

# Return of Organization Exempt From Income Tax

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

2002

Department of the Treasury  
Internal Revenue Service

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

<b>A</b> For the 2002 calendar year, or tax year beginning <u>7/1/2002</u> and ending <u>6/30/2003</u>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	
Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>CENTER FOR WOMEN &amp; ENTERPRISE, INC.</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <u>1135 TREMONT STREET</u> <u>480</u>
	City or town State or country ZIP + 4 <u>BOSTON</u> <u>MASS</u> <u>02120</u>
	<b>D</b> Employer identification number <u>04-3256236</u>
<b>E</b> Telephone number <u>(617) 536-0700</u>	
<b>F</b> Accounting method. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ <u>N/A</u> H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN ▶ <u>N/A</u> M Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF)	
<b>G</b> Web site: ▶ <u>www.cweboston.org</u>	
<b>J</b> ORGANIZATION TYPE (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527	
<b>K</b> Check here <input type="checkbox"/> 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	
<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ <u>2,483,828</u>	

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

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>	Direct public support	<b>1a</b>	<u>999,057</u>		
	<b>b</b>	Indirect public support	<b>1b</b>			
	<b>c</b>	Government contributions (grants)	<b>1c</b>	<u>1,114,755</u>		
	<b>d</b>	TOTAL (add lines 1a through 1c) (cash \$ <u>2,111,712</u> noncash \$ <u>2,100</u> )	<b>1d</b>		<u>2,113,812</u>	
	<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		<u>173,547</u>	
	<b>3</b>	Membership dues and assessments	<b>3</b>			
	<b>4</b>	Interest on savings and temporary cash investments	<b>4</b>		<u>2,187</u>	
	<b>5</b>	Dividends and interest from securities	<b>5</b>			
	<b>6a</b>	Gross rents	<b>6a</b>			
	<b>6b</b>	Less: rental expenses	<b>6b</b>			
	<b>6c</b>	Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		<u>0</u>	
<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>8a</b>				
		<b>8b</b>				
		<b>8c</b>	<u>0</u>	<u>0</u>		
<b>8d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		<u>0</u>		
<b>9a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>	<u>189,116</u>			
		<b>9b</b>	<u>32,398</u>			
		<b>9c</b>		<u>156,718</u>		
<b>10a</b>	Gross sales of inventory, less returns and allowances	<b>10a</b>				
<b>10b</b>	Less: cost of goods sold	<b>10b</b>				
<b>10c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		<u>0</u>		
<b>11</b>	Other revenue (from Part VII, line 103)	<b>11</b>		<u>5,166</u>		
<b>12</b>	TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		<u>2,451,430</u>		
Expenses	<b>13</b>	Program services (from line 44, column (B))	<b>13</b>		<u>1,377,675</u>	
	<b>14</b>	Management and general (from line 44, column (C))	<b>14</b>		<u>324,894</u>	
	<b>15</b>	Fundraising (from line 44, column (D))	<b>15</b>		<u>345,483</u>	
	<b>16</b>	Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b>	TOTAL EXPENSES (add lines 13, 14, 15, and 16)	<b>17</b>		<u>2,048,052</u>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<u>403,378</u>	
	<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<u>709,020</u>	
	<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<u>1,112,398</u>	

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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 page 21 of the instructions)

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	1,066,013	749,158	122,427
27	Pension plan contributions	27	0		
28	Other employee benefits	28	69,282	48,497	8,314
29	Payroll taxes	29	95,956	67,937	10,383
30	Professional fundraising fees	30	0		
31	Accounting fees	31	0		
32	Legal fees	32	0		
33	Supplies	33	45,574	37,696	3,236
34	Telephone	34	43,988	30,988	5,146
35	Postage and shipping	35	24,026	15,913	3,224
36	Occupancy	36	171,824	137,540	13,554
37	Equipment rental and maintenance	37	32,151	19,729	2,837
38	Printing and publications	38	13,596	7,684	2,337
39	Travel	39	23,090	15,105	5,573
40	Conferences, conventions, and meetings	40	0		
41	Interest	41	4,977		4,977
42	Depreciation, depletion, etc (attach schedule)	42	58,600	36,918	7,033
43	Other expenses not covered above (itemize) a Training	43a	15,506	12,386	1,110
	b Temporary Services	43b	14,058	12,022	1,962
	c Consultants/Professional Fees	43c	228,822	114,054	104,410
	d Program Events/Meals	43d	23,338	22,246	
	e General and Liability Insurance	43e	9,777		9,777
	f Other Expenses - See Attached Schedules	43f	107,474	49,802	18,594
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D), CARRY THESE TOTALS TO LINES 13-15	44	2,048,052	1,377,675	324,894

JOINT COSTS Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III**

**Statement of Program Service Accomplishments** (See page 24 of the instructions.)

**Program Service Expenses**

What is the organization's primary exempt purpose? **EDUCATION AND SERVICES TO ENTREPRENEURS**  
 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 )

Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for 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. (Grants and allocations \$ _____ )	1,377,675
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)	1,377,675

**Part IV** Balance Sheets (See page 24 of the instructions)

				(A)		(B)
				Beginning of year		End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
<b>Assets</b>	45	Cash - non-interest-bearing . . . . .		139,051	45	95,484
	46	Savings and temporary cash investments . . . . .		25,636	46	527,100
	47 a	Accounts receivable . . . . .	47a 12,408			
	b	Less: allowance for doubtful accounts . . . . .	47b 0	7,608	47c	12,408
	48 a	Pledges receivable . . . . .	48a 165,518			
	b	Less: allowance for doubtful accounts . . . . .	48b 0	142,550	48c	165,518
	49	Grants receivable . . . . .		553,382	49	438,102
	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 . . . . .		4,554	53	7,092
	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 311,972				
b	Less: accumulated depreciation (attach schedule) . . . . .	57b 240,905	117,880	57c	71,067	
58	Other assets (describe <input type="checkbox"/> See attached worksheet ) . . . . .		38,221	58	28,982	
59	<b>TOTAL ASSETS</b> (add lines 45 through 58) (must equal line 74) . . . . .		1,028,882	59	1,345,753	
<b>Liabilities</b>	60	Accounts payable and accrued expenses . . . . .			60	
	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) . . . . .		144,816	64a	202,327
	b	Mortgages and other notes payable (attach schedule) . . . . .		125,046	64b	0
	65	Other liabilities (describe <input type="checkbox"/> Advance on Grant Funding ) . . . . .		50,000	65	31,028
66	<b>TOTAL LIABILITIES</b> (add lines 60 through 65) . . . . .		319,862	66	233,355	
<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 . . . . .		527,081	67	899,789
	68	Temporarily restricted . . . . .		181,939	68	199,227
	69	Permanently restricted . . . . .			69	13,382
	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	<b>TOTAL NET ASSETS OR FUND BALANCES</b> (add lines 67 through 69 OR lines 70 through 72; column (A) MUST equal line 19, column (B) MUST equal line 21) . . . . .		709,020	73	1,112,398
	74	<b>TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES</b> (add lines 66 and 73) . . . . .		1,028,882	74	1,345,753

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 page 27 of the instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on FORM 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>▶ RENAISSANCE COMMUNITY FUND CORPORATION</b> _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.	81a	
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, DO NOT complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	
c	Dues, assessments, and similar amounts from members	85c	
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 on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 a	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 a	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	X
89 a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>▶</b> _____ ; section 4912 <b>▶</b> _____ ; section 4955 <b>▶</b> _____		
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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> _____		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> _____		0
90 a	List the states with which a copy of this return is filed <b>▶ MASSACHUSETTS AND RHODE ISLAND</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	23
91	The books are in care of <b>▶ ANDREA SILBERT, CHIEF EXECUTIVE OFFICER</b> Telephone no <b>▶ (617) 536-0700</b> Located at <b>▶ 1135 TREMONT ST., SUITE 480 BOSTON, MA</b> ZIP + 4 <b>▶ 02120</b>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <b>92</b>		

**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	
<b>93</b> Program service revenue					
<b>a</b> Course Fees/Tuition Net of Subsidies					173,547
<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					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	2,187	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (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			01	156,718	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> Miscellaneous					5,166
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		158,905	178,713
<b>105</b> TOTAL (add line 104, columns (B), (D), and (E))					337,618

**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	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.
103	Miscellaneous rebates and unclassified 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, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date 12/16/03

MEJ, Treasurer

**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  
**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
CAROL MALYSZ PROVIDENCE, RI	PROG DIR PROV 40	73,228	2,997	0
JENNIFER BENNET ROXBURY, MA	PROG DIR 40 HRSM	71,500	54	0
KATHLEEN GOULDING BOSTON, MA	LOAN SPEC 40/WK	55,010	54	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 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
Infrastructure, Inc. 83 Chesbrough Road Boston, MA 02132	Accounting and Finance	68,315
Total number of others receiving over \$50,000 for professional services		

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

Table with 3 columns: Question, Yes, No. Contains questions 1-4 regarding lobbying activities, grants, and annuity plans. Includes a note about charitable programs.

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.
6 [ ] A school
7 [ ] A hospital or a cooperative hospital service organization
8 [ ] A Federal, state, or local government or governmental unit.
9 [ ] A medical research organization operated in conjunction with a hospital.
10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit.
11 a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public.
11 b [ ] A community trust.
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.
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).

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above. Includes a header row and three empty rows for data entry.

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IVA 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
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,044,160	1,673,332	1,581,716	933,824	6,233,032
<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 related to the organization's charitable, etc., purpose	160,552	109,010	84,707	58,423	412,692
<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	382	10,987	10,589	4,991	26,949
<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	22,085	9,512	2,326	386	34,309
<b>23</b> Total of lines 15 through 22	2,227,179	1,802,841	1,679,338	997,624	6,706,982
<b>24</b> Line 23 minus line 17	2,066,627	1,693,831	1,594,631	939,201	6,294,290
<b>25</b> Enter 1% of line 23	22,272	18,028	16,793	9,976	
<b>26</b> ORGANIZATIONS DESCRIBED ON LINES 10 OR 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 125,886
<b>b</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					<b>26b</b> 718,640
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 6,294,290
<b>d</b> Add Amounts from column (e) for lines	18 26,949	19 0			<b>26d</b> 779,898
	22 34,309	26b 718,640			<b>26e</b> 5,514,392
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 5,514,392
<b>f</b> PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					<b>26f</b> 87.61%
<b>27</b> 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>b</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)	
<b>c</b> Add Amounts from column (e) for lines:	15 0	16 0	17 0	20 0	21 0
<b>d</b> Add Line 27a total	0	and line 27b total	0		
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> 0
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b> 0
<b>g</b> PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27g</b> 0.00%
<b>h</b> INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					<b>27h</b> 0.00%
<b>28</b> 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)

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 29-35 regarding nondiscrimination policies, record keeping, and financial aid.

**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		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		4,000
38	Total lobbying expenditures (add lines 36 and 37)	0	4,000
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)	0	4,000
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	<b>If the amount on line 40 is -</b>		
	<b>The lobbying nontaxable amount is -</b>		
	Not over \$500,000 . . . . .		20% of the amount on line 40 . . . . .
	Over \$500,000 but not over \$1,000,000 . . . . .		\$100,000 plus 15% of the excess over \$500,000 . . . . .
	Over \$1,000,000 but not over \$1,500,000 . . . . .		\$175,000 plus 10% of the excess over \$1,000,000 . . . . .
	Over \$1,500,000 but not over \$17,000,000 . . . . .		\$225,000 plus 5% of the excess over \$1,500,000 . . . . .
	Over \$17,000,000 . . . . .		\$1,000,000 . . . . .
41	Grassroots nontaxable amount (enter 25% of line 41)	0	200
42	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	0	0
43	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	0	3,200
44			

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	800	251,802			252,602
46					378,903
47	4,000	3,877			7,877
48	200	62,951			63,151
49					94,727
50					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:	Yes	No	Amount
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.)			0

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



<b>FORM 990, Page 2, Part II, Line 43f, Other Expenses, Program Services</b>		<b>Total:</b>	<b>49,802</b>
1	License Fees	1	45,000
2	Marketing and Public Relations	2	681
3	Contributions/Gifts	3	239
4	Dues and Publications	4	2,861
5	Credit Card and Bank Charges	5	615
6	Miscellaneous	6	406

<b>FORM 990, Page 2, Part II, Line 43f, Other Expenses, Administrative</b>		<b>Total:</b>	<b>18,594</b>
1	Marketing and Public Relations .....	1	778
2	Contributions/Gifts .....	2	2,011
3	Dues and Publications .....	3	2,849
4	Credit Card and Bank Charges .....	4	2,085
5	Uncollected Fees and Pledges .....	5	5,990
6	Miscellaneous .....	6	4,881

<b>FORM 990, Page 2, Part II, Line 43f, Other Expenses, Fundraising</b>		<b>Total:</b>	<b>39,078</b>
1	Marketing and Public Relations .....	1	<u>35,282</u>
2	Contributions/Gifts .....	2	<u>150</u>
3	Dues and Publications .....	3	<u>959</u>
4	Credit Card and Bank Charges .....	4	<u>2,415</u>
5	Miscellaneous .....	5	<u>272</u>

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**CENTER FOR WOMEN & ENTERPRISE, INC.**  
**EIN 04-3256236**  
**2002 FORM 990 SUPPLEMENT**  
**FYE JUNE 30, 2003**

**Page 1, Part I, Line 9, Special events and activities**

Revenue from special fundraising events is reflected net of direct costs of the events  
The following table summarizes the annual fundraising event.

	<u>2003</u>	<u>2002</u>
Gross Event Proceeds	\$ 125,635	\$ 205,011
Direct Cost of Events	(33,680)	(2,195)
Net Proceeds from Special Events	<u>\$ 91,955</u>	<u>\$ 202,816</u>

**Page 3, Part IV, Line 57, Land, buildings, and equipment**

Property, equipment, furnishings and improvement purchases, which exceed \$500 are capitalized at cost, if purchased, or if donated, at fair market value at the date of receipt. Depreciation of property and equipment is computed using the straight-line method, and is charged against income over the estimated useful life of the asset.

<u>Description</u>	<u>Life/ # years</u>	<u>Cost Basis</u>	<u>Accum. Deprn.</u>	<u>Net Book Value</u>	
				<u>2003</u>	<u>2002</u>
Vehicle (Used)	3	3,555	2,963	592	1,777
Leasehold Improvements	5	68,682	56,090	12,592	26,328
Equipment	5	204,202	155,354	48,848	75,980
Furnishings	5	35,533	26,498	9,035	13,795
Total		<u>\$ 311,972</u>	<u>\$ 240,905</u>	<u>\$ 71,067</u>	<u>\$ 117,880</u>

**Page 2, Line 42, Depreciation, depletion, etc.**

Depreciation expense amounted to \$ 56,405 and \$ 56,886 for the years ended June 30, 2003 and 2002 respectively.

**Page 3, Line 58, Other assets**

The organization purchased and installed a comprehensive computerized database system. The cost of the software was \$31,500 and is being amortized over five years. The net book value of the asset was \$8,809 and \$17,442 for the years ended June 30, 2003 and 2002, respectively.

**CENTER FOR WOMEN AND ENTERPRISE, INC.**  
**EIN 04-3256236**  
**2002 FORM 990 SUPPLEMENT**  
**FYE JUNE 30, 2003**

**Page 3, Part IV, Line 64b, Mortgages and other notes payable**

Notes Payable as of June 30, 2003 and 2002 are as follows:

The organization has a line of credit with a bank in the amount of \$200,000, of which amount, 100,000 was outstanding as of June 30, 2002. During the year ending June 30, 2003 the balance on the line of credit was paid in full. The line of credit is secured by all business assets and is subject to fluctuating and unless renewed, will expire on December 29, 2003

The organization acquired computer equipment in three capital lease/financing transactions with a bank. The equipment cost was \$55,355 and is being financed pursuant to two lease arrangements payable over 36 months at various interest rates. During the year ending June 30, 2003, the remaining principal balance on the capital lease obligation was paid in full, and the equipment was reclassified on the statement of financial position.

<b>Loan Balances</b>	
<u>2003</u>	<u>2002</u>
\$ -	\$ 100,000
-	39,096
<b>TOTAL</b>	<b>\$ 139,096</b>

CENTER FOR WOMEN ENTERPRISE, INC  
FORM 990 SUPPLEMENT  
FYE JUNE 30, 2003

Center for Women & Enterprise, Inc. receives direct federal awards from the US Small Business Administration as well as funding from the Commonwealth of Massachusetts in the form of government grants and awards that are payable on a reimbursement basis

For purposes of financial reporting, these awards have been reported as Program Service Revenues. 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 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 governmental agencies 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

In the process we noticed that in prior years Fundraising contributions were incorrectly reported. 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	1,000,080	1,189,136	973,565	683,824	3,846,605
Line 17	1,110,417	676,728	704,575	308,423	2,800,143
<b>Total</b>	<b>2,110,497</b>	<b>1,865,864</b>	<b>1,678,140</b>	<b>992,247</b>	<b>6,646,748</b>

**As Adjusted:**

	2001	2000	1999	1998	Total
Line 15	1,000,080	1,189,136	973,565	683,824	3,846,605
Adjustment #1	952,125	563,298	436,303	250,000	2,201,726
Adjustment #2	91,955	(79,102)	171,848		184,701
<b>Adj Line 15</b>	<b>2,044,160</b>	<b>1,673,332</b>	<b>1,581,716</b>	<b>933,824</b>	<b>6,233,032</b>
Line 17	1,110,417	676,728	704,575	308,423	2,800,143
Adjustment # 1	(952,125)	(563,298)	(436,303)	(250,000)	(2,201,726)
Adjustment #2	2,260	(4,420)	(183,565)		(185,725)
<b>Adj Line 17</b>	<b>160,552</b>	<b>109,010</b>	<b>84,707</b>	<b>58,423</b>	<b>412,692</b>

**CENTER FOR WOMEN & ENTERPRISE  
BOARD OF DIRECTORS  
2003**

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West Newton, MA 02465

Elizabeth Ames  
Brookline, MA 02445

Dewitt Jones, **Treasurer**  
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Needham, MA 02492

Andrea C. Silbert  
West Harwich, MA 02671

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

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 <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) \_\_\_\_\_ . 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 \_\_\_\_\_ to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year \_\_\_\_\_ or  
 tax year beginning 7/1/2002, and ending 6/30/2003

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) \$ \_\_\_\_\_ 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 *Rodam Smith* Title *CEO* Date 11/13/03

For Paperwork Reduction Act Notice, see Instruction (HTA) Form **8868** (12-2000)