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)

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

OMB No 1545-0047 Open to Public Inspection

C Name of organization OICE OF THE FAITHFUL, Number and street (or P.O. box if mail is not deligated by the street of the stre	02464-135 nexempt charitable tru 990-EZ) 4947(a)(1) or not more than \$25,000. received a Form 990 Parequire a complete retur 631,72 t Assets or Fund	51 527 The lickage rn 21 1a 1b 1c 1c 3 3 3 3 3 3 3 3 3	H(a) H(b) H(c) / H(d) I (M (c)	s this a group f "Yes," enter Are all affiliate If "No," attach s this a separ ganization coo Group Exemp Check Check Korm	e E Tele 6 F Acco	2-063 phone nuit 17-55 unbing method Other to section or affiliates of affiliates d? N/ n filed by a a group rul ber ▶ rganizatior -EZ, or 990	Cash X Accrua In 527 organizations Yes X N A Yes N In or- In Sort required to attact
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er investment income (describe		6b					
						6c	
e amount from calce of accute other			ı)	7	
	(A) Securities	-		(B) Other			
inventory		8a					
cost or other basis and sales expenses		8b					
or (toss) (attach gripedule)		8c					
Self-or (loss) (combine line 8, columns (A) and (B))				1		8d	
rial events and activities (affect schedule). If any amoun		k here	▶	J			
A Agrende (Fot 2000 and Sign	_ of contributions	1 1	l.				
ned on line 1a)		9a_	-				
Homen expenses only than fundraising expenses where or (loss) from special events (subtract line 9b from special events)		9b	L				
	om line 9a)	11	1	•	6.45	9c	
•							
•			L			.	1
	ile) (subtract line 10b fro	om line	10a)	STMT	1		1,689
·							1,217
	nd 11)						630,763
							423,660
						14	131,255
							151,495
							506 115
							706,410
						18	-75,647
						19	<u>270,271</u>
assets or fund balances at beginning of year (from line 7	73, column (A))						
assets or fund balances at beginning of year (from line 7 ir changes in net assets or fund balances (attach explana	73, column (A)) ation)					20	0
assets or fund balances at beginning of year (from line 7	73, column (A)) ation) 3, 19, and 20)					21	0 . 194,624 . Form 990 (2004
:: :: :: :: :: :: :: :: :: :: :: :: ::	revenue (from Part VII, line 103)	cost of goods sold s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b fr revenue (from Part VII, line 103) revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) ram services (from line 44, column (B)) agement and general (from line 44, column (C)) raising (from line 44, column (D)) nents to affiliates (attach schedule) expenses (add lines 16 and 44, column (A))	cost of goods sold s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line revenue (from Part VII, line 103) revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) ram services (from line 44, column (B)) agement and general (from line 44, column (C)) raising (from line 44, column (D)) nents to affiliates (attach schedule) expenses (add lines 16 and 44, column (A))	cost of goods sold s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) revenue (from Part VII, line 103) revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) ram services (from line 44, column (B)) regement and general (from line 44, column (C)) raising (from line 44, column (D)) rents to affiliates (attach schedule) expenses (add lines 16 and 44, column (A))	cost of goods sold s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Trevenue (from Part VII, line 103) Trevenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) Tram services (from line 44, column (B)) Traising (from line 44, column (D)) Traising (from line 44, column (D)) Traising (from line 44, column (D)) Traising (attach schedule) Traising (attach schedule) Traising (attach schedule) Traising (attach schedule) Traising (attach schedule)	cost of goods sold s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) Trevenue (from Part VII, line 103) Trevenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) Tram services (from line 44, column (B)) Transing (from line 44, column (D)) Transing (from line 44, column (D)) Transing (from line 44, column (A)) Transing (add lines 16 and 44, column (A))	cost of goods sold 958. s profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) STMT 1 revenue (from Part VII, line 103) 11 revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 ram services (from line 44, column (B)) 13 regement and general (from line 44, column (C)) 14 raising (from line 44, column (D)) 15 rents to affiliates (attach schedule) 16 expenses (add lines 16 and 44, column (A)) 17 ss or (deficit) for the year (subtract line 17 from line 12) 18

VOICE OF THE FAITHFUL, INC. 02-0631760 Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) Page 2 Part II **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I and general 22 Grants and allocations (attach schedule) (cash \$ 9,582 noncash \$ 9,582. 9,582.STATEMENT 3 22 23 Specific assistance to individuals (attach schedule) 23 24 Benefits paid to or for members (attach schedule) 24 25 Compensation of officers, directors, etc. 25 68,000. 25,840. 37,400. 4,760. 248,795. 186,220. 28,703. 26 Other salaries and wages 26 33,872. Pension plan contributions 27 28 28 Other employee benefits 29 Payroll taxes 29 20,050. 13,511. 4,422. 2.117. Professional fundraising fees 30 31 10,100. 10,100 Accounting fees 32 3,189. 3,189. 32 Legal fees 6,595. 33 4,444 1,455. 696. 33 Supplies 24,243. 15,400. 8,230. 613. Telephone 34 34 35 96,043. 4,903. 1,605. 89,535. Postage and shipping 36 40,192. 27,085. 8,863. 4,244. Occupancy Equipment rental and maintenance 37 510. 344. 112. 54. 38 58,545. 49,841 8,704. Printing and publications 6,577. 39 6,577. 40 63,887. 50,030 5,492 8,365. Conferences, conventions, and meetings 40 41 Interest 10,293. 42 Depreciation, depletion, etc. (attach schedule) 42 6,936 2,270 1,087. 43 Other expenses not covered above (itemize): a AMORTIZATION 8,842 13,121. 2.894 1,385. 43a **b MARKETING** 43b 2,569. 2,569 c COMMUNICATIONS 43c 10,337. 7.832. 2,505. d OFFICE EXPENSE 2,743. 2,092. 651 43d e OTHER EXPENSE 11,039. 3,704 6,754. 581. 43e Total functional expenses (add lines 22 through 43).

Organizations completing columns (B)-(D), carry these totals to lines 13-15. 706,410. 255. $\overline{151,495}$ 44 423,660 Joint Costs Check \(\bigsim \bigsim_{\text{\text{\text{Joint Costs}}} \) If you are following SOP 98-2. Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? , (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ Part III Statement of Program Service Accomplishments What is the organization's primary exempt purpose? ► <u>SEE STATEMENT</u> 2 Program Service Expenses
(Required for 50 1(c)(3) and
(4) orgs, and 4947(a)(1)
trusts but optional for others) 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) 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 \$ 423,660. b (Grants and allocations \$ (Grants and allocations \$ d

Total of Program Service Expenses (should equal line 44, column (B), Program services)

▶ 423,660.

Form 990 (2004)

e Other program services (attach schedule)

(Grants and allocations \$ (Grants and allocations \$

Part IV Balance Sheets

Form 990 (2004)

ote [.]		e required, attached schedules and amounts (d be for end-of-year amounts only	within the description column	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		10,856.	45	53,188.
	46	Savings and temporary cash investments		281,242.	46	184,531.
	47 a	Accounts receivable	47a			
	4/ a	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable Less: allowance for doubtful accounts	48a		40.	
	40	Grants receivable	48b		48c 49	
	49 50	Receivables from officers, directors, trustees,	-		49	
1	อบ	and key employees			50	
2	51 a	Other notes and loans receivable	51a		30	
Assers	5. L	Less: allowance for doubtful accounts	51b		51c	
1	52	Inventories for sale or use		6,348.	52	439
	53	Prepaid expenses and deferred charges		_6,279.	53	28,826
	54	Investments - securities	Cost FMV		54	
	55 a	Investments - land, buildings, and				
		equipment; basis	55a 46,910.			
	b	Less: accumulated depreciation	55b 20,311.	29,757.	55c	26,599
ļ	56	Investments - other	20,311.	25,1516	56	20,333
	57 a	Land, buildings, and equipment; basis	57a			
	Ь	Less: accumulated depreciation	57b		57c	
	58	Other assets (describe $ ightharpoonup$ INTANGIBLE	ASSETS, NET	27,369.	58	14,248
	59	Total assets (add lines 45 through 58) (must equa	1 line 74)	361,851.	59	307,831
_	60	Accounts payable and accrued expenses	, , , , , , , , , , , , , , , , , , , ,	74,097.	60	75,428
	61	Grants payable			61	
	62	Deferred revenue			62	
les	63	Loans from officers, directors, trustees, and key er	nployees		63	
Liabilities	64 a	Tax-exempt bond liabilities			64a	
<u> </u>	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe	SEE STATEMENT 4	17,483.	65	37,779
İ	66	Total liabilities (add lines 60 through 65)		91,580.	66	113,207
	Organ		X and complete lines 67 through			·
_		69 and lines 73 and 74.			1	
<u>ë</u>	67	Unrestricted	<u> </u>	265,271.	67	180,213
퍨	68	Temporarily restricted	_	_5,000.	68	14,411
	69	Permanently restricted			69	
Š	Organ	nizations that do not follow SFAS 117, check here	and complete lines			
<u> </u>		70 through 74				
ets	70	Capital stock, trust principal, or current funds	unament fund		70	
155	71 70	Paid-in or capital surplus, or land, building, and eq			71	
Net Assets or Fund Balances	72 73	Retained earnings, endowment, accumulated incommon Total net assets or fund balances (add lines 67 th			72	
Z	73	column (A) must equal line 19, column (B) must e	-	270,271.	73	194,624
	l	Total liabilities and net assets / fund balances (a		361,851.	74	307,831

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	Financial Statements wi		Part IV-B		ciliation of Exp al Statements	enses per A with Expen	udited ses ner
	Return			Return	ai otatements	with Expen	
a Total per a	revenue, gains, and other support udited financial statements	a 638,605.	audited	penses and lo	ements	▶ a	714,252.
	unts included on line a but not on 2, Form 990:		line 17,	Form 990:	line a but not on		
	nrealized gains		(1) Donated	d services of facilities	\$ 9,0	50	
• •	vestments \$			ar adjustment		- 55 -	
	ted services		` '	d on line 20,	1.5		
. ,	ise of facilities \$ 9,059.		Form 9	•	\$		
	veries of prior	•	(3) Losses	-	Ψ		
	grants \$		1 ' '	Form 990	\$		
-	(specify)		(4) Other (s		<u> </u>		
	\$, , , , , ,	\$		
Add a	amounts on lines (1) through (4)	в 9,059.		ounts on lines	s (1) through (4)	▶ b	9,059.
c Line :	a minus line b	629,546.	c Linear	ninus line b		▶ c	705,193.
	unts included on line 12, Form out not on line a :			ts included on not on line a	line 17, Form :		
(1) Inves	stment expenses		(1) Investm	ent expenses			
not in	ncluded on		not incl	uded on			
line 6	6b, Form 990 \$		line 6b,	Form 990	\$		
(2) Other			(2) Other (s	specify):			
<u>OTHE</u>	<u>R</u> \$ 1,217.	·	OTHER		\$1,2	<u> 17.</u>	
	amounts on lines (1) and (2)	d 1,217.	Add am	ounts on lines	s (1) and (2)	▶ d	1,217.
	revenue per line 12, Form 990				ne 17, Form 990		
	c plus line d)	e 630,763.		lus line d)		 e	706,410.
Part V	List of Officers, Directors,	rustees, and key	(B) Title and a				(E) Expense
	(A) Name and address		per week d	evoted to	(C) Compensation (If not paid, enter	employee benefit plans & deferred	account and other allowances
			posii		, ,	compensation	Other unowances
	-						
SEE S	STATEMENT 5				68,000.	0.	0.
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		-					
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					ļ		
					 		
					1		<u> </u>
	y officer, director, trustee, or key employee						
organi	izations, of which more than \$10,000 was pr	rovided by the related organiz	rations? If "Yes,"	attach schedu	ıle ▶ Yes [X No	

VOICE OF THE FAITHFUL, INC.

02-0631760 Page 4

Form 990 (2004)

	990 (2004) VOICE OF THE FAITHFUL, INC. 02-0631	<u>760</u>		Page 5
Pa	rt VI Other Information		Yes	No
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?	77		X
	If "Yes," attach a conformed copy of the changes			
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		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	79		<u>X</u>
	If "Yes," attach a statement			
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			i
	and check whether it is exempt or nonexempt.			
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.			37
b	Did the organization file Form 1120-POL for this year?	81b		X
02 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?	00-	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	82a		
U	expense in Part II. (See instructions in Part III.) [82b] 9,059.			}
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	_ , u		
	tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax			
	owed for the prior year.			
C	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
е	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		<u> </u>
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? N/A	85h		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
D	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 6705 income from ether sources (De not not amounted due or nord to other sources)			
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,		1	
00	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 • .			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			l
	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			<u> 0 </u>
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, 2004			5
91	The books are in care of ► RAY JOYCE, EXECUTIVE DIRECTOR Telephone no ► 617-55	<u>8 – 5</u>	<u> 252</u>	<u> </u>
	Legister N 1101 GUEGMANN GEDERM NEWMON HODER BALLS	246	A	
	Located at ► 1191 CHESTNUT STREET, NEWTON UPPER FALLS ZIP+4 ► 0	446	4	
92	Section 4947(a)(1) nonexempt chantable trusts filing Form 990 in lieu of Form 1041- Check here		_ [
JL	and enter the amount of tax-exempt interest received or accrued during the tax year 92	N/	Α _	
42304 01-13-	1			(2004)

Part V	/II Analysis of Income	-Producing Ac	tivities	(See page 33 of the instri	uctions.)		
Note. Er	nter gross amounts unless othe	rwise		ted business income	Exclud	ded by section 512, 513, or 514	(E)
ındıcate	ed .		(A)	(B)	(C)	(D)	Related or exempt
03 Proc	gram service revenue		Business code	Amount	Exclu- sion	Amount	function income
-	ONVENTION TICKET	י כאד דיכי 🖯			code		
. —	ONVENTION TICKET	SALLED					48,761.
ь					_}}		
C							
d					_ _		
e							
f Med	licare/Medicaid payments						
	s and contracts from government ag	gencies					
•	nbership dues and assessments	-					
	·	, investments			14	2 006	
	rest on savings and temporary cash	- Investments			14	2,986.	
	dends and interest from securities	<u> </u>				-	
	rental income or (loss) from real es	state:					
a debt	t-financed property	_					
b not (debt-financed property						
98 Net	rental income or (loss) from persor	nal property					
99 Othe	er investment income						
100 Gain	or (loss) from sales of assets				1	· · —	
	er than inventory						
	income or (loss) from special event						
					-	-	1 (00
	ss profit or (loss) from sales of inve	entory					1,689.
	er revenue:						
a <u>O'</u>	THER						1,217.
b							
d							
e			_				
•				1			
	total (add columns (B), (D), and (E)))		0	1 1	2.986.	51.667.
104 Sub	total (add columns (B), (D), and (E)	· -		0	•	2,986.	51,667. 54,653
104 Sub 105 Tota	ıl (add line 104, columns (B), (D), a	ınd (E))	nt on line 1			2,986. ▶	51,667. 54,653.
104 Subi 105 Tota Note: Lin	ıl (add line 104, columns (B), (D), a ne 105 plus line 1d, Part I, shoul	und (E)) Id equal the amoun		2, Part I		▶.	54,653.
104 Sub 105 Tota Note: Lin	al (add line 104, columns (B), (D), a ne 105 plus line 1d, Part I, shoul 	and (E)) Id equal the amoun ivities to the A	ccomp	2, Part I lishment of Exem	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin Part V	al (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should replace the second replace the	ind (E)) Id equal the amoun ivities to the A hich income is reporte	Accomp ed in colum	2, Part I lishment of Exem n (E) of Part VII contribut	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin	al (add line 104, columns (B), (D), a line 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for what exempt purposes (other than by	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum	2, Part I lishment of Exem n (E) of Part VII contribut	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin Part V	al (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should replace the second replace the	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum	2, Part I lishment of Exem n (E) of Part VII contribut	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin Part V	al (add line 104, columns (B), (D), a line 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for what exempt purposes (other than by	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum	2, Part I lishment of Exem n (E) of Part VII contribut	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin Part V	al (add line 104, columns (B), (D), a line 105 plus line 1d, Part I, should Relationship of Act Explain how each activity for what exempt purposes (other than by	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum	2, Part I lishment of Exem n (E) of Part VII contribut	pt Pur	poses (See page 34 of the	54,653.
104 Sub 105 Tota Note: Lin Part V	Il (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should report III Relationship of Act Explain how each activity for whe exempt purposes (other than by SEE STATEMENT	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum such purpo	2, Part I lishment of Exem In (E) of Part VII contribut oses).	ed import	poses (See page 34 of the antly to the accomplishment of	54,653. Instructions.) of the organization's
104 Sub 105 Tota Note: Lin Part V	Il (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should report III Relationship of Act Explain how each activity for whe exempt purposes (other than by SEE STATEMENT	ind (E)) Id equal the amoun ivities to the A hich income is reporte y providing funds for	Accomp ed in colum such purpo	2, Part I lishment of Exem In (E) of Part VII contribut oses).	ed import	poses (See page 34 of the	54,653. Instructions.) of the organization's
104 Sub 105 Tota Note: Lin Part V Line No	Il (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should receive the Relationship of Act Explain how each activity for whe exempt purposes (other than by SEE STATEMENT ACT SEE SE STATEMENT ACT SEE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SE SE STATEMENT ACT SE	ind (E)) Id equal the amountivities to the A hich income is reporte y providing funds for C 6	Accomp ed in colum such purpo	2, Part I lishment of Exem In (E) of Part VII contribut Dises). ries and Disregar (C)	ed import	poses (See page 34 of the antity to the accomplishment of the acco	54,653. Instructions.) of the organization's instructions) (E)
104 Sub 105 Tota Note: Line Part V Line No Part IX Name,	Il (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should represent the second representation of the second representation of the second representation of the second representation r	ind (E)) Id equal the amountivities to the Antich income is reported by providing funds for C. 6 Ing Taxable Signal (B) Percentage of	Accomp ed in colum such purpo	2, Part I lishment of Exem In (E) of Part VII contribut ises).	ed import	poses (See page 34 of the antity to the accomplishment of the acco	54,653. Instructions.) of the organization's Instructions) (E) End-of-year
104 Sub 105 Tota Note: Line Part V Line No Part IX Name,	Il (add line 104, columns (B), (D), and the 105 plus line 1d, Part I, should receive the Relationship of Act Explain how each activity for whe exempt purposes (other than by SEE STATEMENT ACT SEE SE STATEMENT ACT SEE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SEE SE STATEMENT ACT SE SE STATEMENT ACT SE	ind (E)) Id equal the amountivities to the Antich income is reported by providing funds for B. 6 Imag Taxable Sign (B) Percentage of ownership interest	ed in colum such purpo ubsidiai	2, Part I lishment of Exem In (E) of Part VII contribut Dises). ries and Disregar (C)	ed import	poses (See page 34 of the antity to the accomplishment of the acco	54,653. Instructions.) of the organization's instructions) (E)
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Part X (a) Did Note If Please Sign	Il (add line 104, columns (B), (D), a line 105 plus line 1d, Part I, should line 105 plus line 1d, Part I, should line 1d Part I Part I, should line 1d Part I Par	ind (E)) Id equal the amount ivities to the A hich income is reported by providing funds for B Image Taxable Si Percentage of ownership interest when the secure any funds, directly any premiums, directly a form 4720 (see interest)	ubsidiar Associa ectly or indigen	2, Part I lishment of Exem In (E) of Part VII contribut Isses). ries and Disregar (C) Nature of activities atted with Personal Irrectly, to pay premiums of Itly, on a personal benefit (S) In all information of which prepsit	ded En al Bene on a perso contract?	poses (See page 34 of the antity to the accomplishment of antities (See page 34 of the (D) Total income Perit Contracts (See page 34 of the income and benefit contract?	instructions.) of the organization's instructions) (E) End-of-year assets e 34 of the instructions) Yes X No Yes X No
Part IX (a) Did (b) Did Note If Please Sign Here	Il (add line 104, columns (B), (D), a line 105 plus line 1d, Part I, should line 105 plus line 1d, Part I, should line 1d Part II. SEE STATEMENT X Information Regard (A) address, and EIN of corporation, thership, or disregarded entity N/A Information Regard line organization, during the year, if the organization, during the year, if the organization, during the year, if the organization, during the year, if "Yes" to (b), file Form 8870 and Under penalties of perior I declare the correct, and complete Peclaration of proceedings of the preparer's signature of officer Preparer's signature of officer	ling Taxable Signary premiums, direction any premiums, direction at I have examined this repeated for the any premium of the any premium of the any premium of the any premium of the arrest of the a	Associa ectly or indigent including	2, Part I lishment of Exem In (E) of Part VII contribut oses). ries and Disregar (C) Nature of activities atted with Personal arectly, to pay premiums of city, on a personal benefit s) In all information of which preparation of the prepara	ded En al Bene on a perso contract? Type or p	poses (See page 34 of the antity to the accomplishment of antities (See page 34 of the (D) Total income Pefit Contracts (See page page page page page page page pa	instructions.) of the organization's instructions) (E) End-of-year assets e 34 of the instructions) Yes X No Yes X No ge and belief, it is true.
Part X (a) Did (b) Did Note If Please Sign Here Paid Preparer's	Il (add line 104, columns (B), (D), a let 105 plus line 1d, Part I, should live 105 plus line 1d, should live 105 plus line 1d, should live 105 plus line 1d, should live 105 plus live 1d, should live 1d,	ling Taxable Si Williams Taxable Si Percentage of ownership interest Williams Transfers Williams Trans	Associa ectly or indirect instructions eturn, includir instructions eturn, includir instructions	2, Part I lishment of Exem In (E) of Part VII contributorses). ries and Disregar (C) Nature of activities atted with Personal rectly, to pay premiums of the companying schedules a linformation of which prepared in all information of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of the companying	ded En al Bene on a perso contract? Type or p	poses (See page 34 of the antity to the accomplishment of antities (See page 34 of the (D) Total income Perit Contracts (See page 34 of the income and benefit contract?	instructions.) of the organization's instructions) (E) End-of-year assets e 34 of the instructions) Yes X No Yes X No ge and belief, it is true.
Part IX (a) Did (b) Did Note If Please Sign Here	Il (add line 104, columns (B), (D), a let 105 plus line 1d, Part I, should live 105 plus line 1d, should live 105 plus line 1d, should live 105 plus line 1d, should live 105 plus live 1d, should live 1d,	ling Taxable Signary premiums, direction any premiums, direction at I have examined this repeated for the any premium of the any premium of the any premium of the any premium of the arrest of the a	Associa ectly or indirect instructions eturn, includir instructions eturn, includir instructions	2, Part I lishment of Exem In (E) of Part VII contributorses). ries and Disregar (C) Nature of activities atted with Personal rectly, to pay premiums of the companying schedules a linformation of which prepared in all information of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of which prepared in the companying schedules a linformation of the companying	ded En al Bene on a perso contract? Type or p	poses (See page 34 of the antity to the accomplishment of the acco	instructions.) of the organization's instructions) (E) End-of-year assets e 34 of the instructions) Yes X No Yes X No ge and belief, it is true.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2004

Name of the	organization	TATO	•		Employer identifi	
Part I	VOICE OF THE FAITHFUL, Compensation of the Five Highest Paid Em			icers Directo	02 06317	
	(See page 1 of the instructions. List each one If there are none, e			iocis, Directo	is, and mas	
	(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	er of other employees paid					
over \$50,00	0	>	0			
Part II	Compensation of the Five Highest Paid Ind (See page 2 of the instructions List each one (whether individual	-			al Services	
	(a) Name and address of each independent contractor paid mo	ore than	\$50,000	(b) Type of	service	(c) Compensation
<u>NONE</u> _						
						-
		- 				
		_				
	er of others receiving over	•	0			

Schedule A (Form 990 or 990-EZ) 2004	VOICE OF THE FAITHFUL, INC.	02-0631760	0 P	age 2
Part III Statements About	t Activities (See page 2 of the instructions)		Yes	No
	attempted to influence national, state, or local legislation, including any attempt to or referendum? If "Yes," enter the total expenses paid or incurred in connection wi			
lobbying activities > \$	\$ (Must equal amounts	s on line 38, Part VI-A,		
or line i of Part VI-B.)	504(1) (1) 5 5700 1 1 1 1 1 1 1 1 1	1		<u> X</u>
	inder section 501(h) by filing Form 5768 must complete Part VI-A. Other organizal attach a statement giving a detailed description of the lobbying activities.	tions checking		
	, either directly or indirectly, engaged in any of the following acts with any substan	itial contributors		
	key employees, or members of their families, or with any taxable organization with			
person is affiliated as an officer, direc	tor, trustee, majority owner, or principal beneficiary? (If the answer to any ques	stion is "Yes,"		
attach a detailed statement expla	-			
a Sale, exchange, or leasing of property	p ^o	_ <u>2a</u>		<u>X</u>
b Lending of money or other extension	of credit?	2b		X
c Furnishing of goods, services, or faci	lities?	2c		X
d Payment of compensation (or payme	nt or reimbursement of expenses if more than \$1,000)?	2d		Х
	, , , , , , , , , , , , , , , , , , , ,	==		
e Transfer of any part of its income or a	ussets?			X
3 a Do you make grants for scholarships, you determine that recipients qualify	, fellowships, student loans, etc.? (If "Yes," attach an explanation of how	3a		Х
b Do you have a section 403(b) annuity		3b		X
	nt for participating donors where donors have the right to provide advice			
on the use or distribution of funds?	ht management, credit ranger, or debt pagetiation convene?	4a		_ <u>X</u> X
	ot management, credit repair, or debt negotiation services? Private Foundation Status (See pages 3 through 6 of the instructions.	4b		
A hospital or a cooperative A Federal, state, or local g A medical research organiand state An organization operated (Also complete the Suppo	1)(A)(II). (Also complete Part V.) e hospital service organization. Section 170(b)(1)(A)(III). overnment or governmental unit Section 170(b)(1)(A)(V). ization operated in conjunction with a hospital. Section 170(b)(1)(A)(III) Enter the for the benefit of a college or university owned or operated by a governmental unit or tSchedule in Part IV-A.) nally receives a substantial part of its support from a governmental unit or from the (Also complete the Support Schedule in Part IV-A.)	t Section 170(b)(1)(A)(iv).		
	on 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
	ially receives. (1) more than 33 1/3% of its support from contributions, members			
	ated to its charitable, etc., functions - subject to certain exceptions, and (2) no mo restment income and unrelated business taxable income (less section 511 tax) froi			
	lune 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in P	•		
	t controlled by any disqualified persons (other than foundation managers) and sup ove; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).	· · · · · · · · · · · · · · · · · · ·		
	e the following information about the supported organizations (See page 5 of the i			
	(a) Name(s) of supported organization(s)	(b) Line fro	e num om abo	
	and operated to test for public safety. Section 509(a)(4). (See page 5 of the instru	uctions.)		
423111 12-03-04		Schedule A (Form 990 or 9	90-EZ) 20

	dule A (Form 990 or 990-EZ) 2004 Vort IV-A Support Schedule (Co	omplete only if you che	cked a box on line 10	INC • 11, or 12) Use cash	method of acc	ountine	0631760 Page 3 a.
L	Note: You may use the	worksheet in the instri	uctions for converting	from the accrual to the	e cash method	of acco	unting
	ning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	622,445.	698,711.				1,321,156.
_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	19,306.	140,315.			; ;	159,621.
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	2 500					
19	organization after June 30, 1975 Net income from unrelated business	3,502.	2,102.				5,604.
19	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	645,253.	841,128.	0.		0.	1,486,381.
24	Line 23 minus line 17	625,947.	700,813.				1,326,760.
25	Enter 1% of line 23	6,453.	8,411.				/-
26	Organizations described on lines 10 Prepare a list for your records to sho					26a	N/A
b	unit or publicly supported organization		• •	,			
	Do not file this list with your return.	· ·	-	ica the amount shown in	iiie 20a.	26b	N/A
С	Total support for section 509(a)(1) to				>	26c	N/A
d	Add: Amounts from column (e) for li		19				
		22	26b		▶	26d	N/A
е	Public support (line 26c minus line 2	•			•	26e	N/A
f	Public support percentage (line 26e				>	26f	N/A %
27	Organizations described on line 12: records to show the name of, and tot such amounts for each year.						<u>=</u>
	•	• (2002)	0. (20	001)	0. (20	00)	0.
b	_		•	•	•	,	
	and amount received for each year, to described in lines 5 through 11, as we the larger amount described in (1) or	vell as individuals.) Do not	file this list with your re	turn After computing the	e difference betwe		=
	_	• (2002)	0. (20		0. (20	00)	0.
C	Add. Amounts from column (e) for li		1,321,156.			1 1	
			11075 4441	21		27c	1,480,777.
d	Add: Line 27a total		l line 27b total		<u>0.</u>	27d	1 480 777
e •	Public support (line 27c total minus l Total support for section 509(a)(2) to		23. column (e)	► 27f 1,	486,381	27e	1,480,777.
'n	Public support percentage (line				±00,001	27g	99.6230%
L	Investment income percentage					27h	3770%

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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 include these grants in line 15.

NONE

NONE

Schedule A (Form 990 or 990-EZ) 2004

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

If you answered "Yes" to either 34a or b, please explain using an attached statement.

1975-2 C B. 587, covering racial nondiscrimination? If "No," attach an explanation

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	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			į
	to all parts of the general community it serves?	31		l .
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		
32	Does the organization maintain the following:			
а	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		ļ
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			l
	admissions, programs, and scholarships?	32c		
d		32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)	_		
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b		34b		

Schedule A (Form 990 or 990-EZ) 2004

35

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

N.T	7	70.
N	/	А

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

_		(an ongloto organization that filed form	0.00,				
<u>Ch</u>	eck 🕨 a	if the organization belon	gs to an affiliated group. Ch	neck 🕨 I	<u>. </u>	ıf you ch	ecked "a" and "limited cont	rol" provisions apply.
			Lobbying Expenditures tures' means amounts paid or incurred.))			(a) Affiliated group totals	(b) To be completed for ALL electing organizations
							N/A	
36	Total lobb	ying expenditures to influence	public opinion (grassroots lobbying)			36		
37		=	a legislative body (direct lobbying)			37		
38	Total lobb	oying expenditures (add lines 3	6 and 37)			38		
39	Other exe	mpt purpose expenditures				_39		
40	Total exe	mpt purpose expenditures (add	lines 38 and 39)			40		
41	Lobbying	nontaxable amount. Enter the	amount from the following table -					
	If the am	ount on line 40 is -	The lobbying nontaxable amount	is -				
	Not over \$5	000,000	20% of the amount on line 40			۱ ا		
	Over \$500,	000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$5	500,000				
	Over \$1,00	0,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$	1,000,000		41		
	Over \$1,50	0,000 but not over \$17 000,000	\$225,000 plus 5% of the excess over \$1,	,500,000				
	Over \$17,0	000,000	\$1,000,000			/		
42	Grassroo	ts 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 eit	her line 43 or line 44, you must file l	Form 472	0			

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.)

		N/A			
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures			·		

Part VI_R	Lobbying Activity by Nonelecting Public Cha	ritios
rail vi-o	+ Lobbying Activity by Monetecting Public Cha	mues

(For reporting only b	y organizations	that did not complete Part VI-A)	(See page 11 c	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:

- 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
- Total lobbying expenditures (Add lines c through h)
 - If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

No	Amount
	· · · · · · · · · · · · · · · · · · ·
_	0.
	No

423141 11-24-04

Schedule A (Form 990 or 990-EZ) 200 Part VII Information Re	4 VOICE OF THE F	AITHFUL, INC nd Transactions an	. 02-0 d Relationships With Noncha	0631760 Page 6
51 Did the reporting organization of 501(c) of the Code (other than a Transfers from the reporting or (i) Cash (ii) Other assets b Other transactions.	section 501(c)(3) organizations) o ganization to a noncharitable exem	of the following with any other in section 527, relating to proper organization of:	er organization described in section political organizations?	Yes No 51a(i) X a(ii) X
(ii) Purchases of assets from (iii) Rental of facilities, equipm (iv) Reimbursement arrangem (v) Loans or loan guarantees (vi) Performance of services o c Sharing of facilities, equipment d If the answer to any of the above	ents r membership or fundraising solici , mailing lists, other assets, or paid /e is "Yes," complete the following s	tations f employees schedule. Column (b) should	always show the fair market value of the d less than fair market value in any	b(i) X b(ii) X b(iii) X b(iii) X b(iv) X b(v) X b(vi) X c X
	ment, show in column (d) the value (c) Name of noncharitable	of the goods, other assets, o		N/A
Code (other than section 501(o	(3)) or in section 527?	o, one or more tax-exempt or	ganizations described in section 501(c) of th	e X Yes □ No
b If "Yes," complete the following (a Name of or	1)	(b) Type of organization	(c) Description of relation	nship
SEE ATTACHED SCHE AFFILIATES	EDULE OF	RELIGIOUS	PARISH VOICE AFFILI	ATES

423151 11-24-04

FORM 990	INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	S	TATEMENT 1
INCOME			
1. GROSS RECEIPTS . 2. RETURNS AND ALLOW 3. LINE 1 LESS LINE	ANCES	2,647	2,647
	D (LINE 13) E 3 LESS LINE 4)	958 =	1,689
7. MERCHANDISE PURCH 8. COST OF LABOR . 9. MATERIALS AND SUP 10. OTHER COSTS		958	050
11. ADD LINES 6 THROU 12. INVENTORY AT END 13. COST OF GOODS SOL		0	958

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

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	CASH GRANT	S AND ALLOCATIONS	STA.	rement 3
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SURVIVOR SUPPORT	SURVIVORS' NETWORK OF THOSE ABUSED	PO BOX 6416, CHICAGO, IL 60680	NONE	3,619.
CLERGY SUPPORT	NATIONAL RELIGIOUS RETIREMENT	3211 FOURTH STREET NE, WASHINGTON, DC 20017	NONE	2,494.
RELIGIOUS MINISTRY	CATHOLIC CHARITIES HAITIAN CENTER	75 KNEELAND STREET, BOSTON, MA 02111	NONE	2,494.
LOCAL PARISH SUPPORT	ST. IGNATIUS OF LOYOLA	28 COMMONWEALTH AVENUE, NEWTON, MA 02467	NONE	300.
LOCAL PARISH SUPPORT	ST. JOHN THE EVANGELIST	9 GLEN ROAD, WELLESLEY, MA 02481	NONE	300.
LOCAL PARISH SUPPORT	OUR LADY'S HELP OF CHRISTIANS	573 WASHINGTON STREET, NEWTON, MA 02458	NONE	300.
CIVIC ORGANIZATION	NEWTON FIREFIGHTERS ASSOCIATION	PO BOX 600384, NEWTONVILLE, MA 02460	NONE	75.
TOTAL INCLUDED	ON FORM 990, PART I	I, LINE 22		9,582.

FORM 990 O	THER LIABILITIES		STATI	EMENT	4
DESCRIPTION			Al	MOUNT	
ACCRUED EXPENSES AND OTHER LIA	BILITIES			37,7	79.
TOTAL TO FORM 990, PART IV, LI	NE 65, COLUMN B			37,779	
	T OF OFFICERS, DIRE S AND KEY EMPLOYEES		STAT	EMENT	5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	• •	EMPLOYEE BEN PLAN CONTRIB		
DAVID CASTALDI 11 BELLINGHAM ROAD CHESTNUT HILL, MA 02467	CHAIRPERSON/TR	USTEE 0.	0.		0.
JAMES E. MULLER, MD 29 STUDIO ROAD AUBURNDALE, MA 02466	CHAIR EMERITUS 20	/TRUSTEE 0.	0.		0.
JAMES POST 40 AUDUBON ROAD WELLESLEY, MA 02481	PRESIDENT/TRUS 20	TEE 0.	0.		0.
RAY JOYCE 1191 CHESTNUT STREET NEWTON, MA 02464	EXEC DIR (BEGA 40+	N 5/05)	0.		0.
STEVEN KRUEGER 40 PRINCE STREET JAMAICA PLAIN, MA 02130	EXEC DIR (THRU 40+	7 9/04) 36,000.	0.		0.
KRISTINE WARD 2110 FAR HILLS AVENUE DAYTON, OH 45419	VICE PRESIDENT 20	0.	0.		0.
JULIE RAFFERTY 36 COUNTRY ROAD CHESTNUT HILL, MA 02467	TREASURER 20	0.	0.		0.
GAILE POHLHAUS 341 DEVON AVENUE WAYNE, PA 19087	SECRETARY 20	0.	0.		0.

MARY SCANLON CALCATERRA	— TRUSTEE			
23 ARLINGTON ROAD WELLESLEY, MA 02481	10	0.	0.	0.
SVEA FRASER	TRUSTEE		_	•
4 STEARNS ROAD WELLESLEY, MA 02482	10	0.	0.	0.
MARY ANN KEYES	TRUSTEE		_	•
94 ABBOT ROAD WELLESLEY, MA 02482	40+	32,000.	0.	0.
MAURA O'BRIEN	TRUSTEE			
60 RADCLIFF ROAD WELLESLEY, MA 02482	10	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V	68,000.	0.	0.
	RELATIONSHIP OF ACT		STATEME	NT 6

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.
- THE ORGANIZATION HELD A CONFERENCE ENTITLED "IT'S NOT HISTORY IT'S TIME FOR RENEWAL" ON NOVEMBER 13, 2004 IN WORCESTER, MASSACHUSETTS. THE CONFERENCE BROUGHT MEMBERS OF VOICE OF THE FAITHFUL AND OTHER AREA CATHOLICS TOGETHER TO CONSIDER THE CURRENT CONDITION OF THE CHURCH AND WAYS THAT CATHOLICS MIGHT HELP TO RESTORE TRUST AND FAITH IN THE CATHOLIC CHURCH IN THE UNITED STATES.

Form **8868**

(Rev December 2004)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

mitorna	The a separate application for each return	
• If y	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box ou are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this for complete Part II unless you have already been granted an automatic 3-month extension on a previously file.	
Par		
	990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only	▶ □
All otl	ner corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file incon is Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 10	ne tax
Elect below exten	ronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional sion, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the www.irs gov/efile.	to file one of the returns noted
Туре	or Name of Exempt Organization	Employer identification number
print	VOICE OF THE FAITHFUL, INC.	02 0621760
File by due dat	Number street and room or suite no. If a D.O. boy and meta-street	02-0631760
filing yo	1191 CHESTNUT STREET	
instruct		
Chec	k type of return to be filed (file a separate application for each return):	
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	227
	e books are in the care of PRAY JOYCE, EXECUTIVE DIRECTOR	
	lephone No ► 617-558-5252 FAX No ►	
		is is for the whole group, check this members the extension will cover
1	I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until	TUARY 17, 2006 's return for.
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	\$
	tan paymente made, moides any prior your everpayment anomed as a creat	y
С	Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	FTD \$ N/A
Caut	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-EO for payment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see instructions.	Form 8868 (Rev. 12-2004)

	8 (Rev. 12-2004)					
If you	• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box					
•	nly complete Part II if you have already been granted an automatic 3-month extension on a p					
	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	a violati, maa i anni aaaa.				
Part II		Original and One Copy.				
Type or	Name of Exempt Organization	Employer identification number				
print.	VOICE OF THE FAITHFUL, INC.	02-0631760				
File by the extended due date for	Number, street, and room or suite no If a P.O. box, see instructions.	For IRS use only				
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
Oh a ale to	pe of return to be filed (File a separate application for each return):					
X Fo		n 1041∙A				
		n 4720 Form 6069				
STOP: D	o not complete Part II if you were not already granted an automatic 3-month extension	on a previously filed Form 8868.				
• The b	ooks are in the care of ► RAY JOYCE, EXECUTIVE DIRECTOR					
	hone No. ► 617-558-5252 FAX No. ►					
-	organization does not have an office or place of business in the United States, check this bo	ox D				
	is for a Group Return , enter the organization's four digit Group Exemption Number (GEN)					
box ▶		nd EINs of all members the extension is for.				
	equest an additional 3-month extension of time until APRIL 17, 2006	TO ENTS OF AIR METIDERS THE EXTENSION IS TOT.				
		nd ending MAY 31, 2005				
	,					
		l return				
	ate in detail why you need the extension	CCUDAME DEMUNI TO NOT				
	HE INFORMATION NEEDED TO FILE A COMPLETE AND A	CCURATE RETURN IS NOT				
<u>Y</u> .	ET AVAILABLE.					
	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less nrefundable credits. See instructions	s any				
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Voice of the Faithful, Inc Property & Equipment May 31, 2005

NBV	Balance at 5/31/05	2,193	24,406	26,599	Form 990, Part IV, line 55c
TION	Balance at 5/31/05	(841)	(19,470)	(20,311)	Form 990, Part IV, line 55b
) E P R E C I A	Dısposals			0	P P &
ACCUMULATED DEPRECIATION	Deprectation Expense	(434)	(6,859)	(10,293)	
ACCUM	Balance at Depreciation 5/31/04 Expense	(407)	(9,611)	(10,018)	
	Balance at 5/31/05	3,034	43,876	46,910	Form 990, Part IV, line 55a
⊢	Dısposals			0	. 9. 8.
COST	Additions		7,135	7,135	
	Balance at 5/31/04	3,034	36,741	39,775	
		Furniture & Fixtures	Computers/Software		

VOICE OF THE FAITHFUL, INC. Form 990, Schedule A, line 52 b For the year ended May 31, 2005

State	City	Affiliate
ΑZ	Sedona	St John Vianney Sedona Affiliate
ΑZ	Tempe	Central AZ VOTF
ΑZ	Tucson	VOTF-Tucson
CA	Oak Park	Anchorhold VOTF
CA	Long Beach	Southern Los Angeles Area VOTF
CA	Santa Barbara	Greater Santa Barbara VOTF
CA	Orange County	Orange County Voice of the Faithful
CA	Daly City	Daly City VOTF
CA	Marin	VOTF Marin
CA	Oakland	VOTF East Bay
CA	San Francisco	St Teresa VOTF
CA	San Francisco	Most Holy Redeemer
CA	Sacramento	Greater Sacramento Area VOTF
CA	San Mateo	San Mateo County VOTF
CA	Santa Rosa	North Bay VOTF
co	Denver	Concerned Cath of CO - Affiliate VOTF
CT	Danbury	Western Connecticut VOTF
CT	Norwalk	VOTF in the Diocese of Bridgeport
CT	Bristol	Greater Bristol VOTF
CT	Manchester	St Bridget
СТ	Simsbury	Farmington Valley
CT	West Hartford	Greater West Hartford VOTF
CT	Niantic	VOTF of Eastern Connecticut
DE	Bethany Beach	Coastal Delmarva VOTF
DE	Newark	VOTF Affiliate of New Castle County
FL	Ormond Beach	Volusia County Regional VOTF
FL	Palm Beach	Palm Beach County VOTF
FL	Sun City Center	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
JL.	Arlington Heights	Arlington Heights Area VOTF
IL	Chicago	Chicago West VOTF
IL_	Winnetka	VOTF - North Suburban Chicago
IL	Barrington	VOTF Northwest-Suburbs
IL	Joliet	Joliet VOTF
ĪL	Bloomington	Diocese of Peoria VOTF
IL	Rockford	Rockford Diocese Affiliate of VOTF
IN	Indianapolis	VOTF Indiana Voice
KS	Archdiocese of Kansas City	Greater Kansas City VOTF (see KC MO)
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
MD	Bowie	VOTF of Greater Bowie
	1-0.00	1.0

Main	MD	Relay	Greater Baltimore VOTF
DC Washington, DC Holy Trinty VÖTF MA Amesbury Seacoast Affiliate MA Concord Concord Area VOTF MA Westford West-Chelimsford Area PV MA Belmont People of the Promise MA Debrough of Promise MA Nethorn Nethorn MA Natok Natok Parish Voices MA Newton St. Bernard MA Newton Our Lady Help of Christian MA Newton Our Lady Help of Christian MA Washinam St. Zepherin MA Washinam St. Zepherin MA Welseley West Suburban Parish Voice MA Bridgewater Concerned Catholics of Bridgewater <	MD		VOTF of Montgomery County
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MO Columbia VOTF Mid-Missouri	MN	Winona	
MO Columbia VOTF Mid-Missouri	MO	Kansas City	
MO St Louis St Vincent de Paul VOTF	MO		
	MO	St Louis	St Vincent de Paul VOTF

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MŌ	St Louis	Voice of the Faithful St. Louis
NC	DIOCESE OF CHARLOTTE	VOTF Charlotte Voice
NH	Milford	St Patrick
NH	Nashua	Nashua VOTF
NJ	Somerset	VOTF Metuchen Diocese at St. Matthias
NJ	North Jersey	North Jersey VOTF
NJ	Union County (Newark Dioces	
NY	NYC	VOTF New York City
NY	Larchmont	VOTF of Southern Westchester
NY	Ossining	St. Ann
NY	Brooklyn	Downtown Brooklyn VOTF
NY	Rockaway:Beach	Rockaway VOTF
NY	Rochester	Rochester Area VOTF
NY	Babylon :	St Joseph/Our Lady of Grace
NY	Farmingdale	St. Kilians
NY	Hauppauge	St Thomas More
NY	Holbrook	Good Shepherd
NY	Huntington Station	St. Hugh of Lincoln
NY	King's Park	St Joseph and St Patrick
NY	Massapequa	St Rose of Lima
NY	Massepequa	Southeast Nassau Cluster
NY	Medford	South Central Suffolk Cluster
NY	Melville	St. Elizabeth of Hungary
NY	North Fork	North Fork Cluster
NY	Point Lookout	Seaside Cluster
NY	Port Jefferson	North Shore Suffolk Cluster
NY	Seaford	St James
NY	Sound Beach	North West Nassau Cluster
NY ,	South: Fork	South-Fork Cluster
NY	West Islip	Our Lady of Lourdes
NY	Wyandanch	Our Lady of the Miraculous Medal Parish Voice
NY	Cortland	VOTF-Cortland
NY	Syracuse	VOTF - Syracuse Area
NY	Utica	Mohawk Valley VOTF
OH	Cincinnati	VOTF Nativity
OH OH	Cincinnati	Bellarmine Chapel Parish Voice
OH OH	Englewood	St Paul Parish VOTF
OH OH	Dayton	Dayton VOTF
OH OH	Cleveland	Cleveland/Akron Affiliate
ОН	Rocky River	St Christopher VOTF
ОН	Tulsa	VOTF-TULSA
OR OR	Portland	VOTF Western Oregon
PA	Philadelphia	Greater Philadelphia VOTF
RI	Jamestown	VOTFof Southern RI
RI		Greater Providence VOTF
	Providence Nashville	Nashville VOTF
TN TX		
	North Richland Hills	St John the Apostle
VA	Northern Virginia Metro Area	VOTF Northern Virginia
VA	Portsmouth	Region 3 VOTF Parish Voice
WA	Puget Sound	Washington VOTF
WA	Yakıma	Voice of the Faithful of Western Washington
WI	Milwaukee	VOTF Southeastern Wisconsin

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