

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2004Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)Open to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning **JUN 1, 2004** and ending **MAY 31, 2005****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
(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 ▶ **631,721.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	576,110.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 576,110. noncash \$)	1d	576,110.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	48,761.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4	2,986.			
	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					
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b	Less: cost or other basis and sales expenses	8a		8b		
	c	Gain or (loss) (attach schedule)	8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9a	Gross revenue (not including \$ reported on line 1a) of contributions	9a				
	b	Less: direct expenses of fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10a	Gross sales of inventory, less returns and allowances	10a	2,647.			
	b	Less: cost of goods sold	10b	958.			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	STMT 1	1,689.		
Net Assets	11	Other revenue (from Part VII, line 103)	11	1,217.			
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	630,763.			
	13	Program services (from line 44, column (B))	13	423,660.			
	14	Management and general (from line 44, column (C))	14	131,255.			
	15	Fundraising (from line 44, column (D))	15	151,495.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	706,410.			
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-75,647.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	270,271.			
	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	194,624.				

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

Form 990 (2004)

SCANNED APR 07 2006

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 \$ <u>9,582.</u> noncash \$ _____)	22 9,582.	9,582.	STATEMENT 3	
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.
26	Other salaries and wages	26 248,795.	186,220.	33,872.	28,703.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29 20,050.	13,511.	4,422.	2,117.
30	Professional fundraising fees	30			
31	Accounting fees	31 10,100.		10,100.	
32	Legal fees	32 3,189.		3,189.	
33	Supplies	33 6,595.	4,444.	1,455.	696.
34	Telephone	34 24,243.	15,400.	8,230.	613.
35	Postage and shipping	35 96,043.	4,903.	1,605.	89,535.
36	Occupancy	36 40,192.	27,085.	8,863.	4,244.
37	Equipment rental and maintenance	37 510.	344.	112.	54.
38	Printing and publications	38 58,545.	49,841.		8,704.
39	Travel	39 6,577.	6,577.		
40	Conferences, conventions, and meetings	40 63,887.	50,030.	5,492.	8,365.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42 10,293.	6,936.	2,270.	1,087.
43	Other expenses not covered above (itemize):				
a	AMORTIZATION	43a 13,121.	8,842.	2,894.	1,385.
b	MARKETING	43b 2,569.	2,569.		
c	COMMUNICATIONS	43c 10,337.	7,832.	2,505.	
d	OFFICE EXPENSE	43d 2,743.		2,092.	651.
e	OTHER EXPENSE	43e 11,039.	3,704.	6,754.	581.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 706,410.	423,660.	131,255.	151,495.

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 \$ _____)	423,660.
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)		423,660.

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	10,856.	45	53,188.
	46 Savings and temporary cash investments	281,242.	46	184,531.
	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	6,348.	52	439.
	53 Prepaid expenses and deferred charges	6,279.	53	28,826.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> 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.	
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)	27,369.	58	14,248.	
59 Total assets (add lines 45 through 58) (must equal line 74)	361,851.	59	307,831.	
Liabilities	60 Accounts payable and accrued expenses	74,097.	60	75,428.
	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 4)	17,483.	65	37,779.
66 Total liabilities (add lines 60 through 65)	91,580.	66	113,207.	
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	265,271.	67	180,213.
	68 Temporarily restricted	5,000.	68	14,411.
	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)	270,271.	73	194,624.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	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 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		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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		X
b	If "Yes," enter the name of the organization <input type="checkbox"/> 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	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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	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? N/A	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
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? N/A	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? N/A	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 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 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 <input type="checkbox"/> 0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> 0.		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> MA		
b	Number of employees employed in the pay period that includes March 12, 2004	90b	5
91	The books are in care of <input type="checkbox"/> RAY JOYCE, EXECUTIVE DIRECTOR Telephone no <input type="checkbox"/> 617-558-5252		
	Located at <input type="checkbox"/> 1191 CHESTNUT STREET, NEWTON UPPER FALLS ZIP + 4 <input type="checkbox"/> 02464		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> 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 CONVENTION TICKET SALES					48,761.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,986.	
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					1,689.
103 Other revenue:					
a OTHER					1,217.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		2,986.	51,667.
105 Total (add line 104, columns (B), (D), and (E))					54,653.

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 6

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)

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Type or print name and title.	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		
423161 01-13-05	PARENT, MCLAUGHLIN & NANGLE 160 FEDERAL STREET, FL 6 BOSTON, MA 02110			Phone no 617-426-9440

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

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

(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

(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
NONE		
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.) 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.	1	X
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 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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 5 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) 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 organization after June 30, 1975	3,502.	2,102.			5,604.
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	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 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 2000 through 2003 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:					
(2003) 0. (2002) 0. (2001) 0. (2000) 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:					
(2003) 0. (2002) 0. (2001) 0. (2000) 0.					
c Add. Amounts from column (e) for lines: 15 1,321,156. 16 _____ 17 159,621. 20 _____ 21 _____					27c 1,480,777.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 1,480,777.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 1,486,381.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.6230%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .3770%
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 file this list with your return. Do not include these grants in line 15.					

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

N/A

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

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Schedule A (Form 990 or 990-EZ) 2004

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 -****The lobbying nontaxable amount is -**

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41**42** Grassroots nontaxable amount (enter 25% of line 41)**42****43** Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36**43****44** Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38**44****Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(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 11 of the instructions.)

N/A

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

Yes	No	Amount
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	0.

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

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

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?

- (i) Cash

	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

- (ii) Other assets

b Other transactions.

- (i) Sales or exchanges of assets with a noncharitable exempt organization

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees

- (vi) Performance of services or membership or fundraising solicitations**

- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶

▶ ☒ Yes ☐ No

- b** If "Yes," complete the following schedule:

[illegible]

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	2,647	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		2,647
4. COST OF GOODS SOLD (LINE 13)	958	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,689

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR		
7. MERCHANDISE PURCHASED	958	
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		958
12. INVENTORY AT END OF YEAR	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12)		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 GRANTS AND ALLOCATIONS STATEMENT 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 II, LINE 22				9,582.

FORM 990	OTHER LIABILITIES	STATEMENT	4
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DESCRIPTION	AMOUNT
ACCRUED EXPENSES AND OTHER LIABILITIES	37,779.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	37,779.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
----------	---	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID CASTALDI 11 BELLINGHAM ROAD CHESTNUT HILL, MA 02467	CHAIRPERSON/TRUSTEE 20	0.	0.	0.
JAMES E. MULLER, MD 29 STUDIO ROAD AUBURNDALE, MA 02466	CHAIR EMERITUS/TRUSTEE 20	0.	0.	0.
JAMES POST 40 AUDUBON ROAD WELLESLEY, MA 02481	PRESIDENT/TRUSTEE 20	0.	0.	0.
RAY JOYCE 1191 CHESTNUT STREET NEWTON, MA 02464	EXEC DIR (BEGAN 5/05) 40+	0.	0.	0.
STEVEN KRUEGER 40 PRINCE STREET JAMAICA PLAIN, MA 02130	EXEC DIR (THRU 9/04) 40+	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.

VOICE OF THE FAITHFUL, INC.

02-0631760

MARY SCANLON CALCATERRA 23 ARLINGTON ROAD WELLESLEY, MA 02481	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 40+	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		68,000.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 6
ACCOMPLISHMENT OF EXEMPT PURPOSES

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 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.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return

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

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization VOICE OF THE FAITHFUL, INC.	Employer identification number 02-0631760
	Number, street, and room or suite no. If a P O box, see instructions 1191 CHESTNUT STREET	
	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 |

- The books are in the care of ► **RAY JOYCE, EXECUTIVE DIRECTOR**
Telephone No ► **617-558-5252** FAX No ► _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **JANUARY 17, 2006** 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, 2004**, and ending **MAY 31, 2005**
- 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**

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

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

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

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

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

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

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.

- The books are in the care of **RAY JOYCE, EXECUTIVE DIRECTOR**
 Telephone No. **617-558-5252** FAX No. _____
- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **APRIL 17, 2006**.
- 5 For calendar year _____, or other tax year beginning **JUN 1, 2004** and ending **MAY 31, 2005**.
- 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 *Patricia J. Lewis* Title *CPA* Date *1/12/06*

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By _____ Date _____

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

Type or print	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)

Voice of the Faithful, Inc
Property & Equipment
May 31, 2005

FEIN 02-0631760

	COST			ACCUMULATED DEPRECIATION			NBV Balance at 5/31/05
	Balance at 5/31/04	Additions	Disposals	Balance at 5/31/04	Depreciation Expense	Disposals	
Furniture & Fixtures	3,034			(407)	(434)		2,193
Computers/Software	36,741	7,135		(9,611)	(9,859)		24,406
	39,775	7,135	0	(10,018)	(10,293)	0	26,599
							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, 2005

State	City	Affiliate
AZ	Sedona	St John Vianney Sedona Affiliate
AZ	Tempe	Central AZ VOTF
AZ	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
CT	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
IL	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
IL	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

MD	Relay	Greater Baltimore VOTF
MD	Gaithersburg/Rockville	VOTF of Montgomery County
DC	Washington, DC	Holy Trinity VOTF
MA	Amesbury	Seacoast Affiliate
MA	Concord	Concord Area VOTF
MA	Westford	West-Chelmsford Area PV
MA	Belmont	People of the Promise
MA	Chestnut Hill	St Ignatius
MA	Natick	Natick Parish Voices
MA	Needham	Needham Parish Voice
MA	Newton	St Bernard
MA	Newton	Our Lady Help of Christian
MA	Waltham	St Mary
MA	Wayland	St Zepherin
MA	Wellesley	West Suburban Parish Voice
MA	Bridgewater	Concerned Catholics of Bridgewater
MA	Brockton	Greater Brockton VOTF
MA	E Weymouth	Weymouth VOTF
MA	Sharon	Our Lady of Sorrows
MA	Norwood	VOTF Norwood
MA	Quincy	Quincy Cluster VOTF
MA	Scituate	The Scituate MA Affiliate
MA	Lynn	Lynn Area VOTF
MA	Marblehead, Nahant, Swamps	Tri-Parish Affiliate
MA	Reading	St. Agnes
MA	Topsfield	St Rose of Lima
MA	Winchester	Winchester Area VOTF
MA	Gloucester	Cape Ann VOTF
MA	Brookline	St Mary's of the Assumption
MA	Boston	Paulist Center VOTF
MA	Boston (Roxbury)	St Mary of the Angels
MA	Boston (Dorchester)	St. William
MA	Boston (West Roxbury)	Parkway VOTF
MA	Mattapoisett	South Coast Affiliate
MA	No Falmouth	VOTF Falmouth
MA	Worcester	Worcester Diocese VOTF
MA	Harvard	St Theresa
MA	Longmeadow	St Michael's VOTF
MA	Northampton	Northampton VOTF
ME	Augusta	MAINE VOTF
ME	Belfast	St. Francis of Assisi
ME	Ellsworth	St Joseph
ME	Saco	Northern York County VOTF
MI	Detroit	VOTF Archdiocese of Detroit
MI	Ada	VOTF of West Michigan
MI	Ann Arbor	VOTF of St Mary Student Parish, Ann Arbor MI
MI	Midland	Mid Michigan VOTF
MN	St Paul-Minneapolis	Twin Cities VOTF
MN	Winona	Winona VOTF
MO	Kansas City	Greater Kansas City VOTF (see KC KS)
MO	Columbia	VOTF Mid-Missouri
MO	St Louis	St Vincent de Paul VOTF

MO	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 Diocese)	VOTF Union County, NJ
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	Cincinnati	Bellarmino Chapel Parish Voice
OH	Englewood	St Paul Parish VOTF
OH	Dayton	Dayton VOTF
OH	Cleveland	Cleveland/Akron Affiliate
OH	Rocky River	St Christopher VOTF
OH	Tulsa	VOTF-TULSA
OR	Portland	VOTF Western Oregon
PA	Philadelphia	Greater Philadelphia VOTF
RI	Jamestown	VOTF of Southern RI
RI	Providence	Greater Providence VOTF
TN	Nashville	Nashville VOTF
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	Yakima	Voice of the Faithful of Western Washington
WI	Milwaukee	VOTF Southeastern Wisconsin

WI	Sheboygan	Sheboygan County VOTF
	INTERNATIONAL	
	Melbourne	Voice of the Faithful Melbourne
ZCAN	Prince George	VOTF Prince George
ZCAN	Sidney	Saanich Peninsula Parish VOTF
ZIRE	IRELAND	AREA COORDINATOR
ZNZ	NEW ZEALAND	AREA COORDINATOR