

Form

**990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2004****Open to Public Inspection****A For the 2004 calendar year, or tax year beginning January 01, 2004, and ending December 31, 20 04****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization**Waltham battered women support committee Inc committee Inc**

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

**po box 540024**

City or town, state or country, and ZIP + 4

**waltham MA 02454****D** Employer identification number**04 : 2735449****E** Telephone number

( ) -

**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 ▶**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** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G Website:** ▶ **www.reachma.org****J Organization type** (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return****L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **937559****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Direct public support	<b>1a</b>		<b>403528</b>	
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>		<b>336743</b>	
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>740271</b> noncash \$ )				<b>1d 740271</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2 108657</b>
	<b>3</b> Membership dues and assessments				<b>3</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4 329</b>
	<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>	
<b>7</b> Other investment income (describe ▶ )				<b>7</b>	
Revenue	<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))		<b>8c</b>		
	<b>8d</b>				
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b> Gross revenue (not including \$ <b>126845</b> of contributions reported on line 1a)	<b>9a</b>		<b>84495</b>	
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		<b>34007</b>	
<b>9c</b>				<b>50488</b>	
Revenue	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>10c</b>				
Expenses	<b>11</b> Other revenue (from Part VII, line 103)				<b>11 3807</b>
	<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12 903552</b>
	<b>13</b> Program services (from line 44, column (B))				<b>13 570200</b>
	<b>14</b> Management and general (from line 44, column (C))				<b>14 120573</b>
	<b>15</b> Fundraising (from line 44, column (D))				<b>15 149970</b>
	<b>16</b> Payments to affiliates (attach schedule)				<b>16</b>
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))				<b>17 840743</b>
	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18 62809</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))				<b>19 339589</b>
	<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 402398</b>	

**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 22 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			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc . . . . .	25	68507	17127	44529
26	Other salaries and wages . . . . .	26	409116	333456	22444
27	Pension plan contributions . . . . .	27			
28	Other employee benefits . . . . .	28	31324	23899	3497
29	Payroll taxes . . . . .	29	49141	36070	6891
30	Professional fundraising fees . . . . .	30	15445		
31	Accounting fees . . . . .	31	13915		13915
32	Legal fees . . . . .	32			
33	Supplies . . . . .	33	44132	42089	1077
34	Telephone . . . . .	34	20389	17089	1072
35	Postage and shipping . . . . .	35	10096	166	2925
36	Occupancy . . . . .	36	58659	45919	4140
37	Equipment rental and maintenance . . . . .	37	2374	1424	309
38	Printing and publications . . . . .	38	25458	1521	3396
39	Travel . . . . .	39	7247	7247	
40	Conferences, conventions, and meetings . . . . .	40	9551	3425	4795
41	Interest . . . . .	41	20054	20054	
42	Depreciation, depletion, etc (attach schedule)	42	12145	10788	441
43	Other expenses not covered above (itemize) a . . . . .	43a			
b	Attachment #1: PART II OTHER EXPENSES . . . . .	43b	43190	9926	11142
c	. . . . .	43c			
d	. . . . .	43d			
e	. . . . .	43e			
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 .	44	840743	570200	120573

**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 25 of the instructions.)

What is the organization's primary exempt purpose? <b>Attachment #2: PRIMARY EXEMPT PURPOSE</b> . . . . .		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a	the waltham battered women support committee provides the following services shelter for battered women and their children hotline childrens services legal and other advocacy AND SUPPORT SERVICES (Grants and allocations \$ _____)	570200
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) . . . . .	570200

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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>	<b>45</b> Cash—non-interest-bearing . . . . .	133963	<b>45</b>	111416
	<b>46</b> Savings and temporary cash investments . . . . .	11458	<b>46</b>	110320
	<b>47a</b> Accounts receivable . . . . . <b>47a</b> 35928			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>47b</b>	39317	<b>47c</b>	35928
	<b>48a</b> Pledges receivable . . . . . <b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . . <b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . . <b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	8491	<b>53</b>	9800
	<b>54</b> Investments—securities (attach schedule) . . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . . <b>55a</b>			
	<b>b</b> Less accumulated depreciation (attach schedule) . . . . . <b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis . . . . . <b>57a</b> 587093				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . . <b>57b</b> 72720	525534	<b>57c</b>	514373	
<b>58</b> Other assets (describe ► <b>Attachment #3: Part IV OTHER ASSETS</b> )	14103	<b>58</b>	14103	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .	732866	<b>59</b>	795940	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	17277	<b>60</b>	17542
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	376000	<b>64b</b>	376000
	<b>65</b> Other liabilities (describe ► )		<b>65</b>	
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .	393277	<b>66</b>	393542	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	<b>67</b> Unrestricted . . . . .	332335	<b>67</b>	316638
	<b>68</b> Temporarily restricted . . . . .	7254	<b>68</b>	85760
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 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) . . . . .	339589	<b>73</b>	402398
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	732866	<b>74</b>	795940

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.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b> Total revenue, gains, and other support per audited financial statements . . . ▶	<b>a</b> <u>965408</u>	<b>a</b> Total expenses and losses per audited financial statements . . . ▶	<b>a</b> <u>902599</u>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990		<b>b</b> Amounts included on line <b>a</b> but not on line 17, Form 990	
<b>(1)</b> Net unrealized gains on investments . . \$ _____		<b>(1)</b> Donated services and use of facilities \$ <u>61856</u>	
<b>(2)</b> Donated services and use of facilities \$ <u>61856</u>		<b>(2)</b> Prior year adjustments reported on line 20, Form 990. . . . \$ _____	
<b>(3)</b> Recoveries of prior year grants . . . \$ _____		<b>(3)</b> Losses reported on line 20, Form 990. \$ _____	
<b>(4)</b> Other (specify) _____		<b>(4)</b> Other (specify) _____	
----- \$ _____		----- \$ _____	
Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b> <u>61856</u>	Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b> <u>61856</u>
<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b> <u>903552</u>	<b>c</b> Line <b>a</b> minus line <b>b</b> . . . . . ▶	<b>c</b> <u>840743</u>
<b>d</b> Amounts included on line 12, Form 990 but not on line <b>a</b> :		<b>d</b> Amounts included on line 17, Form 990 but not on line <b>a</b> :	
<b>(1)</b> Investment expenses not included on line 6b, Form 990. . . \$ _____		<b>(1)</b> Investment expenses not included on line 6b, Form 990 . . \$ _____	
<b>(2)</b> Other (specify) _____		<b>(2)</b> Other (specify) _____	
----- \$ _____		----- \$ _____	
Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>	Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b> <u>903552</u>	<b>e</b> Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> ). . . . . ▶	<b>e</b> <u>840743</u>

**Part V** **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions.)

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ► ☐ Yes ☒ No  
If "Yes," attach schedule—see page 28 of the instructions

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
<b>76</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	<b>76</b>	<input checked="" type="checkbox"/>
<b>77</b>	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	<b>77</b>	<input checked="" type="checkbox"/>
<b>78a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<input checked="" type="checkbox"/>
<b>80a</b>	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? . . .	<b>80a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," enter the name of the organization ► ..... ..... and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b>	Enter direct and indirect political expenditures. See line 81 instructions . . . <b>81a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	<input checked="" type="checkbox"/>
<b>82a</b>	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? . . . . .	<b>82a</b>	<input checked="" type="checkbox"/>
<b>b</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.) . . . <b>82b</b> 61856		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<input checked="" type="checkbox"/>
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . .	<b>83b</b>	<input checked="" type="checkbox"/>
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>	<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>	
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>	
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b>	Dues, assessments, and similar amounts from members. . . . . <b>85c</b>		
<b>d</b>	Section 162(e) lobbying and political expenditures. . . . . <b>85d</b>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices. . . . <b>85e</b>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . <b>85f</b>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>	
<b>h</b>	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? . . . . .	<b>85h</b>	
<b>86</b>	<b>501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12. <b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities . . . . . <b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . <b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . . <b>87b</b>		
<b>88</b>	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. . . . .	<b>88</b>	<input checked="" type="checkbox"/>
<b>89a</b>	<b>501(c)(3) organizations.</b> Enter Amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►		
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs.</b> 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 . . . . .	<b>89b</b>	<input checked="" type="checkbox"/>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ►		
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ►		
<b>90a</b>	List the states with which a copy of this return is filed ► <b>Massachusetts</b>		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2004 (See instructions) <b>90b</b> 20		
<b>91</b>	The books are in care of ► <b>laura van zandt executive director</b> Telephone no ► <b>(781) 891-0724</b> Located at ► <b>pobox 540024 waltham massachuse waltham, MA</b> ZIP + 4 ► <b>02454</b>		
<b>92</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of <b>Form 1041</b> —Check here. . . . . <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

		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>	<b>waltham police depart</b>					<b>41427</b>
<b>b</b>	<b>Burlington Police Department</b>					<b>35014</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>32216</b>
<b>94</b>	Membership dues and assessments . . . . .					
<b>95</b>	Interest on savings and temporary cash investments			<b>14</b>	<b>329</b>	
<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 . . . . .					<b>50488</b>
<b>102</b>	Gross profit or (loss) from sales of inventory					
<b>103</b>	Other revenue <b>a</b>					
<b>b</b>	<b>refund of real estate taxes</b>					<b>2903</b>
<b>c</b>	<b>miscellaneous</b>					<b>904</b>
<b>d</b>						
<b>e</b>						
<b>104</b>	Subtotal (add columns (B), (D), and (E)) . . . . .				<b>329</b>	<b>162952</b>
<b>105</b>	<b>Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					<b>163281</b>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	<b>Attachment #5: RELATIONSHIP ACTIVITIES</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

<b>Please Sign Here</b>	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.			
	<b>Signature of officer</b> <b>Joanne F Segal, President</b>		<b>Date</b> <b>May 10, 2005</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>LINDA M SMITH CPA PC</b> <b>80 Flanders Road - Suite 200 Westborough, MA 01581</b>	<b>05/02/2005</b>		EIN <b>:</b> Phone no <b>:</b>



<b>Part III</b> <b>Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		✓
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
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	✓
b	Lending of money or other extension of credit? . . . . .	2b	✓
c	Furnishing of goods, services, or facilities? . . . . .	2c	✓
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	✓
e	Transfer of any part of its income or assets? . . . . .	2e	✓
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	3a	✓
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	✓
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	✓
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	✓

**Part IV**    **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives **(1) more than 33⅓%** 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 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

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



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28).	<b>701627</b>	<b>514168</b>	<b>472162</b>	<b>451694</b>	<b>2139651</b>
<b>16</b> Membership fees received . . . . .					<b>0</b>
<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 . . . . .	<b>67524</b>	<b>75722</b>	<b>36128</b>	<b>70114</b>	<b>249488</b>
<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 . . . . .	<b>492</b>	<b>2660</b>	<b>8063</b>	<b>11147</b>	<b>22362</b>
<b>19</b> Net income from unrelated business activities not included in line 18. . . . .					<b>0</b>
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					<b>0</b>
<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 . . . . .					<b>0</b>
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	<b>55764</b>	<b>6873</b>	<b>1423</b>	<b>89</b>	<b>64149</b>
<b>23</b> Total of lines 15 through 22 . . . . .	<b>825407</b>	<b>599423</b>	<b>517776</b>	<b>533044</b>	<b>2475650</b>
<b>24</b> Line 23 minus line 17 . . . . .	<b>757883</b>	<b>523701</b>	<b>481648</b>	<b>462930</b>	<b>2226162</b>
<b>25</b> Enter 1% of line 23 . . . . .	<b>8254</b>	<b>5994</b>	<b>5178</b>	<b>5330</b>	

<b>26 Organizations described on lines 10 or 11:</b> <b>a</b> Enter 2% of amount in column (e), line 24 . . . . . ►	<b>26a</b>	<b>44523</b>
<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 2000 through 2003 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts ►	<b>26b</b>	<b>64477</b>
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ►	<b>26c</b>	<b>2226162</b>
<b>d</b> Add: Amounts from column (e) for lines 18 <u>22362</u> 19 <u>0</u> 22 <u>64149</u> 26b <u>64477</u> . . . . . ►	<b>26d</b>	<b>150988</b>
<b>e</b> Public support (line 26c minus line 26d total) . . . . . ►	<b>26e</b>	<b>2075174</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b> . . . . . ►	<b>26f</b>	<b>93.2176 %</b>

**27 Organizations described on line 12:** **a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

**b** For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

<b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ►	<b>27c</b>	
<b>d</b> Add: Line 27a total, _____ and line 27b total, _____ . . . . . ►	<b>27d</b>	
<b>e</b> Public support (line 27c total minus line 27d total) . . . . . ►	<b>27e</b>	
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ►	<b>27f</b>	
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b> . . . . . ►	<b>27g</b>	%
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b> . . . . . ►	<b>27h</b>	%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ..... ..... .....	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32d</b>	
<b>d</b> 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 ) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....	<b>33h</b>	
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

**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
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <div style="display: flex; justify-content: space-between;"> <div> <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 . . . . .         </div> <div> <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 . . . . .         </div> </div>	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36. . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38. . . . .	<b>44</b>	

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures . . . . .					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures . . . . .					

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

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



Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2004**Attachment  
Sequence No **67**

Name(s) shown on return

Waltham battered women support committee inc committee inc

Business or activity to which this form relates

Form 990 Page 2

Identifying number

04-2735449

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses . . . . .	1	\$102,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation . . . . .	3	\$410,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see page 3 of the instructions. . . . .	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29 . . . . .	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9	Tentative deduction Enter the <b>smaller</b> of line 5 or line 8. . . . .	9	
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562 . . . . .	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13	Carryover of disallowed deduction to 2005 Add lines 9 and 10, less line 12 ▶ . . . . .	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) . . . . .	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions) . . . . .	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions) . . . . .	16	12145

**Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004 . . . . .	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2004 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (see page 8 of the instructions)**

21	Listed property Enter amount from line 28 . . . . .	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr . . . . .	22	12145
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See page 9 of the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 8 of the instructions)						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use (see page 8 of the instructions)		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use (see page 8 of the instructions)		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.						<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1.							<b>29</b>	

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles—See page 2 of the instructions)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 10 of the instructions).

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 10 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See page 10 of the instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2004 tax year (see page 11 of the instructions)					
<b>43</b> Amortization of costs that began before your 2004 tax year.				<b>43</b>	
<b>44</b> Total. Add amounts in column (f). See page 12 of the instructions for where to report.				<b>44</b>	

**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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OTHER EXPENSES

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DESCRIPTION	OTHER EXPENSES	OTHER EXPENSES (PROGRAM)	OTHER EXPENSES (MANAGEMENT)	OTHER EXPENSES (FUNDRAISING)
GENERAL LIABILITY INSURANCE	10157	7596	832	1729
PERSONNEL - TEMPORARY SERVICES	886		886	
STAFFVOLUNTEER RECRUITMENT	1341	185	1156	
OTHER PROFESSIONAL FEES	19051	2145	2793	14113
MARKETING AND PUBLIC RELATIONS	4650			4650
SUBSCRIPTIONS AND PUBLICATIONS	298		298	
DIRECTORS AND OFFICERS INSURANCE	1572		1572	
DUES AND FEES	3020		1390	1630
MISCELLANEOUS AND BANK FEES	2215		2215	

**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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PRIMARY EXEMPT PURPOSE

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battered women shelter and community outreach



**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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OTHER ASSETS

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DESCRIPTION	Beginning Of Year	End Of Year
Security And Lease Deposits	4103	4103
Certificate Of Deposit	10000	10000

**Organization Name: Waltham battered women support committee Inc** **EIN: 04-2735449**

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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Name Harriet Lewis Title: executive director Address: Randolph Ma Randolph MA 02368	Hours/ week 40	Compensation 50984	Contributions to Benefit Plans 2964	Expense Account
Name Laura Van Zandt Title: executive director Address: Wellesley Ma Wellesley MA 02481	Hours/ week 40	Compensation 17523	Contributions to Benefit Plans	Expense Account
Name Joanne Segal Title: president Address: Lexington Ma Lexington MA 02420	Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Name Mbaye Ndiaye Title: treasurer Address: South Attleboro Ma South Attleboro MA 02703	Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Name Chris Konys Title: clerk Address: Waltham Ma Waltham MA 02451	Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Name Ian Agranat Title: board member Address: Concord Ma Concord MA 01742	Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account

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OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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Name Ora Gladstone		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: West Newton Ma West Newton MA 02465					
Name Rhonda Kaufman		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: Framingham Ma Framingham MA 01701					
Name Peter Koutoujian		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: Boston Ma Boston MA 02113					
Name James McNulty		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: Medfield Ma Medfield MA 02052					
Name George H Carroll		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: Wellesley Hills Ma Wellesley Hills MA 02481					
Name Stephen S Snyder		Hours/ week 0	Compensation 0	Contributions to Benefit Plans	Expense Account
Title: board member					
Address: Newton Centre Ma Newton Centre MA 02459					

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<b>Name</b> Audrey Foster <b>Title:</b> board member <b>Address:</b> Weston Ma Weston MA 02493	<b>Hours/</b> week 0	<b>Compensation</b>  0	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account
<b>Name</b> Leslie George <b>Title:</b> board member <b>Address:</b> Weston Ma Weston MA 02493	<b>Hours/</b> week 0	<b>Compensation</b>  0	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account
<b>Name</b> Judithe Andre <b>Title:</b> board member <b>Address:</b> North Attleboro Ma North Attleboro MA 02760	<b>Hours/</b> week 0	<b>Compensation</b>  0	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account
<b>Name</b> <b>Title:</b> <b>Address:</b>	<b>Hours/</b> week	<b>Compensation</b>	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account
<b>Name</b> <b>Title:</b> <b>Address:</b>	<b>Hours/</b> week	<b>Compensation</b>	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account
<b>Name</b> <b>Title:</b> <b>Address:</b>	<b>Hours/</b> week	<b>Compensation</b>	<b>Contributions</b> to Benefit Plans	<b>Expense</b> Account

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<b>Organization Name:</b> Waltham battered women support committee Inc committee Inc	<b>EIN:</b> 04-2735449
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Line Number	Relationship Statement
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93	the waltham battered women support committee contracted with local policegovernment and civic organizations to provide training and CONSULTING SERVICES FOR VICTIM ADVOCACY IN FURTHERANCE OF ITS MISSION TO stop violence against women
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103	miscellaneous revenue consists of a refund of property taxes
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**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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DEPRECIATION AND DEPLETION

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DESCRIPTION	AMOUNT
building	7456
Renovations	906
furniture and fixtures	266
office furniture and equipment	3517

**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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**LAND SCHEDULE**

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Category or Item	Cost or Other Basis	Accumulated Depreciation	Book Value	EOY Fair Market Value
<b>Buildings</b>	334502	12543	321959	
<b>Furniture and Fixtures</b>	63291	60177	3114	
<b>Land</b>	189300		189300	

**Organization Name:** Waltham battered women support committee Inc committee Inc **EIN:** 04-2735449

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Special Events Schedule

Event	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income
awards dinner and plate auction	211340	126845	84495	34007	50488



Attention: This page was created using data from an Electronically-Filed return.

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Support Schedule – Other Income Schedule

Other Income Description	2003	2002	2001	2000	Total
miscellaneous	764	6873	1423	89	9149
settlement	55000				55000