

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2002

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2002 calendar year, or tax year beginning

and ending

B Check if applicable

☐ Address change☐ Name change☐ Initial return☐ Final return☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

WALTHAM BATTERED WOMEN SUPPORT COMMITTEE, INC

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

Room/suite

P O BOX 540024

City or town

State or country

ZIP + 4

WALTHAM

MA

02454

D Employer identification number

04-2735449

E Telephone number

(781) 891-0724

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☐ if the organization is NOT required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Web site ▶ www.scbw.org

J ORGANIZATION TYPE (check only one) ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) OR ☐ 527K 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 ▶

652,338

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 215,570

b Indirect public support

1b

c Government contributions (grants)

1c 315,273

d TOTAL (add lines 1a through 1c) (cash \$ noncash \$)

1d 530,843

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 75,722

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 2,660

5 Dividends and interest from securities

5

6 a Gross rents

6a

b Less rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 0

7 Other investment income (describe ▶)

7

8 a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost of other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d 0

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

9a 36,240

b Less direct expenses other than fundraising expenses

9b 7,333

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c 28,907

10 a Gross sales of inventory, less returns and allowances

10a

b Less cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c 0

11 Other revenue (from Part VII, line 103)

11 6,873

12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 645,005

Expenses

13 Program services (from line 44, column (B))

13 477,004

14 Management and general (from line 44, column (C))

14 87,102

15 Fundraising (from line 44, column (D))

15 86,773

16 Payments to affiliates (attach schedule)

16

17 TOTAL EXPENSES (add lines 16 and 44, column (A))

17 650,879

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -5,874

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 315,042

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 309,168

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 \$ _____)	22	0		
23	Specific assistance to individuals (attach schedule)	23	0		
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc	25	0		
26	Other salaries and wages	26	393,881	295,424	49,321
27	Pension plan contributions	27	0		
28	Other employee benefits	28	25,551	19,165	3,199
29	Payroll taxes	29	38,516	28,889	4,822
30	Professional fundraising fees	30	0		
31	Accounting fees	31	12,275		12,275
32	Legal fees	32	0		
33	Supplies	33	25,279	24,524	610
34	Telephone	34	15,746	12,798	958
35	Postage and shipping	35	5,181	1,593	1,061
36	Occupancy	36	69,545	56,723	4,167
37	Equipment rental and maintenance	37	5,902	3,541	767
38	Printing and publications	38	2,179	103	209
39	Travel	39	3,739	3,232	147
40	Conferences, conventions, and meetings	40	11,710	8,047	2,503
41	Interest	41	0		
42	Depreciation, depletion, etc (attach schedule)	42	8,165	5,646	819
43	Other expenses not covered above (itemize) a <u>Staff/Volunteer f</u>	43a	3,279	2,049	1,230
b	Insurance	43b	5,633	3,196	1,926
c	Other Professional Fees	43c	18,100	8,237	2,363
d	Other Expenses - See Attached Schedule	43d	6,198	3,837	725
e		43e	0		
f		43f	0		
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	44	650,879	477,004	87,102

JOINT COSTS Check ☐ if you are following SOP 98-2Are 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 Accomplishments (See page 24 of the instructions)		Program Service Expenses Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts but optional for others
What is the organization's primary exempt purpose? BATTERED WOMEN SHELTER/COMM OUTREACH		
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 Waltham Battered Women Support Committee provides the following program services: Community Outreach and Training, Shelter, Hotline, Children's Services, Legal and other Advocacy and Support Services (See attached Detailed Program Descriptions)	
	(Grants and allocations \$ _____)	477,004
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)	477,004

Part IV Balance Sheets (See page 24 of the instructions)**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	78,925	45	29,293
	46 Savings and temporary cash investments	212,978	46	211,817
	47 a Accounts receivable	47a 53,589		
	b Less allowance for doubtful accounts	47b 0	11,634	47c 53,589
	48 a Pledges receivable	48a 0		
	b Less allowance for doubtful accounts	48b 0	0	48c 0
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a Other notes and loans receivable (attach schedule)	51a 0		
	b Less allowance for doubtful accounts	51b 0	0	51c 0
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	5,247	53	11,205
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a Investments - land, buildings, and equipment basis	55a 0		
	b Less accumulated depreciation (attach schedule)	55b 0	0	55c 0
56 Investments - other (attach schedule)		0	56 0	
57 a Land, buildings, and equipment basis	57a 84,597			
b Less accumulated depreciation (attach schedule)	57b 74,118	17,460	57c 10,479	
58 Other assets (describe <input type="checkbox"/> Security and Lease Deposits)	4,103	58	4,103	
59 TOTAL ASSETS (add lines 45 through 58) (must equal line 74)	330,347	59	320,486	
Liabilities	60 Accounts payable and accrued expenses	15,305	60	11,318
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe <input type="checkbox"/>)	0	65	0
66 TOTAL LIABILITIES (add lines 60 through 65)	15,305	66	11,318	
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	314,586	67	288,586
	68 Temporarily restricted	456	68	20,582
	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)	315,042	73	309,168
74 TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)	330,347	74	320,486	

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.

Yes	No
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Form **990** (2002)

Part VII Analysis of Income-Producing Activities (See page 31 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) Exclusion code	(D) Amount	
93 Program service revenue					
a Waltham Police Department					44,947
b Other Program Revenue					2,438
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					28,337
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,660	
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			01	28,907	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Miscellaneous					6,873
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		31,567	82,595
105 TOTAL (add line 104, columns (B), (D), and (E))					114,162

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 32 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)
93a	The Waltham Battered Women Support Committee, contracted with local police, government and civic organizations to provide training and consulting services for Victim Advocacy furtherance of its mission to stop violence against women
103	Miscellaneous revenue consists of refunds and other program related revenues

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 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
DOES NOT APPLY	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 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)

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, this return and the accompanying schedules and statements are true and correct. Other information furnished to the preparer (other than officer) is based on all information of which preparer has any knowledge.

Date

8/4/07

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

2002

Name of the organization

WALTHAM BATTERED WOMEN SUPPORT COMMITTEE, INC

Employer identification number

04-2735449

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				

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		

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 \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 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		
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	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See NOTE below.)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4		X

Note: 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.

Part IV Reason for Non-Private Foundation Status

(See pages 3 through 5 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.)
- 11 a ☒ 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.)
- 11 b ☐ 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	472,162	451,694	404,696	472,798	1,801,350
16 Membership fees received					0
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	36,128	70,114	160,093	15,942	282,277
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	8,063	11,147	7,483	5,657	32,350
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,423	89	997	384	2,893
23 Total of lines 15 through 22	517,776	533,044	573,269	494,781	2,118,870
24 Line 23 minus line 17	481,648	462,930	413,176	478,839	1,836,593
25 Enter 1% of line 23	5,178	5,330	5,733	4,948	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 36,732
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 1998 through 2001 exceeded the amount shown in line 26a. DO NOT FILE THIS LIST WITH YOUR RETURN. Enter the total of all these excess amounts.					26b 73,501
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 1,836,593
d Add: Amounts from column (e) for lines 18 <u>32,350</u> 19 <u>0</u> 22 <u>2,893</u> 26b <u>73,501</u>					26d 108,744
e Public support (line 26c minus line 26d total)					26e 1,727,849
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 94.08%
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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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: (2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add: Amounts from column (e) for lines 15 <u>0</u> 16 <u>0</u> 17 <u>0</u> 20 <u>0</u> 21 <u>0</u>					27c 0
d Add: Line 27a total <u>0</u> and line 27b total <u>0</u>					27d 0
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

- 29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing 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 separate statement)

- 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

	Yes	No
29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

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

(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
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
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0
41	Lobbying nontaxable amount Enter the amount from the following table -		
	If the amount on line 40 is -		
	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		
	The lobbying nontaxable amount is -		
	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
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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)

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

(See page 12 of the instructions)

a Transfers from the reporting organization to a noncharitable exempt organization of

(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.

	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

[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]

Line 47 (990) - Accounts receivable

		Accounts receivable			Allowance for doubtful accounts		
		Beginning		End	Beginning		End
1	Accounts Receivable	1	11,634	36,485			
2	Pledges and Contributions Receivable	2		17,104			
3		3					
4		4					
5		5					
6		6					
7		7					
8		8					
9		9					
10		10					
11	Total accounts receivable		11,634	53,589	0		0

Line 58 (990) - Other Assets

		Beginning	End
1	Security and Lease Deposits	4,103	4,103
2			
3			
4			
5			
6			
7			
8			
9			
10			
11	Total other assets	4,103	4,103

Form 990, Pg 2, Part II, Functional Expenses, Line 43d Other Expenses - Program		Total:	3,837
1	Subscriptions and Publications	1	630
2	Dues and Fees	2	2,977
3	Miscellaneous Expense	3	230
4		4	
5		5	

Form 990, Pg 2, Part II, Functional expenses, Line 43d, Other Expenses - Adminis		Total:	725
1	Subscriptions and Publications	1	79
2	Dues and Fees	2	220
3	Miscellaneous Expense	3	426
4	4	
5	5	

Form 990, Pg 2, Part II, Functional Expenses, Line 43d, Other Expenses - Fundrai		Total:	1,636
1	Subscriptions and Publications	1	254
2	Dues and Fees	2	400
3	Miscellaneous Expense	3	982
4	4	
5	5	

WALTHAM BATTERED WOMEN SUPPORT COMMITTEE, INC.

EIN # 04-2735449

2002 FORM 990 ATTACHMENT

FOR THE YEAR ENDED DECEMBER 31, 2002

Part IV, Page 4, Line 57 - Land, buildings, and equipment

Property and equipment are recorded at cost, if purchased and at fair market value if donated to the organization. Depreciation is recorded using the straight-line method. Equipment and furniture and fixtures are depreciated over a life of 3 - 7 years. The following summarizes property as of December 31, 2002.

	Basis	Accumulated Depreciation	31-Dec-02 Net Book Value	31-Dec-01 Net Book Value
Leasehold Improvements (Shelter)	\$22,290	\$22,055	\$235	\$1,386
Furniture and Fixtures (Shelter)	20,722	19,335	1,387	2,104
Office Furniture and Fixtures	41,585	32,728	8,857	13,970
	<u>\$84,597</u>	<u>\$74,118</u>	<u>\$10,479</u>	<u>\$17,460</u>

WALTHAM BATTERED WOMEN SUPPORT COMMITTEE
FORM 990 SUPPLEMENT
DECEMBER 31, 2000
EIN# 04-2735449

The Waltham Battered Women Support Committee, Inc. receives funding from the Commonwealth of Massachusetts, primarily through the Department of Social Services, to operate a shelter for battered women and their children and to provide other services, which include non-residential services, to these and other women and children in need

For purposes of financial reporting and as required by the Commonwealth of Massachusetts for governmental audit reporting, these contracts are accounted for as Program Service Revenues as part of the Commonwealth of Massachusetts' Purchase-of-Service system. However, for IRS purposes and proper tax reporting, these funds do not meet the definition of "program service revenue" in that the ultimate benefactor is the general public, and not the government. Therefore, for tax reporting purposes, the organization will report such revenues on Line 1c of form 990, page 1, "Government contributions (grants)". This treatment is consistent with the instructions per the IRS form 990 and will be disclosed annually as a reconciling item between the financial and contractual reporting and the organization's tax reporting.

Therefore, for purposes of the public support test, it is necessary to re-state the revenues as previously reported on Schedule A to reclassify the funding received from the Commonwealth of Massachusetts from Program Service Revenues, as previously reported on Line 2 of form 990 to reflect the retroactive change in the composition of revenues and to properly reflect the public support percentages.

Accordingly, the following adjustments have been made to the public support schedule, part IV-A, page 3

As Previously Reported.

	2001	2000	1999	1998	Total
Line 15	162,567	158,178	110,297	172,618	603,660
Line 17	345,723	363,630	454,492	316,122	1,479,967
Total	508,290	521,808	564,789	488,740	2,083,627

As Adjusted:

	2001	2000	1999	1998	Total
Line 15	162,567	158,178	110,297	172,618	603,660
Adjustment	309,595	293,516	294,399	300,180	1,197,690
Adj Line 15	472,162	451,694	404,696	472,798	1,801,350
Line 17	345,723	363,630	454,492	316,122	1,479,967
Adjustment	(309,595)	(293,516)	(294,399)	(300,180)	(1,197,690)
Adj Line 17	36,128	70,114	160,093	15,942	282,277
Total	508,290	521,808	564,789	488,740	2,083,627

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)

NOTE DO NOT COMPLETE PART II UNLESS YOU HAVE ALREADY BEEN GRANTED AN AUTOMATIC 3-MONTH EXTENSION ON A PREVIOUSLY FILED FORM 8868

PART I AUTOMATIC 3-MONTH EXTENSION OF TIME - Only submit original (no copies needed)

NOTE FORM 990-T CORPORATIONS requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

TYPE OR PRINT	Name of Exempt Organization	EMPLOYER IDENTIFICATION NUMBER
	WALTHAM BATTERED WOMEN SUPPORT COMMITTEE, INC	04-2735449
	Number, street, and room or suite no If a P O box, see instructions	
	P O BOX 540024	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	WALTHAM, MA 02454	

CHECK TYPE OF RETURN TO BE FILED (file a separate application for each return)

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

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

* If this is for a GROUP RETURN, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the WHOLE group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T CORPORATION) extension of time until 8/15/2003 to file the exempt organization return for the organization named above The extension is for the organization's return for ☒ calendar year 2002 or ☐ tax year beginning _____, and ending _____

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

3 a 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 \$ _____ 0

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 \$ _____ 0

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 Rinda Smith CPA
For Paperwork Reduction Act Notice, see instruction

Title CPA

Date 5/14/2003

(HTA)

Form **8868** (12-2000)