MA 02464-1351**D** Employer identification number**02-0631760****E** Telephone number**617-558-5252****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 or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.VOTF.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The
organization need not file a return with the IRS; but if the organization 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 ▶ **645,943.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c) (cash \$ **621,800.** noncash \$ **1,335.**)**1a** **623,135.****1b****1c****1d** **623,135.****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **19,306.****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **3,502.****5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe ▶)**7****8a** Gross amount from sales of assets other
than inventory**(A) Securities****(B) Other****8a****b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**a** Gross revenue (not including \$ of contributions
reported on line 1a)**9a****b** Less: direct expenses other than fundraising expenses**9b****c** Net gain or (loss) from special events (subtract line 9b from line 9a)**9c****10a** Gross sales or 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** **645,943.****13** Program services (from line 44, column (B))**13** **462,948.****14** Management and general (from line 44, column (C))**14** **116,450.****15** Fundraising (from line 44, column (D))**15** **111,088.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **690,486.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-44,543.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **314,814.****20** Other changes in net assets or fund balances (attach explanation)**20** **0.****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **270,271.**

Expenses

Net
Assets323001
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

17120414 714793 7278

2003.09000 VOICE OF THE FAITHFUL, INC. 7278 1

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.	80,000.	48,907.	18,837.	12,256.
26	Other salaries and wages	221,009.	135,112.	52,038.	33,859.
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	9,400.		9,400.	
32	Legal fees	4,848.	1,714.	3,134.	
33	Supplies	12,668.	8,714.	2,416.	1,538.
34	Telephone	22,227.	19,280.	1,801.	1,146.
35	Postage and shipping	48,877.	7,704.	2,648.	38,525.
36	Occupancy	39,756.	25,444.	8,746.	5,566.
37	Equipment rental and maintenance	607.	388.	134.	85.
38	Printing and publications	28,211.	16,360.	1,416.	10,435.
39	Travel	19,581.	17,700.	1,881.	
40	Conferences, conventions, and meetings	11,665.	8,144.	911.	2,610.
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	8,158.	5,221.	1,795.	1,142.
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e	SEE STATEMENT 1				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	690,486.	462,948.	116,450.	111,088.

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 AccomplishmentsWhat is the organization's primary exempt purpose? **SEE STATEMENT 2**

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	THE ORGANIZATION SEEKS TO SUPPORT VICTIMS OF CLERGY SEXUAL ABUSE, TO SUPPORT PRIESTS IN THEIR MINISTRY, AND TO SHAPE STRUCTURAL CHANGE WITHIN THE CATHOLIC CHURCH.	(Grants and allocations \$ _____)	462,948.
b		(Grants and allocations \$ _____)	
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)		462,948.

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	28,003.	45	10,856.
	46 Savings and temporary cash investments	281,071.	46	281,242.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	6,348.
	53 Prepaid expenses and deferred charges	3,518.	53	6,279.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a 39,775.		
	b Less: accumulated depreciation	55b 10,018.	15,239.	55c 29,757.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe ▶ INTANGIBLE ASSETS, NET)	39,150.	58	27,369.	
59 Total assets (add lines 45 through 58) (must equal line 74)	366,981.	59	361,851.	
Liabilities	60 Accounts payable and accrued expenses	29,899.	60	74,097.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 3)	22,268.	65	17,483.
66 Total liabilities (add lines 60 through 65)	52,167.	66	91,580.	
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	309,814.	67	265,271.
	68 Temporarily restricted	5,000.	68	5,000.
	69 Permanently restricted		69	
	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)	314,814.	73	270,271.
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	366,981.	74	361,851.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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Total revenue, gains, and other support per audited financial statements		Total expenses and losses per audited financial statements	
a	683,449.	a	727,992.
b		b	
(1)		(1)	
(2)		(2)	
(3)		(3)	
(4)		(4)	
Add amounts on lines (1) through (4)	37,506.	Add amounts on lines (1) through (4)	37,506.
c	645,943.	c	690,486.
d		d	
(1)		(1)	
(2)		(2)	
Add amounts on lines (1) and (2)	0.	Add amounts on lines (1) and (2)	0.
e	645,943.	e	690,486.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

[illegible]

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

Part VI Other Information

Yes	No
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- | | | | | |
|------|---|-----|-------------------------------------|-----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 78b | | N/A |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | X |
| b | If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt. | | | |
| 81 a | Enter direct or indirect political expenditures. See line 81 instructions | 81a | 0. | |
| b | Did the organization file Form 1120-POL for this year? | 81b | | X |
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | 82a | X | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | 37,506. | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | 83b | | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 84b | | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | 85b | | |
| c | Dues, assessments, and similar amounts from members | 85c | N/A | |
| d | Section 162(e) lobbying and political expenditures | 85d | N/A | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | N/A | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | N/A | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | | |
| 86 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 | 86a | N/A | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | N/A | |
| 87 | 501(c)(12) organizations. Enter: a Gross income from members or shareholders | 87a | N/A | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b | N/A | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88 | | X |
| 89 a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 | | 0. | |
| | section 4912 | | 0. | |
| | section 4955 | | 0. | |
| b | 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |
| c | Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | | 0. |
| d | Enter. Amount of tax on line 89c, above, reimbursed by the organization | | | 0. |
| 90 a | List the states with which a copy of this return is filed | | MA | |
| b | Number of employees employed in the pay period that includes March 12, 2003 | 90b | | 2 |
| 91 | The books are in care of | | RICK WHITE, INTERIM EXECUTIVE DIREC | |
| | Telephone no | | 617-558-5252 | |

Located at ► 1191 CHESTNUT STREET, NEWTON UPPER FALLS

ZIP + 4 ► 02464

- 92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here **92** N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a BOOK SALES					6,797.
b OTHER INCOME					5,000.
c CONVENTION TICKET SALES					7,509.
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			14	3,502.	
96 Dividends and interest from securities					
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					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
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))		0.		3,502.	19,306.
105 Total (add line 104, columns (B), (D), and (E))					22,808.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,
information of which preparer has any knowledge.

4/15/05 James E. Post, President

Date Type or print name and title.

Check if Preparer's SSN or PTIN

Department of the Treasury
Internal Revenue Service

(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

2003

Name of the organization

VOICE OF THE FAITHFUL, INC.

Employer identification number

02 0631760

Part I	Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
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(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II	Compensation of the Five Highest Paid Independent Contractors for Professional Services
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(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
PROSERVE ----- CONCORD, MASSACHUSETTS	INFORMATION TECHNOLOGY	55,997.

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

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities. \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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.)			
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 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

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

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	698,711.				698,711.
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	140,315.				140,315.
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	2,102.				2,102.
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	841,128.	0.	0.	0.	841,128.
24 Line 23 minus line 17	700,813.				700,813.
25 Enter 1% of line 23	8,411.				
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 698,711. 16 _____ 17 140,315. 20 _____ 21 _____					27c 839,026.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 839,026.
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					27f 841,128.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.7501%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .2499%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

NONE

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?	29	
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?	30	
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.)	31	
<hr/>		
<hr/>		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2003

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 group Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	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 -		
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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 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.

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

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

N/A

[illegible]

► ☒ Yes ☐ No

[illegible]

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CHARITABLE CONTRIBUTIONS	2,050.	2,050.		
AMORTIZATION	13,080.	8,371.	2,878.	1,831.
MARKETING	150,193.	149,070.		1,123.
COMMUNICATIONS	4,907.	4,327.	580.	
OTHER EXPENSES	13,249.	4,442.	7,835.	972.
TOTAL TO FM 990, LN 43	183,479.	168,260.	11,293.	3,926.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT 2
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EXPLANATION

TO PROVIDE A PRAYERFUL VOICE, ATTENTIVE TO THE SPIRIT, THROUGH WHICH THE FAITHFUL CAN ACTIVELY PARTICIPATE IN THE GOVERNANCE AND GUIDANCE OF THE CATHOLIC CHURCH.

FORM 990	OTHER LIABILITIES	STATEMENT 3
DESCRIPTION	AMOUNT	
ACCRUED EXPENSES AND OTHER LIABILITIES	17,483.	
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	17,483.	

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES POST 40 AUDUBON ROAD WELLESLEY, MA 02481	PRESIDENT/TRUSTEE 20	0.	0.	0.
JAMES E. MULLER, MD 29 STUDIO ROAD AUBURNDALE, MA 02466	CHAIRPERSON/TRUSTEE 20	0.	0.	0.
STEVEN KRUEGER 40 PRINCE STREET JAMAICA PLAIN, MA 02130	EXECUTIVE DIRECTOR 70	48,000.	0.	0.
KRISTINE WARD 2110 FAR HILLS AVENUE DAYTON, OH 45419	VICE PRESIDENT 20	0.	0.	0.
ANN CARROLL 6 PURITAN ROAD ARLINGTON, MA 02476	TREASURER 20	0.	0.	0.
SR. BETSY CONWAY 210 MAPLEWOOD STREET WATERTOWN, MA 02472	SECRETARY 20	0.	0.	0.
MARY SCANLON CALCATERRA 23 ARLINGTON ROAD WELLESLEY, MA 02481	TRUSTEE 10	0.	0.	0.
DAVID CASTALDI 11 BELLINGHAM ROAD CHESTNUT HILL, MA 02467	TRUSTEE 10	0.	0.	0.
SVEA FRASER 4 STEARNS ROAD WELLESLEY, MA 02482	TRUSTEE 10	0.	0.	0.
MARY ANN KEYES 94 ABBOT ROAD WELLESLEY, MA 02482	TRUSTEE 70	32,000.	0.	0.
MAURA O'BRIEN 60 RADCLIFF ROAD WELLESLEY, MA 02482	TRUSTEE 10	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		80,000.	0.	0.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 5

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ORGANIZATION SELLS SIGNED COPIES OF THE BOOK "KEEP THE FAITH, CHANGE THE CHURCH"- THE STORY OF THE EARLY HISTORY OF THE ORGANIZATION.
93B	THE ORGANIZATION PROVIDES SUPPORT AND ACTS AS AN AGENT FOR AFFILIATES THAT WISH TO HOLD CONFERENCES OF THEIR OWN. THIS REVENUE REPRESENTS THE FEE CHARGED FOR THE ADMINISTRATION OF AFFILIATE CONFERENCES.
93C	ON JULY 20, 2002, THE ORGANIZATION HELD THE FIRST-EVER VOTF CONVENTION IN BOSTON - A DAY OF PRAYER, EDUCATION, AND ORGANIZATION, CULMINATING IN A MOVING MASS. THIS REVENUE REPRESENTS FEES CHARGED WHICH WERE RECEIVED DURING 2004.

	COST			ACCUMULATED DEPRECIATION			NBV Balance at 5/31/04
	Balance at 5/31/03	Additions	Disposals	Balance at 5/31/03	Depreciation Expense	Disposals	Balance at 5/31/04
Furniture & Fixtures	794	2,240	3,034	(19)	(388)	(407)	2,627
Computers/Software	16,305	20,436	36,741	(1,841)	(7,770)	(9,611)	27,130
	17,099	22,676	0	(1,860)	(8,158)	0	29,757
							Form 990, Part IV, line 55a
							Form 990, Part IV, line 55b
							Form 990, Part IV, line 55c

VOICE OF THE FAITHFUL, INC.
Form 990, Schedule A, line 52 b
For the year ended May 31, 2004

State	City	Affiliate
AZ	Sedona	St. John Vianney Sedona Affiliate
CA	Oak Park	Anchorhold VOTF
CA	Daly City	Daly City VOTF
CA	Sacramento	Greater Sacramento Area VOTF
CA	Santa Barbara	Greater Santa Barbara VOTF
CA	Marin	Marin County VOTF
CA	San Francisco	Most Holy Redeemer
CA	Oakland	Oakland VOTF
CA	San Francisco	San Francisco VOTF
CA	San Mateo	San Mateo County VOTF
CA	Santa Rosa	Santa Rosa VOTF
CA	Long Beach	Southern Los Angeles Area VOTF
CA	San Francisco	St. Ignatius VOTF
CA	San Francisco	St. John of God VOTF
CA	Stockton/Sonora	St. Patrick VOTF
CA	San Francisco	St. Teresa VOTF
CO	Denver	Concerned Cath of CO - Affiliate VOTF
CT	Hartford	Downtown Hartford VOTF
CT	Niantic	Eastern Connecticut
CT	Bristol	Greater Bristol VOTF
CT	Simsbury	Simsbury VOTF
CT	Manchester	St. Bridget
CT	East Hartford	St. Christopher VOTF
CT	Greenwich	St. Paul
CT	West Hartford	St. Timothy
CT	Norwalk	VOTF in the Diocese of Bridgeport
DC	Washington, DC	Holy Trinity VOTF
DE	Bethany Beach	South Coastal Delmarva
DE	Newark	VOTF Chapter of New Castle County
FL	Palm Beach	Palm Beach County VOTF
FL	Sun City	Tampa Bay Area VOTF
FL	Ft. Myers	VOTF- Greater Fort Myers
FL	Naples	VOTF of SWFL
FL	Venice	VOTF -Venice FL Area
GA	Atlanta	VOTF-Atlanta
ID	Boise	Boise VOTF
IL	Chicago	Chicago West VOTF
IL	Winnetka	VOTF - North Suburban Chicago
IL	Bloomington	VOTF at Bloomington/Normal
IL	Inverness	VOTF at Holy Family
IL	Oak Park	VOTF at St Edmond
IL	Oak Park	VOTF at St Giles

IL	Joliet	VOTF Joliet Diocese
IL	Naperville	VOTF Naperville/Lisle
IL	Schaumburg	VOTF Northwest
IL	Wheaton	VOTF-Religious Education Community
IN	Indianapolis	VOTF Indiana Voice
KS	Archdiocese of Kansas City	Greater Kansas City VOTF
KY	Louisville	Louisville VOTF
KY	Covington	Northern Kentucky Voice of the Faithful
LA	Baton Rouge	Baton Rouge VOTF
LA	New Orleans	Diocese Voice of New Orleans
MA	Brockton	Brockton VOTF
MA	Gloucester	Cape Ann VOTF
MA	Bridgewater	Concerned Catholics of Bridgewater
MA	Concord	Concord MA VOTF
MA	No Falmouth	Falmouth PV
MA	Andover/No Andover	Greater Lawrence VOTF
MA	Orleans	Lower Cape VOTF
MA	Lynn	Lynn Area VOTF
MA	Mashpee	Mashpee Voice OF The Faithful
MA	Duxbury	Mayflower Affiliate
MA	Lowell	Merrimack Valley VOTF
MA	Natick	Natick Parish Voices
MA	Needham	Needham Parish Voice
MA	Northampton	Northampton VOTF
MA	Newton	Our Lady Help of Christian
MA	Sharon	Our Lady of Sorrows
MA	Boston (West Roxbury)	Parkway VOTF
MA	Boston	Paulist Center VOTF
MA	Belmont	People of the Promise
MA	Quincy	Quincy Cluster VOTF
MA	Amesbury	Seacoast Affiliate
MA	Mattapoissett	South Coast Affiliate
MA	Reading	St. Agnes
MA	Framingham/Sudbury	St. Anselm
MA	Newton	St. Bernard
MA	Charlestown	St. Catherines
MA	Westwood	St. Dennis VOTF
MA	Acton	St. Elizabeth VOTF
MA	Canton	St. Gerard Majella
MA	Chestnut Hill	St. Ignatius
MA	Cambridge	St. John the Evangelist
MA	Weston	St. John's Community (formerly of Cambridge)
MA	Waltham	St. Mary
MA	Jefferson	St. Mary
MA	Boston (Roxbury)	St. Mary of the Angels
MA	Nantucket	St. Mary of the Isle
MA	Brookline	St. Mary's of the Assumption
MA	Whitinsville	St. Patrick

MA	Hingham	St. Paul
MA	Cambridge	St. Peter
MA	Topsfield	St. Rose of Lima
MA	Dedham	St. Suzannas VOTF
MA	Harvard	St. Theresa
MA	Boston (Dorchester)	St. William
MA	Wayland	St. Zepherin
MA	Scituate	The Scituate MA Affiliate
MA	Marblehead, Nahant, Swampscott	Tri-Parish Affiliate
MA	Middleboro	VOTF Affiliate Cranberry Country
MA	Norwood	VOTF Norwood
MA	Wellesley	West Suburban Parish Voice
MA	Westford	West-Chelmsford Area PV
MA	E.Weymouth	Weymouth VOTF
MA	Winchester	Winchester Area VOTF
MA	Worcester	Worcester Diocese VOTF
MD	Relay	Greater Baltimore VOTF
MD	Bowie	VOTF of Greater Bowie
MD	Gaithersburg/Rockville	VOTF of Montgomery County
ME	Augusta	MAINE VOTF
ME	Saco	Northern York County VOTF
ME	Belfast	St. Francis of Assisi
ME	Ellsworth	St. Joseph
MI	Ann Arbor	Ann Arbor VOTF
MI	Midland	Mid Michigan VOTF
MI	Detroit	VOTF Archdiocese of Detroit
MI	Ada	VOTF-Diocese of Grand Rapids
MN	St. Paul-Minneapolis	Twin Cities VOTF
MN	Winona	Winona VOTF
MO	Kansas City	Greater Kansas City VOTF
MO	Columbia	Mid-Missouri PV
MO	St. Louis	St. Vincent de Paul VOTF
MO	St. Louis	Voice of the Faithful St. Louis
NC	DIOCESE OF CHARLOTTE	VOTF Charlotte Voice
NE	Omaha	VOTF Greater Omaha
NH	Hudson	Hudson VOTF
NH	Jaffrey	Jaffrey PV
NH	Keene	Keene VOTF
NH	Nashua	Nashua VOTF
NH	New London	New London VOTF
NH	Concord	NH VOTF
NH	Milford	St. Patrick
NH	Auburn	St. Peters VOTF
NH	Dover/Durham	St. Thomas More PV
NJ	North Jersey	North Jersey VOTF
NJ	Swedesboro	VOTF- Camden Diocese
NJ	Somerset	VOTF Metuchen Diocese at St. Matthias
NJ	Union County (Newark Diocese)	VOTF Union County, NJ

NY	NYC	East Side New York VOTF Affiliate
NY	Holbrook	Good Shepherd
NY	Port Jefferson	Infant Jesus
NY	Larchmont	Larchmont VOTF
NY	Utica	Mohawk Valley VOTF
NY	Southold	North Fork Affiliate
NY	Sound Beach	North West Nassau
NY	Albertson	Northwest Nassau Parish Voice
NY	West Babylon	Our Lady of Grace
NY	West Islip	Our Lady of Lourdes
NY	Long Beach	Our Lady of the Miraculous Medal Parish Voice
NY	Point Lookout	Our Lady of the Miraculous Medal Parish Voice
NY	Wyandanch	Our Lady of the Miraculous Medal Parish Voice
NY	Blue Point	Our Lady of the Snows
NY	Floral Park	Our Lady of Victory
NY	Brooklyn	Park Slope VOTF
NY	Rochester	Rochester Area VOTF
NY	Williston Park	See No. West Nassau
NY	Water Mill	see South Fork
NY	Hampton Bays	See South Fork Affiliate
NY	Sag Harbor	see South Fork Affiliate
NY	Manorville	See Wading River
NY	South Hampton	South Fork Affiliate
NY	Smithtown	St Patrick
NY	Cutchogue	St. Agnes in Greenport, etc.
NY	Greenport	St. Agnes in Greenport, etc.
NY	Mattituck	St. Agnes in Greenport, etc.
NY	North Fork	St. Agnes in Greenport, etc.
NY	North West Nassau	St. Aidan's
NY	Ossining	St. Ann
NY	Oceanside	St. Anthony
NY	Brooklyn	St. Boniface Parish Voice
NY	Melville	St. Elizabeth of Hungary
NY	Port Jefferson Sta.	St. Gerard
NY	Huntington Station	St. Hugh of Lincoln
NY	Seaford	St. James
NY	Bohemia	St. John Nepomucene
NY	Wading River	St. John the Baptist; Sts. Peter & Paul in Manorville
NY	Babylon	St. Joseph
NY	King's Park	St. Joseph
NY	Farmingdale	St. Killians
NY	Port Washington	St. Peter Alcantara
NY	Massapequa	St. Rose of Lima
NY	Medford	St. Sylvester's
NY	Hauppauge	St. Thomas More
NY	Seaford	St. William the Abbot
NY	Rockville Center	VOTF - LI
NY	Syracuse	VOTF - Syracuse Area

NY	Rockaway Beach	VOTF Affiliate Rockway Beach
NY	NYC	VOTF NYC - West Side
NY	Albany	VOTF-Albany
NY	Cortland	VOTF-Cortland
NY	South Fork	Watermill, So. Hampton, Sag Harbor, Hampton Bays
OH	Cincinnati	Bellarmine Chapel Parish Voice
OH	Cincinnati	Cincinnati Organizers-St. Ursula Villa
OH	Cleveland	Cleveland/Akron Affiliate
OH	Dayton	Dayton VOTF
OH	Cincinnati	Greater Cincinnati
OH	Rocky River	St Christopher VOTF
OH	Dayton	St. Charles Borromeo Parish Affiliate
OH	Cincinnati	St. Francis De Sales Parish Voice
OH	Clayton	St. Paul Englewood VOTF
OH	Cincinnati	VOTF Nativity
OK	Tulsa	VOTF-TULSA
OR	Portland	VOTF Western Oregon
PA	Philadelphia	Greater PA VOTF
RI	Providence	Greater Providence VOTF
RI	Jamestown	VOTF of Southern RI
TN	Nashville	Nashville VOTF
TX	Paris	Our Lady of Victory
TX	North Richland Hills	St. John the Apostle
VA	Portsmouth	Region 3 VOTF Parish Voice
VA	Virginia Beach	South Hampton Roads Regional VOTF
VA	Northern Virginia Metro Area	VOTF Northern Virginia
WA	Spokane	Spokane Affiliate
WA	Puget Sound	Washington VOTF
WA	WASHINGTON	
WI	Sheboygan	Sheboygan County VOTF
WI	Milwaukee	VOTF Southeastern Wisconsin
	INTERNATIONAL	
ZCAN	Sidney	Saanich Peninsula Parish VOTF
ZCAN	Prince George	VOTF Prince George

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 ☒ **X**
- 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	Employer identification number
	VOICE OF THE FAITHFUL, INC.	02-0631760
	Number, street, and room or suite no. If a P.O. box, see instructions. 1191 CHESTNUT STREET	
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. NEWTON UPPER FALLS, MA 02464-1351	

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 JANUARY 18, 2005 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☐ calendar year _____ or
► ☒ tax year beginning JUN 1, 2003, and ending MAY 31, 2004

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 ► Patricia J. Lavin CPA Title ► _____

Date ► 10/8/04

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	Employer identification number
	VOICE OF THE FAITHFUL, INC.	02-0631760
	Number, street, and room or suite no. If a P.O. box, see instructions. 1191 CHESTNUT STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON UPPER FALLS, MA 02464-1351	

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 ☐
 • 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 APRIL 15, 2005
 5 For calendar year _____, or other tax year beginning JUN 1, 2003 and ending MAY 31, 2004
 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
THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

- 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 Tatiana J. Javori CPA Title _____ Date 12/29/04

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 _____

By _____

Director _____

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	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)