

# Return of Organization Exempt From Income Tax

**2000**

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

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2000 calendar year, OR tax year period beginning **JULY 1** 2000 and ending **JUNE 30** 2001

**B** Check if  
 Change of address  
 Change of name  
 Initial return  
 Final return  
 Amended return

**C** Name of organization  
**CENTER FOR WOMEN & ENTERPRISE, INC**  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
**1135 TREMONT STREET**  
 City or town State or Country ZIP code  
**BOSTON MASS 02120**

**D** Employer identification number  
**04-3256236**

**E** Telephone number  
**(617) 536-0700**

**F** Check  if application is pending

**G** Organization type (check only one)  501(c) ( **3** ) (insert no )  527 or  4947(a)(1)  
*Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990 or 990-EZ)*

**J** Accounting method  Cash  Accrual  Other (specify)

**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.

Note: H and I are not applicable to section 527 orgs.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes" enter number of affiliates **N/A**  
**H(c)** Are all affiliates included?  Yes  No  
 (If "No" attach a list. See inst.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Enter 4 digit group exemption number (GEN) **N/A**  
**L** Check the box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See Specific Instructions on page 16)

	<b>1</b> Contributions, gifts, grants, and similar amounts received			
	<b>a</b> Direct public support	<b>1a</b>	986,320	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <u>960,265</u> noncash \$ <u>26,055</u> )	<b>1d</b>	986,320	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	676,728	
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	10,987	
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>	0	
	<b>7</b> Other investment income (describe )	<b>7</b>		
	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	0 <b>8c</b>	0	0
	<b>9</b> Special events and activities (attach schedule)	<b>9a</b>	205,011	
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9b</b>	2,195	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9c</b>	202,816	
	<b>c</b> Net gain or (loss) from special events (subtract line 9b from line 9a)	<b>10a</b>		
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10b</b>		
	<b>b</b> Less cost of goods sold	<b>10c</b>	0	
	<b>a</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>11</b>	9,512	
	<b>11</b> Other revenue (from Part VII, line 103)	<b>12</b>	1,886,363	
	<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>13</b>	1,806,594	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>14</b>	362,057	
	<b>14</b> Management and general (from line 44, column (C))	<b>15</b>	183,913	
	<b>15</b> Fundraising (from line 44, column (D))	<b>16</b>		
	<b>16</b> Payments to affiliates (attach schedule)	<b>17</b>	2,352,564	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>18</b>	-466,201	
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>19</b>	987,079	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>20</b>	-747	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>21</b>	520,131	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			

JUL 23 2001

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**670**  
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**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. (See Specific Instructions on page 20)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	0			
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	1,032,510	839,309	116,284	76,917
27	Pension plan contributions	0			
28	Other employee benefits	56,264	46,698	5,628	3,938
29	Payroll taxes	90,644	75,149	8,880	6,615
30	Professional fundraising fees	0			
31	Accounting fees	11,925		11,925	
32	Legal fees	0			
33	Supplies	71,569	57,352	14,114	103
34	Telephone	34,553	31,998	1,916	639
35	Postage and shipping	25,370	23,851	1,085	434
36	Occupancy	160,664	149,628	8,162	2,874
37	Equipment rental and maintenance	21,254	19,551	1,216	487
38	Printing and publications	46,582	31,788	3,470	11,324
39	Travel	58,370	52,715	5,521	134
40	Conferences, conventions, and meetings	0			
41	Interest	6,425		6,425	
42	Depreciation, depletion, etc (attach schedule)	56,886	48,344	4,227	4,315
43	Other expenses (itemize) <b>a</b> Misc Exp	40,852	26,506	12,571	1,775
	<b>b</b> Consultants/Instructor Fees/Stipends/Outside Services	417,249	230,676	112,743	73,830
	<b>c</b> Event Costs	138,473	130,949	6,996	528
	<b>d</b> Marketing and Public Relations	38,690	35,960	2,730	
	<b>e</b> Uncollected Fees and Pledges	35,950	950	35,000	
	<b>f</b> Training and Development	8,334	5,170	3,164	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	2,352,564	1,806,594	362,057	183,913

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  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 \$ \_\_\_\_\_

<b>Part III Statement of Program Service Accomplishments</b> (See Specific Instructions on page 23)		Program Service Expenses
What is the organization's primary exempt purpose? <u>EDUCATION</u>		(Required for 501(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 Center for Women & Enterprise, Inc provides comprehensive programs and services to entrepreneurs in Massachusetts and Rhode Island. Through its offices in Boston and Worcester, MA and Providence, RI, CWE offers multi-week courses, workshops, seminars, one-on-one consulting and loan packaging.	1,806,594
b		
c		
d		
e	Other program services (attach schedule)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,806,594

**Part IV Balance Sheets**

(See Specific Instructions on page 23 )

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
<b>Assets</b>				
45	Cash - non-interest-bearing	30,725	45	27,416
46	Savings and temporary cash investments	436,387	46	25,255
47a	Accounts receivable	9,868		
b	Less allowance for doubtful accounts		47c	9,868
48a	Pledges receivable	221,665		
b	Less allowance for doubtful accounts	35,000	48c	186,665
49	Grants receivable	234,044	49	331,706
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts	0	51c	0
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	10,913	53	10,829
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments - land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)	0	55c	0
56	Investments - other (attach schedule)	0	56	0
57a	Land, buildings, and equipment basis	301,943		
b	Less accumulated depreciation (attach schedule)	141,627	57c	160,316
58	Other assets (describe)	25,361	58	54,062
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>	<b>1,074,638</b>	<b>59</b>	<b>806,117</b>
<b>Liabilities</b>				
60	Accounts payable and accrued expenses	87,559	60	146,890
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	39,096
65	Other liabilities (describe)	0	65	100,000
66	<b>Total liabilities (add lines 60 through 65)</b>	<b>87,559</b>	<b>66</b>	<b>285,986</b>
<b>Net Assets or Fund Balances</b>				
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	168,479	67	498,496
68	Temporarily restricted	818,600	68	21,635
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, bldg, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)</b>	<b>987,079</b>	<b>73</b>	<b>520,131</b>
74	<b>Total liabilities and net assets/fund balances (add lines 66 and 73)</b>	<b>1,074,638</b>	<b>74</b>	<b>806,117</b>

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 (See Specific Instructions on pages 26 )		N/A	Yes or No
76	Did the organization engage in any activity not previously reported to the Internal Revenue Service? If "Yes," attach a detailed description of each activity	76	NO
77	Were any changes made in the organizing or governing documents, but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	NO
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	NO
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	NO
80a	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	YES
b	If "Yes," enter the name of the organization <u>RENAISSANCE COMMUNITY FUND CORPORATION</u> and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	
b	Did the organization file Form 1120-POL for this year?	81b	NO
82a	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	YES
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 for reporting in Part III)	82b	130,240
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	YES
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	NO
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations (a) Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs - Enter (a) Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs - Enter (a) Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
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	NO
89a	501(c)(3) organizations - Enter Amount of tax paid during the year under section 4911 _____, section 4912 _____, section 4955 _____		
b	501(c)(3) and 501(c)(4) orgs 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	89	NO
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under section 4912, 4955 and 4958		
d	Enter Amount of tax in 89c, above, reimbursed by the organization		
90a	List the states with which a copy of this return is filed <u>MASSACHUSETTS AND RHODE ISLAND</u>		
b	Number of employees employed in the pay period that includes March 12, 2000 (See inst)	90b	18
91	The books are in care of <u>ANDREA SILBERT, CHIEF EXECUTIVE OFFICER</u> Telephone no <u>(617) 536-0700</u> Located at <u>1135 TREMONT ST, SUITE 480 BOSTON, MA</u> ZIP code <u>02120</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041-- Check here <input type="checkbox"/> enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities**

(See Specific Instructions on pages 30 )

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
<b>93</b> Program service revenue					
<b>a</b> Course Fees/Tuition Net of Subsidies					113,430
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					563,298
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	10,987	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income (loss) from real estate					
<b>a</b> debt financed property					
<b>b</b> not debt financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			1	307,546	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <u>Miscellaneous</u>					9,512
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add cols (B), (D), and (E))		0		318,533	686,240
<b>105</b> TOTAL (add line 104 columns (B), (D), and (E))					1,004,773

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 Specific Instructions on page 31 )

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a & g	Tuition and seminar fees are charged to participants to cover the cost of program curriculum course materials, which they keep, and to fund the cost of the instructors and consultants who provide direct services. The fee scale is very low and subsidized by private grants the U S Small Business Administration, and the Commonwealth of Massachusetts
103	Miscellaneous rebates and unclassified revenues, speaking fees etc

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(See Specific Instructions on page 31 )

(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
DOES	%			
NOT	%			
APPLY	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(See Specific Instructions on page 31 )

- (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)

including accompanying schedules and statements and to the best of my knowledge (other than officer) is based on all information of which preparer has any knowledge

5/14/02 SHEILA A MURPHY CHIEF OPERATING OFFICER

**SCHEDULE A**  
(Form 990 or 990-EZ)

**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

OMB No 1545-0047

**2000**

Supplementary Information - (See separate instructions )

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**CENTER FOR WOMEN & ENTERPRISE, INC**

Employer identification number  
**04-3256236**

**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
Jennifer Bennet Roxbury, MA	Development Dir /40	71,500	0	0
Carol Malysz Providence, RI	Dir - Providence/40	70,274	2,650	0
Tandeka Guilderson Jamaica Plain, MA	Director - Boston/40	76,101	1,325	0
Total number of other employees paid over \$50,000				

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

(See page 1 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
Denise Kulawik Arlington, MA	Fund Raising	75,095
Kelly Courtney Cambridge, MA	Program Consulting	54,642
Total number of others receiving over \$50,000 for professional services		

**Part III Statements About Activities**

	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 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		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4a Do you have a section 403(b) annuity plan for your employees?	X	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

**Part IV Reason for Non-Private Foundation Status**

(See pages 2 through 4 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, page 5)
- 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 below)
- 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	973,565	683,824	330,079	192,639	2,180,107
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	704,575	308,423	265,140	266,069	1,544,207
<b>18</b> 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	10,589	4,991	2,998	3,046	21,624
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.		386	3,439	493	4,318
<b>23</b> Total of lines 15 through 22	1,688,729	997,624	601,656	462,247	3,750,256
<b>24</b> Line 23 minus line 17	984,154	689,201	336,516	196,178	2,206,049
<b>25</b> Enter 1% of line 23	16,887	9,976	6,017	4,622	
<b>26 Organizations described in lines 10 or 11</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 44,121
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					<b>26b</b> 1,408,178
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 2,206,049
d Add: Amounts from column (e) for lines: 18 <u>21,624</u> 19 <u>0</u>					<b>26d</b> 1,434,120
22 <u>4,318</u> 26b <u>1,408,178</u>					<b>26e</b> 771,929
e Public support (line 26c minus line 26d total)					<b>26e</b> 771,929
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 34.99%
<b>27 Organizations described on line 12</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of all these differences (the excess amounts) for each year: (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 <u>0</u> 16 <u>0</u>					<b>27c</b> 0
17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					<b>27d</b> 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					<b>27e</b> 0
e Public support (line 27c minus line 27d total)					<b>27e</b> 0
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					<b>27f</b> 0
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> 0.00%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> 0.00%
<b>28 Unusual Grants</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing 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. (See page 5 of the instructions.)					

**Part V Private School Questionnaire**

(See page 5 of the instructions)

**(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 )		
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 )		
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 statement )		
34a 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(See page 7 of the instructions)

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

- Check here a  If the organization belongs to an affiliated group  
 Check here 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
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	0 0
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
41 Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
<b>The lobbying nontaxable amount is -</b>		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0

Caution If there is an amount on either line 43 or line 44, 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 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 by organizations that did not complete Part VI-A) (See page 9 of the instructions)

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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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



**Schedule B**  
(Form 990 or 990-EZ)

**Schedule of Contributors**

OMB No 1545-0047

**2000**

Department of the Treasury  
Internal Revenue Service

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

Name of organization  
CENTER FOR WOMEN & ENTERPRISE, INC

Employer identification number  
04-3256236

Organization type (check one)-Section  501(c)( 3 ) (enter number)  527 or  4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below )

Enter here the total gifts received during the year for a religious, charitable, etc , purpose S

**Note:** This form is generally not open to public inspection except for section 527 organizations

(HTA)

Schedule B (Form 990 or 990-EZ) (2000)

Name of organization  
CENTER FOR WOMEN & ENTERPRISE, INCEmployer identification number  
04-3256236**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ ..... 50,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ ..... 75,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ ..... 35,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ ..... 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ ..... 235,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
(a) No		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ ..... 100,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization  
**CENTER FOR WOMEN & ENTERPRISE, INC**

Employer identification number  
**04-3256236**

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....
_____	..... ..... ..... .....	\$ .....	..... / .....

Name of organization <b>CENTER FOR WOMEN &amp; ENTERPRISE, INC</b>	Employer identification number <b>04-3256236</b>
---	---

**Part III Section 501(c)(7), (8), or (10) orgs. that received more than \$1,000 in charitable gifts during the year-**

\* Enter the total gifts that were from contributors who gave \$1,000 or less during the year for a religious, charitable, etc., purpose (see instructions) \$ \_\_\_\_\_

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
..... ..... .....		..... ..... .....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
..... ..... .....		..... ..... .....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
..... ..... .....		..... ..... .....	
(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	..... ..... .....	..... ..... .....	..... ..... .....
(e) Transfer of gift			
Transferee's name, address, and zip code		Relationship of transferor to transferee	
..... ..... .....		..... ..... .....	

**CENTER FOR WOMEN ENTERPRISE, INC.**  
**EIN #04-3256236**  
**2000 FORM 990 SUPPLEMENT**  
**FOR FISCAL YEAR ENDED JUNE 30, 2001**

Schedule A, Page 3, Line 26 b:

	<u>Total</u> <u>Contributions</u>	<u>Amount on</u> <u>line 26a</u>	<u>Excess</u> <u>Amounts</u>
	\$ 272,500	\$ 44,121	\$ 228,379
	118,993	44,121	74,872
	72,500	44,121	28,379
	110,000	44,121	65,879
	45,000	44,121	879
	161,000	44,121	116,879
	150,000	44,121	105,879
	155,000	44,121	110,879
	85,000	44,121	40,879
	290,000	44,121	245,879
	75,000	44,121	30,879
	180,000	44,121	135,879
	150,000	44,121	105,879
	150,000	44,121	105,879
	55,000	44,121	10,879
Total	<u>\$ 2,069,993</u>	<u>\$ 661,815</u>	<u>\$ 1,408,178</u>

CENTER FOR WOMEN ENTERPRISE, INC.  
EIN #04-3256236  
2000 FORM 990 SUPPLEMENT  
FOR FISCAL YEAR ENDED JUNE 30, 2001

**NOT FOR PUBLIC INSPECTION**

Schedule B, Part I Contributors (cont ).

<u>No</u>	<u>Name, Address and Zip Code</u>	<u>Contributions</u>	<u>Type of Contribution</u>
7		\$ 25,000	Individual
8		25,000	Individual

**Line 58 (Form 990) - Other Assets**

		Beginning	End
1 DEPOSITS	1	19,461	19,461
2 CAPITALIZED SOFTWARE, NET OF AMORTIZATION	2		26,075
3 EMPLOYEE ADVANCES	3	500	
4 PREPAID HEALTH INSURANCE	4	5,033	7,752
5 MISCELLANEOUS RECEIVABLES	5	367	774
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other assets		25,361	54,062

**Line 65 (Form 990) - Other Liabilities**

		Beginning	End
1 LINE OF CREDIT	1		100,000
2	2		
3	3		
4	4		
5	5		
6	6		
7	7		
8	8		
9	9		
10	10		
11 Total other liabilities		0	100,000

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return

OMB No 1545-1709

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

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

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

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

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

<b>Type or print</b>	Name of Exempt Organization <b>CENTER FOR WOMEN &amp; ENTERPRISE, INC</b>	Employer identification number <b>04-3256236</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>1135 TREMONT STREET</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>BOSTON, MASS 02120</b>	

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

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

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

**1** I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/15/2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_  tax year beginning 7/1/2000 and ending 6/30/2001

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

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

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

**c** Balance Due Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0

### 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 *Arinda U. Smith CPA* Title CPA Date 11/14/2001  
 For Paperwork Reduction Act Notice, see Instruction (HTA) Form 8868 (12-2000)

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box   
**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 <b>CENTER FOR WOMEN &amp; ENTERPRISE, INC</b>	Employer identification number <b>04-3256236</b>
	Number street and room or suite no. If a P.O. box, see instructions <b>1135 TREMONT STREET</b>	For IRS use only
	City, town or post office state and ZIP code For a foreign address see instructions <b>BOSTON, MA 02120</b>	

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

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

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

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

- 4 I request an additional 3-month extension of time until 5/15/2002  
 5 For calendar year \_\_\_\_\_, or other tax year beginning 7/1/2000 and ending 6/30/2001  
 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 WE ARE AWAITING PERTINENT THIRD PARTY INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \_\_\_\_\_  
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \_\_\_\_\_  
 c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 0

**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 Randall Smith Title CPA Date 2/13/2002

**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 due date of the return for which an extension was requested  
 Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_  
 Director

**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 <b>LINDA M SMITH, CPA</b>
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>200 FRIBERG PARKWAY, SUITE #4001</b>
	City or town, province or state, and country (including postal or ZIP code) <b>WESTBORO, MA 01581</b>

**CENTER FOR WOMEN AND ENTERPRISE, INC.**  
**EIN #04-3256236**  
**2000 FORM 990 SUPPLEMENT**  
**FOR FISCAL YEAR ENDED JUNE 30, 2001**

**Part 1, Line 20 Other Changes in Net Assets**

Loss on Sale of Donated Stocks \$ (747)

**Part IV, Line 57, Property and Equipment:**

Property, equipment, furnishing and improvement purchases in excess of \$500 are capitalized at cost, if purchased, or if donated, at fair market value at the date of receipt. Expenditures for maintenance, repairs and renewals are charged to expense as incurred, whereas major betterments are capitalized as additions to property and equipment. Depreciation of property and equipment is computed using the straight-line method, and is charged against income over the estimated useful lives of the assets on a straight-line basis. Leasehold improvements are amortized over the term of the lease. The following is a fixed asset summary as of June 30, 2001 and 2000.

	<i>Est Life (Years)</i>	<i>Cost/ Basis</i>	<i>Accum Depreciation</i>	<i>Net Book Value</i>	<i>Prior Year</i>
Vehicle (Used)	3	\$ 3,555	\$ 593	\$ 2,962	\$ -
Leasehold Improvements	5	68,682	28,618	40,064	53,801
Equipment	5	194,173	95,437	98,736	68,264
Furnishings	5	<u>35,533</u>	<u>16,979</u>	<u>18,554</u>	<u>4,470</u>
Totals		<u>\$301,943</u>	<u>\$141,627</u>	<u>\$160,316</u>	<u>\$126,535</u>

**Intangible Assets.**

During FY 2001, CWE purchased and installed a comprehensive computerized database system. The cost of the software was \$31,500 and was capitalized. The software is being amortized over a 5-year period on a straight-line basis and is shown on the statement of financial position net of accumulated amortization.

**Part IV, Line 65 Line of Credit:**

CWE has a line of credit with Fleet Bank in the amount of \$200,000, of which amount, \$100,000 was outstanding as of June 30, 2001. The line of credit is secured by all business assets and is subject to fluctuating interest rates, which was 7.75% as of June 30, 2001. Unless renewed, the line of credit will expire on September 30, 2001.

In addition to the line of credit, CWE has a letter of credit arrangement with Fleet Bank in the amount of \$11,973.33. The letter of credit was obtained to secure the lease deposit for the Boston facility and matures on April 4, 2004.

**Part IV, Line 64 b Capital Lease Obligations:**

CWE acquired computer equipment in two capital lease/financing transactions with Fleet National Bank. The equipment cost was \$48,480 and is being financed pursuant to two lease arrangements payable over 36 months at various interest rates. As of June 30, 2001, the maturities on the capital lease obligation were as follows:

	June 30, 2002	\$13,505
	June 30, 2003	18,247
	June 30, 2004	<u>7,344</u>
Total		<u>\$39,096</u>

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