

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

OMB No. 1545-0047 Open to Public

Departm Internal i		Treasury  The organization may have to use a copy of this return to sati		equirements	Open to Public Inspection
		007 calendar year, or tax year beginning 08/31, 2007, and o		06/30/	
B Check			Manig		r identification number
<i>'</i>	Address	use IRS		26-087	
	hange	adat as	Room/suite	E Telephor	
-	Vame char	type.	Roomisaile	•	
$\vdash$		Specific Others Assess plate on a supply and ZID + 4		F Accounting	246-4803
	Fermination Amended	marac -		method	Cash X Accrual
<u> </u>	eturn Application	TORLANDO, FL 32801	lu and an act an		er (specify)
	ending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</li> </ul>			tion 527 organizations
			H(a) Is this a grou	•	ب ست
		► WWW.CATHOLICFOUNDATIONOFCENTRALFLORIDA.ORG	H(b) If "Yes," ente		LL
J Or	ganizat	on type (check only one) ► X 501(c) (3 ) ◀ (insert no ) 4947(a)(1) or 527	H(c) Are all affiliate	es included? h a list See in	structions ) Yes No
	eck her	-	H(d) Is this a separat		an — —
red	eipts a	e normally not more than \$25,000 A return is not required, but if the organization chooses		vered by a group	
to	file a re	urn, be sure to file a complete return		otion Number	
			─ M Check ▶		ganization is not required
		sipts. Add lines 6b, 8b, 9b, and 10b to line 12 5, 439, 225.		B (Form 990	, 990-EZ, or 990-PF)
Part	R	evenue, Expenses, and Changes in Net Assets or Fund Balances (See the I	nstructions )		
	1	Contributions, gifts, grants, and similar amounts received			
		Contributions to donor advised funds		4	
	b	Direct public support (not included on line 1a)	4,318,408.	<b>↓</b>	
	С	Indirect public support (not included on line 1a)		_	
	d	Government contributions (grants) (not included on line 1a) [1d]		]	
	е	Total (add lines 1a through 1d) (cash \$	)	1e	4,318,408.
	2	Program service revenue including government fees and contracts (from Part VII, line	93)	2	1,077,582.
	3	Membership dues and assessments	<i></i>	3	
	4	Interest on savings and temporary cash investments		4	43,235.
ı	5	Dividends and interest from securities		5	
	6 a	Gross rents 6a			
	١ .	Less rental expenses			
		Net rental income or (loss) Subtract line 6b from line 6a		6c	
e	7	Other investment income (describe	)	7	
Revenue	1	,	) Other		
Re,	• •	than inventory	· - · · · · · · · · · · · · · · · · · ·	7	
	h	Less cost or other basis and sales expenses 8b		1	
		Gain or (loss) (attach schedule)		7	
	l.	Net gain or (loss) Combine line 8c, columns (A) and (B)		8d	
	9	Special events and activities (attach schedule) If any amount is from gaming, check h			
		Gross revenue (not including \$ of			
	a	contributions reported on line 1b) 9a			
	١.	Less direct expenses other than fundraising expenses		1	
				9c	
		Net income or (loss) from special events. Subtract line 9b from line 9a			
		Gross sales of inventory, less returns and allowances	-	-	
		Less cost of goods sold	line 10e	100	
		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from		10c	
	11	Other revenue (from Part VII, line 103)	· · · · · · · · · ·	12	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<del>                                      </del>	13	5,439,225.
ဟ	13	Program services (from line 44, column (B))	<del></del>	14	2,267,405.
nse	14	Management and general (from line 44, column (C))	$\cdots$	1 - 1	374,933.
Expenses	15	Fundraising (from line 44, column (D))	n··{?}\····	15	53,723.
ũ	16	Payments to affiliates (attach schedule)	22	16	
	17	Total expenses Add lines 16 and 44, column (A)	~ <del>~~</del>	17	2,696,061.
ets	18	Excess or (deficit) for the year-Subtract line 17 from line 12 $\dots$	<u>u</u>	18	2,743,164.
\ss	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	NONE
Net Assets	20	Other changes in net assets or fund balances (attach explanation)			
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	<u> </u>	21	2,743,164.
For P	rivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.			A Form 990 (2007)

SCANNED JUL 1 4 20:0

0850AH 1985 05/14/2010 13:51:58 V07-8.7

Pa					nd (D) are required for se s but optional for others	
	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
	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$					
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$noncash \$  If this amount includes foreign grants,	22b				
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members					
	(attach schedule)	24		1		
252	Compensation of current officers,			· ·	***************************************	**************************************
	directors, key employees, etc listed in		ļ			
		250	144 044	105 555	22 500	4 001
		25a	144,044.	105,555.	33,598.	4,891
T.	Compensation of former officers,	1				
	directors, key employees, etc listed in					
	Part V-B	25b				
C	Compensation and other distributions, not included above, to disqualified persons (as defined)					
	under section 4958(f)(1)) and persons described					
	in section 4958(c)(3)(B)					
26	Salaries and wages of employees not					
	included on lines 25a, b, and c		818,219.	599,592.	190,848.	27,779
27	Pension plan contributions not					
	included on lines 25a, b, and c					
28	Employee benefits not included on	I I		ļ		
	lines 25a - 27					
29	Payroll taxes	29				
30	Professional fundraising fees					<u> </u>
31	Accounting fees	31	1,050.		545.	505
32	Legal fees	32	26,262.		13,637.	12,625
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
	Equipment rental and maintenance.					
38	Printing and publications	38				
	Travel	39	71,454.	41,681.	29,773.	
40		40				
41	Interest	41				
42		) 42	1,150.		1,150.	
43	Other expenses not covered above (itemize					
	a CONTRACTUAL SERVICES	_ 43a	943,731.	890,584.	45,224.	7,923
	PROGRAM AND DEVELOPMENT C	-	565,606.	556,906.	8,700.	
	COTHER	43c	124,545.	73,087.	51,458.	
	d	43d				
•	e	43e				
f	f	43f				
	 g	43g				
	Total functional expenses, Add lines 22a	-				
• •	through 43g (Organizations completing	1				
	columns (B)-(D), carry these totals to lines 13-15)	44	2,696,061.	2,267,405.	374,933.	53,723
Joi	int Costs. Check ▶ If you are follo	<del></del>		2,201,400.	3/3/333.	
	e any joint costs from a combined education	-		tation reported in (R) Pro-	ram services?	Yes X No
	Yes," enter (i) the aggregate amount of these		•		ted to Program services	
	the amount allocated to Management and g				ocated to Fundraising \$	
	· · · · · · · · · · · · · · · · · · ·					Form <b>990</b> (2007)
JSA						, \_\_\0///

		29 001,3318	
Pa	It III Statement of Program Service Accomplis	hments (See the instructions )	
For	m 990 is available for public inspection and, for	or some people, serves as the primary or sole source n organization in such cases may be determined by the	of information about a
on	its return. Therefore, please make sure the retu	urn is complete and accurate and fully describes, in Pa	rt III, the organization's
pro	grams and accomplishments	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Wh	at is the organization's primary exempt purpose?	SEE STATEMENT 3	Program Service Expenses
ΑII	organizations must describe their exempt purpose act	hievements in a clear and concise manner. State the number	(Required for 501(c)(3) and
of c	clients served, publications issued, etc. Discuss achie-	vements that are not measurable (Section 501(c)(3) and (4)	(4) orgs, and 4947(a)(1) trusts, but optional for
orga	anizations and 4947(a)(1) nonexempt charitable trusts r	nust also enter the amount of grants and allocations to others)	others )
а	ŞEE STATEMENT 4		
	(Grants and allocations \$	) If this amount includes foreign grants, check here >	1,684,185.
b	SEE STATEMENT 4		
	(Grants and allocations \$	) If this amount includes foreign grants, check here >	583,220.
С			
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
d			
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)		
	(Grants and allocations \$	) If this amount includes foreign grants, check here	
f	Total of Program Service Evnenses (should equa	al line 44 column (B) Program services)	2 267 405

Form **990** (2007)

Li.	art iv	Balance Sheets (See the instructions)			
١	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
_	45	Cash - non-interest-bearing	NONE	45	3,491,144
	46	Savings and temporary cash investments		46	
	470	Accounts recovable			
		Accounts receivable		47c	
	0	Less allowance for doubtful accounts		476	· · · · · · · · · · · · · · · · · · ·
	400	Rindran recountly			
		Pledges receivable	27027	40.	0 645 000
	1 .	Less allowance for doubtful accounts	NONE	49	2,645,990
	49	Grants receivable		49	
	Sua			50a	
	١.	key employees (attach schedule)	<del> </del>	50a	<del></del>
	"			50b	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	·—-	500	<u>-</u>
ţ	51a	Other notes and loans receivable (attach		İ	
sets		schedule)		545	
As				51c	
		Inventories for sale or use	<del></del>	53	
	53	Prepaid expenses and deferred charges	<del>-</del>	54a	
		Investments - other securities (attach schedule)   Cost FMV	<del></del>	54a	<del></del>
		Investments - land, buildings, and		54b	
	55a				
	L .	equipment basis		- }	
	, n	· · · · · · · · · · · · · · · · · · ·		55c	
	56	schedule)		56	
			<del></del>	30	···
	í	Land, buildings, and equipment basis			
	"	· '	NONE	570	11,747
	٠.	schedule)	NONE	370	
	58		NONE	E 0	22 041
	59	(describe ► STMT 5 )  Total assets (must equal line 74) Add lines 45 through 58	NONE		32,941 6,181,822
	60	Accounts payable and accrued expenses	NONE	60	0,101,022
	61	Grants payable		61	<del> </del>
	62	Deferred revenue		62	
	-	Loans from officers, directors, trustees, and key employees (attach		-	
ties		schedule)		63	
Liabilitie	642	Tax-exempt bond liabilities (attach schedule)		64a	<u> </u>
Lia	h	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe	NONE		3,438,658
			NONE		5/130/030
	66	Total liabilities. Add lines 60 through 65	NONE	66	3,438,658
_		anizations that follow SFAS 117, check here   X and complete lines			
		67 through 69 and lines 73 and 74.			
es	67	Unrestricted	NONE	67	2,086,034
ğ	68	Temporarily restricted	NONE		439,181
3ala	69	Permanently restricted	NONE		217,949
Ā	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
ڌِ	J. 9.	complete lines 70 through 74		į	
	70	Capital stock, trust principal, or current funds		70	
Net Assets or Fund Balances	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Se	72	Retained earnings, endowment, accumulated income, or other funds		72	
As	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
det		70 through 72 (Column (A) must equal line 19 and column (B) must			
_		equal line 21)	NONE	73	2,743,164
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73 · · · · ·	NONE		6,181,822

Pa	art IV-A	Reconciliation of Revenue per Audite instructions.)	ed Fina	incial Statemen	ts With	Revenu	e per Retur	n (Se	e the
a	Total rev	venue, gains, and other support per audited f	inancial	statements				а	5,439,225.
b	Amount	s included on line a but not on Part I, line 12							
1		alized gains on investments						1	
2		services and use of facilities					·	1 1	
3	Recover	ies of prior year grants			<u>b</u>	3		1 1	
4	Other (s	pecify)							
		s <b>b1</b> through <b>b4</b>						<b>b</b>	
С		line b from line a						C	5,439,225.
d		s included on Part I, line 12, but not on line a:			1.	. 1			
1		ent expenses not included on Part I, line 6b .				Ц		-	
2	Other (s	pecify)				_			
								┨. ┟	
_		s d1 and d2							E 420 225
e •••	rt IV-B	venue (Part I, line 12) Add lines c and d Reconciliation of Expenses per Audit	ed Fina	ancial Statemer	nts With	Expens	es ner Reti	irn	5,439,225.
									2 606 061
а		penses and losses per audited financial stater	nents.			• • • • •		<u>a</u>	2,696,061.
b		s included on line a but not on Part I, line 17			b.	. i			
1	Donated	services and use of facilities	• • • •					1.	
2	Prior yea	ar adjustments reported on Part I, line 20	• • • •		b.	-		1	
3		reported on Part I, line 20			• • •	<u> </u>		1	
4	Other (s	pecify) <sup>.</sup>						1 1	
								ь	
		s b1 through b4						c	2,696,061.
C		t line b from line a							2/030/03:1
d		s included on Part I, line 17, but not on line a:			a·	ı l			
1	investm	ent expenses not included on Part I, line 6b . pecify)			• • • ┌─			1 [	
2	Other (s	pecily)			1.34	2			
	Add line							ld L	
е	Total ex	s d1 and d2	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<b>.</b>	е	2,696,061.
P	art V-A	Current Officers, Directors, Trustees,							r, director, trustee,
		or key employee at any time during the year	even if	they were not co					· · · · · · · · · · · · · · · · · · ·
		(A) Name and address	ļ.,	(B) tile and average hours per	(C) Com	pensation aid, enter	(D) Contributions to benefit plans & d		(E) Expense account and other allowances
				week devoted to position		)-)	compensation	plans	
							ļ		
<u>SE</u>	E STAT	EMENT 7			1.4	4,044.		NONE	NON!
_									<del></del>
	<b>-</b>						1		
		<del></del>	-	<del>-</del> -		<del></del>	·		<u> </u>
			· <b>-</b>				<u> </u>		
								_	
	<del></del>						<b> </b>		
_									
	<b></b>			I					
_									
_			-+			<del></del>			
	<b>-</b> -								
_							<del></del>		
							]		
—							<del></del>		5 900 (222

Form 990 (2007)

Form 990 (2007)	26-0879378 • •			age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the	use of materials, equipment, or facilities at no charge		- 1	
or at substantially less than fair rental value?		82a		Х
b If "Yes," you may indicate the value of these items here. Do not in	clude this amount			
as revenue in Part I or as an expense in Part II (See instructions in	Part III )			
83a Did the organization comply with the public inspection requireme		83a	x	
	iting to quid pro quo contributions?	83b	N/R	Δ
84a Did the organization solicit any contributions or gifts that were no		84a		X
	citation an express statement that such contributions or			
		84b	N/	'n
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by		85a	N/	
	members? \$2,000 or less?	85b	N/	
	complete 85c through 85h below unless the organization	000	- 14/ [	<u> </u>
	complete 000 through 00h below timess the organization			
received a waiver for proxy tax owed for the prior year	los-l		-	
c Dues, assessments, and similar amounts from members		1 1	´ . [	
d Section 162(e) lobbying and political expenditures		1 1	-	
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues n		-		
f Taxable amount of lobbying and political expenditures (line 85d le				
	amount on line 85f?	85g	_N/	<u> </u>
h If section 6033(e)(1)(A) dues notices were sent, does	the organization agree to add the amount on line 85f	] ]	)	
	bying and political expenditures for the following tax year?	85h	N/	A _
86 501(c)(7) orgs Enter a Initiation fees and capital contributions in				
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		] ]	ŀ	-
87 501(c)(12) orgs Enter a Gross income from members or sharehold	ders	]		
<b>b</b> Gross income from other sources (Do not net amounts due or pai	d to other		1	
sources against amounts due or received from them)	N/A	]	}	
88 a At any time during the year, did the organization ow	n a 50% or greater interest in a taxable corporation or	-	ŀ	
partnership, or an entity disregarded as separate from the organization	ation under Regulations sections		-	
301.7701-2 and 301 7701-3? If "Yes," complete Part IX		88a		Х
b At any time during the year, did the organization,	directly or indirectly, own a controlled entity within the			_
		88b	ĺ	Х
89 a 501(c)(3) organizations Enter Amount of tax imposed on the org				
section 4911 ► NONE , section 4912 ►				
<del></del>	engage in any section 4958 excess benefit transaction			
	ss benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction		89ъ		х
c Enter Amount of tax imposed on the organization managers or o		000		
		1 1	ľ	
sections 4912, 4955, and 4958	ization N/A			
a All amongstons. At any time during the tax year a	was the organization a party to a prohibited tax shelter			
		000	İ	v
# All parameters Did the properties accurs a direct	and indicate interest in any analysis in any analysis in any	89e		<u>X</u>
	or indirect interest in any applicable insurance contract?	89f		X
- · · · · · · · · · · · · · · · · · · ·	nizations maintaining donor advised funds Did the		ſ	
	sponsoring organization, have excess business holdings			
		89g		<u>x</u> _
90 a List the states with which a copy of this return is filed ▶ FL,				
	March 12, 2007 (See instructions )	90Ь		
91a The books are in care of ► RALPH PERRINO	Telephone no ► <u>(407) 2</u>	<u>46-4</u>	803	
Located at ► 50 EAST ROBINSON STREET ORLANDO	), FL ZIP+4 ▶ 32801			
		,		
b At any time during the calendar year, did the organization have a			Yes	<u>No</u>
	securities account, or other financial account)?	91b		<u>X</u>
If "Yes," enter the name of the foreign country ▶				
See the instructions for exceptions and filing requirements for For	m TD F 90-22.1, Report of Foreign Bank		1	
and Financial Accounts.				

orm 990 (20	007)			26-	• -0879378	•	Page <b>8</b>
Part VI	Other Information (continue	ed)					Yes No
c At an	y time during the calendar year,	did the org	anization maintain an	office outside	of the United States?	91c	Х
	es," enter the name of the foreign			<del></del>			
92 Secti	on 4947(a)(1) nonexempt charit	able trusts f	îlıng Form 990 ın lıeu d	of Form 1041 -	Check here		▶□
and e	enter the amount of tax-exempt I	nterest rece	eived or accrued durin	g the tax year	▶ 92		N/A
Part VII	Analysis of Income-Produc	ing Activit	ti <b>es</b> (See the instruc	tions.)			
	gross amounts unless otherwise	Unre	lated business income	Excluded by	y section 512, 513, or 514	(E)	
ndicated		(A)	(B)	(C)	(D)	Related exempt fun	
93 Progr	am service revenue	Business code	Amount	Exclusion code	Amount	income	
a FUN	IDRAISING FEES					1,0	77,582.
b							
е			-				
f Medica	are/Medicaid payments						
	and contracts from government agencies	<u> </u>					
_	pership dues and assessments		· · · · · · · · · · · · · · · · · · ·				
	t on savings and temporary cash investments			14	43,235.	<del></del>	
	ends and interest from securities		· · · · · · · · · · · · · · · · · · ·	<del> </del>	10,200.		
	ental income or (loss) from real estate		·	· <del>-   </del>			
	financed property	<u> </u>		T			
	ebt-financed property						
	, , ,	<del></del>		+		<del></del>	
	ital income or (loss) from personal property	<del></del>		<del></del>	<del></del>		
	investment income	<del></del>		<del> </del>		- <del></del>	
	(loss) from sales of assets other than inventory	<del></del>		<del></del>		<del></del> _	
	ncome or (loss) from special events .			<del>                                     </del>			
	profit or (loss) from sales of inventory			<del> +</del>			
	revenue a		·				
		<del></del>		<del></del>			
d				<del></del>			
e				<del>                                     </del>			
	otal (add columns (B), (D), and (E))		L		43,235.		77,582.
	(add line 104, columns (B), (D), and (			• • • • • • •	· · · · · · · · · · · · · · · · · · ·	1,1	20,817.
	105 plus line 1e, Part I, should equal t						
	Relationship of Activities						
Line No. ▼	Explain how each activity for whorganization's exempt purposes (o				ontributed importantly to	the accomplishr	nent of the
93A	FUNDRAISING FEES FRO	M CAMPA	GNS THAT PROVI	DE LONG T	ERM		
	SUSTAINABLE SUPPORT	FOR THE	PARISHES, SCHO	OLS, AGEN	CIES, AND		
	OTHER MINISTRIES OF	THE CATE	HOLIC DIOCESE C	F ORLANDO	•		
Part IX	Information Regarding Tax	able Subs	idiaries and Disreg	arded Entitie	s (See the instruction	าร )	
	(A)		(B)	(C)	(D)	(E) End-of-y	
	Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of Nat ownership interest	ure of activities	Total income	End-of-y assets	rear s
	_		%				
		_	%	_ <del></del>			
			%				
			%				
Part X	Information Regarding Tra	nsfers Ass	1	nal Benefit C	ontracts (See the ins	structions )	
	e organization, during the year, receiv				<del></del>	<del></del>	X No
	he organization, during the year						X No
	"Ves" to (h) file Form 8870 and F			, on a p	J. J. John Donoit Gonta	·	

Form **990** (2007)

						Yes No
06			on <b>make</b> any transfers <b>to</b> a the schedule below for each	controlled entity as defined in secontrolled entity	ction 512(b)(13) of	x
	ŀ	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	sfer
a						
ь						
С						
		Totals				
107	512	(b)(13) of the Code? If "\(\frac{1}{2}\)	Yes," complete the schedule	n a controlled entity as defined in see below for each controlled entity  (C)	<del></del>	Yes No
	•	Name, address, of each controlled entity	Employer Identification Number	Description of transfer	(D) Amount of tran	sfer
а						
b						
b c		Totale				
c		_	binding written contract in essential described in question 107	ffect on August 17, 2006, covering above?	g the interest,	Yes No
c 108 Pleas	rent se	the organization have a is, royalties, and annuitie  Under penalties of perjury, I c and belief, it is true, correct.  Signature of officer	s described in question 107 lectare that I have examined this report of preparation of preparati		d statements, and to the best of	X f my knowled
_	rent	the organization have a is, royalties, and annuitie  Under penalties of perjury, I c and belief, it is true, correct.  Signature of officer  Type or print name and to signature	s described in question 107 lectare that I have examined this report of preparation of preparati	above?  Itum, including accompanying schedules an arer (other than officer) is based on all officer.  Date  BLANCHETE    Date   Check if self-employed	d statements, and to the best of	f my knowledgany knowledg

#### **SCHEDULE A**

(Form 990 or 990-EZ) Department of the Treasury

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 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

Internal Revenue Service Name of the organization

THE CATHOLIC FOUNDATION OF CENTRAL FLORIDA

Employer identification number 26-0879378

Compensation of the Five Higher (See page 1 of the instructions. List of	est Paid Employee each one. If there ar	es Other Than O e none, enter "No	fficers, Directors, a ne.")	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average ho per week devoted to pos		(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9	_			
				<u> </u>
Total number of other employees paid over \$50,000 >	NONE			,
Part II-A Compensation of the Five Highe	st Paid Independ	ent Contractors	for Professional S	ervices
(See page 2 of the instructions. List				
(a) Name and address of each independent contractor pai	d more than \$50,000	(b) Type of	service (	c) Compensation
SEE STATEMENT 10				
Ode Diathment to				<del></del>
Total number of others receiving over \$50,000 for professional services	NONE			
Part II-B Compensation of the Five High (List each contractor who performe firms If there are none, enter "None	est Paid Independ d services other tha	n professional ser		
(a) Name and address of each independent contractor paid		(b) Type of	service (	c) Compensation
NONE				
	- <b>-</b>			
Total number of other contractors receiving over				
\$50,000 for other services	NONE			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities   (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B).		x
	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)		
а	Sale, exchange, or leasing of property?		x
b	Lending of money or other extension of credit?	x	
С	Furnishing of goods, services, or facilities?		x
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
е	Transfer of any part of its income or assets?		x
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)		x
b	Did the organization have a section 403(b) annuity plan for its employees?	x	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<del>                                     </del>	x
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g		x
C	Did the organization make a distribution to a donor, donor advisor, or related person?		_x_
d	Enter the total number or donor advised funds owned at the end of the tax year		
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<del></del>

An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions )

Schedule A (Form 990 or 990-EZ) 2007

NONE

Note: You may use the worksheet in the instruction  Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	NOT APPLI	
15 Gifts, grants, and contributions received (Do	(a) 2000	(5) 2003	(0) 2004	(d) 2003	- (e)	Total
not include unusual grants. See line 28)		Į.				
16 Membership fees received	-					
17 Gross receipts from admissions, merchandise	† · · · · · · · · · · · · · · ·			<del> </del>		
sold or services performed, or furnishing of		,				
facilities in any activity that is related to the					•	
organization's charitable, etc., purpose				1	1	
18 Gross income from interest, dividends,		-				
amounts received from payments on securities						
loans (section 512(a)(5)), rents, royalties, income						
from similar sources, and unrelated business				1	1	
taxable income (less section 511 taxes) from						
businesses acquired by the organization after June 30, 1975						
19 Net income from unrelated business activities	<u> </u>					<del></del>
not included in line 18		Ì			ĺ	
20 Tax revenues levied for the organization's benefit						
and either paid to it or expended on its						
behalf					j	
21 The value of services or facilities furnished to	<del></del>			<del> </del>	<del></del>	
the organization by a governmental unit						
without charge Do not include the value of						
services or facilities generally furnished to the					1	
public without charge						
22 Other income Attach a schedule Do not	<del></del>	-	<del></del>		-	
include gain or (loss) from sale of capital assets					1	
23 Total of lines 15 through 22						
24 Line 23 minus line 17						
25 Enter 1% of line 23						
26 Organizations described on lines 10 or 11: a	Enter 2% of amoun	t in column (e), line 2	24 NOT APPLICA	BLE :	26a	
b Prepare a list for your records to show the						
governmental unit or publicly supported organ						
amount shown in line 26a Do not file this I					26b	
c Total support for section 509(a)(1) test. Enter line 2	4, column (e)				26c	
		9				
22	2	6b		▶	26d	
e Public support (line 26c minus line 26d total)					26e	
f Public support percentage (line 26e (numerator)						%
27 Organizations described on line 12: a For person," prepare a list for your records to sh	amounts include	d in lines 15,	16, and 17 that	were received	i from a "o	d person
Do not file this list with your return. Enter the sum			s received in each	year from, eac	ii disquaime	u person
NOT APPLICABLE						
(2006) (2005)	. <b></b>	(2004)		(2003)		
b For any amount included in line 17 that was i	received from each	person (other than	n "disqualified perso	ns"), prepare a	list for your	records to
show the name of, and amount received for eac (Include in the list organizations described in line						
the difference between the amount received a						
amounts) for each year						
(2006) (2005)	<b></b> -	(2004)		(2003)		<del>-</del>
c Add Amounts from column (e) for lines 15	1	6	<del></del>	ı		
17 20	2	1		▶	<u>27c  </u>	
d Add Line 27a total						
e Public support (line 27c total minus line 27d total).			1 1		27e	
f Total support for section 509(a)(2) test. Enter amount						
g Public support percentage (line 27e (numerator)	-					9
h Investment income percentage (line 18, column	e) (numerator) divid	ed by line 27f (deno	minator))	<u> ▶   2</u>	27h	9,
28 Unusual Grants: For an organization describe prepare a list for your records to show, for	each year, the n	, or 12 that rea	ceived any unusual ibutor, the date an	grants during d amount of t	throu נטטט he grant. an	ıgn ∠006 ıd a brıe
description of the nature of the grant. Do not file th	is list with your retu	rn. Do not include t	hese grants in line 15	Cahadula A		

Par		ABLE	S	
29	(To be completed ONLY by schools that checked the box on line 6 in Part IV)  Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
23	The state of the s	29	103	100
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	<del></del>		
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
			1 1	
32				
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	$\vdash$	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	1	1 1	
	basis?	32b	$\vdash$	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?  Copies of all material used by the organization or on its behalf to solicit contributions?	32c		
a	Copies of all material used by the organization of on its behalf to solicit contributions?	32d	$\vdash$	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	The following the teacher, please explain (if you less more space, attach a separate statement)	}		
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
	•	1		
þ	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c	<u> </u>	
d	Scholarships or other financial assistance?	33d	$\vdash$	
_	Educational nations?	22-		
é	Educational policies?	33e		
•	Use of facilities?	33f		
•	Use of facilities?	331		
a	Athletic programs?	33g		
3				
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		1 1	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
	II . the constant of webster and another an applied a series and 40			
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4-01 through 4-05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	35		

Pa	rt VI-A	, ,	xpenditures by Elec pleted ONLY by an (	_	` , ,				,	BLE
Che	ck ▶a		zation belongs to an affil							trol" provisions apply
			imits on Lobbying "expenditures" means	•	rred )		Affiliate	a) ed grou als	р	(b) To be completed for all electing organizations
36	Total lok	<del></del>	tures to influence publ		<del></del>	36				- Granta di Gran
37			tures to influence a leg			37				
38			tures (add lines 36 an			38	<u></u>	_		
39			expenditures			39				
40	Total ex	empt purpose	expenditures (add line	- 20 and 20)		40				
40 Total exempt purpose expenditures (add lines 36 and 39) 41 Lobbying nontaxable amount. Enter the amount from the following table -										
	-	nount on line 4		bbying nontaxable an						
	Not over \$	500,000		the amount on line 40						
			\$1,000,000 \$100,00							
			er \$1,500,000 \$175,00			41				
			er \$17,000,000 \$225,00				·	-		
			\$1,000,							
42			amount (enter 25% o			42				
43			ine 36 Enter -0- if line			43				
44	Subtrac	t line 41 from li	ne 38 Enter -0- if line	41 is more than line	38	44				<u></u>
	_							-		
	Caution	: If there is an	amount on either line							
	/6			Averaging Period						holow
	(5)	ome organizati	ons that made a secti	ons for lines 45 throug		-			umns	Delow
			See the instruction							<del></del>
				Lobbying Expendi	tures During 4	-Year	Averagin 	g Pe	riod	
	Calenda	r year (or fiscal	(a)	(b)	(c)		(	d)		(e)
	year beg	inning in) 🕨	2007	2006	2005		2(	004		Total
	Lobbying	nontaxable								
<u>45</u>	amount	<u> </u>				$-\downarrow$				
	Lobbying	ceiling amount								
<u>46</u>	(150% of	line 45(e))				-+				
47										
47		ying expenditures	<u> </u>			-+				
40		ots nontaxable			,					
40		· · · · · · · · · · · · · · · · · · ·								
49		s ceiling amount line 48(e))								
		ots lobbying								
50		ures								
=	rt VI-B	Lobbying A	ctivity by Nonelecti				NOT			
		(For report	ing only by organiza	tions that did not co	mplete Part VI-	A) (Se	e page 1	3 of	he in	structions)
		· -	ization attempt to influer		_	ing any		Yes	No	Amount
atte	mpt to infl	uence public opi	inion on a legislative mat	tter or referendum, throug	gh the use of					
а	Volunte	ers						ļ		
b	Paid sta	aff or managen	nent (Include compens	sation in expenses rep	orted on lines c t	nrough				
C	Media a	dvertisements						<u> </u>		
d			legislators, or the publ					<u> </u>		
е			hed or broadcast state					<b> </b> -		
f			zations for lobbying pu					<u> </u>		
g			ıslators, their staffs, g					<u> </u>		
h			s, seminars, conventi			-		<del> </del>		
Ĭ			tures (Add lines c thro					السلم		
_	it Yes"	to any or the a	bove, also attach a st	atement giving a deta	med description (	טו נוופ וכ	boying ac		lule A	(Form 990 or 990-EZ) 2007
								501160	J	550 or 550-LL/ 2007

Рa	rt VII	Exempt Organizations (	See page 14 of the instructions )	d Relationships With Noncharitable		
51				owing with any other organization described i	n sect	ion
	501(c) of	the Code (other than section	on 501(c)(3) organizations) or in sectio	n 527, relating to political organizations?		
а			ation to a noncharitable exempt organiz		Yes	No
	(i) Cast	n		51a(i)		Х
						х
b	Other tran					
			with a noncharitable exempt organization	b(i)		х
	(ii) Dure	chases of assets from a no	ncharitable exempt organization	b(ii)		X
	(ii) Pon	tal of facilities, equipment	or other goods	D(II)		
	(iii) Ren	tar or racinties, equipment,	or other assets			<u>X</u>
	(IV) Rein	nbursement arrangements		b(iv)		X
	(v) Loai	ns or loan guarantees				<u> </u>
				b(vi)	$\vdash$	X
				s <u>c</u>		<u> </u>
d				column (b) should always show the fair market		
	-	- · · · · · · · · · · · · · · · · · · ·		organization received less than fair market v	alue ir	n any
	transaction	or sharing arrangement, show	in column (d) the value of the goods, other	assets, or services received		
	(a)	(b)	(c)	(d)		
	Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arra	ngemer	nts
	N/A					
		<u> </u>				
		<del></del>				
	<u>-</u>				<del></del>	<del></del>
		ļ				
	describe		ctly affiliated with, or related to, one or Code (other than section 501(c)(3)) or i ledule		; <u>x</u>	No
		(a)	(b)	(c)		
Name of organization			Type of organization Description of relationship			
				<u> </u>		
	N/A					
_						
			<del> </del>	· · · · · · · · · · · · · · · · · · ·		
_		<del></del>	<del> </del>			
			<del></del>			
_			<del> </del>			
			<del> </del>	<u> </u>		
	_	<del></del>				
_						
				<del></del>		

Schedule A (Form 990 or 990-EZ) 2007

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

PROPERTY AND EQUIPMENT FORM 990, PART IV, LINE 57

COMPUTER EQUIPMENT SOFTWARE	6,897. 6,000.
LESS ACCUMLATED DEPRECIATION	12,894. (1,150.)
NET ASSETS	11,747.

COMPUTER EQUIPMENT AND SOFTWARE ARE RECORDED AT COST. DEPRECIATION IS RECORDED ON A STRAIGHT-LINE BASIS OVER THE ESTIMATED USEFUL LIFE. DEPRECIATION EXPENSE FOR THE FISCAL YEAR END 6/30/2008 WAS \$1,150.

## FORM 990 - GENERAL EXPLANATION ATTACHMENT

LENDING OF MONEY OR OTHER EXTENSION OF CREDIT SCHEDULE A, PART III, LINE 2B

THE CATHOLIC FOUNDATION OF CENTRAL FLORIDA, IN THE ORDINARY COURSE OF BUSINESS, BORROWED FROM THE CATHOLIC DIOCESE OF ORLANDO TO FUND ITS OPERATING EXPENSES.

PAYMENT OF COMPENSATION SCHEDULE A, PART III, LINE 2D

SEE FORM 990, PART V

### FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO ENCOURAGE SELFLESS STEWARDSHIP AMONG INDIVIDUALS, FAMILIES AND ORGANIZATIONS; SAFEGUARD AND PROMOTE ACCOUNTABILITY OF THE GIFTS ENTRUSTED TO OUR CARE, AND ENGAGE DONORS TO SUPPORT THE SPIRITUAL EDUCATION AND SOCIAL NEEDS OF OUR FAITH COMMUNITY.

23

## FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

## PROGRAM SERVICE ACCOMPLISHMENT A

THE ALIVE IN CHRIST CAMPAIGN IS A MULTI-WAVE, MULTI-YEAR CAPITAL CAMPAIGN WITH A GOAL TO RAISE \$150 MILLION, OF WHICH \$90 MILLION WILL BE RETURNED TO PARISHES FOR CAPITAL IMPROVEMENTS, DEBT REDUCTION, PARISH OR SCHOOL ENDOWMENTS, AND OTHER PROJECTS. THE CAMPAIGN BEGAN IN SPRING 2008 AND THE FUNDRAISING PHASE IS PROJECTED TO CONTINUE THROUGH FALL 2010. ALIVE IN CHRIST IS THE PLATFORM FOR NUMEROUS PARISH AND DIOCESAN INITIATIVES.

#### PROGRAM SERVICE ACCOMPLISHMENT B

THE FOUNDATION DEVELOPMENT STAFF PROVIDES CONTINUING ASSISTANCE TO BOTH THE DIOCESE AND INDIVIDUAL PARISHES FOR CURRENT AND FUTURE DEVELOPMENT ACTIVITIES THROUGH ITS DIOCESAN STEWARDSHIP AND DEVELOPMENT SERVICES, INCLUDING OUR CATHOLIC APPEAL, THE PARISH BASED ANNUAL COLLECTION TO SUPPORT THE OPERATIONS OF THE CHANCERY AND ITS PROGRAMS AND MINISTRIES. OUR CATHOLIC APPEAL IS BASED ON A SCHEDULE OF ASSESSMENTS PREPARED BY THE CHANCERY IN CONJUNCTION WITH THE PASTORAL LEADERSHIP OF THE DIOCESE. THE ANNUAL GOAL FOR OUR CATHOLIC APPEAL WAS \$11 MILLION IN 2008.

ENDING BOOK VALUE

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION -----

DEPOSITS 32,941.

TOTALS 32,941.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING BOOK VALUE

ASSETS HELD FOR OTHERS DUE TO DIOCESE OF ORLANDO ACCRUED VACATION 2,312,438. 1,080,195. 46,025.

TOTALS

3,438,658.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MARILYN BLANCHETTE 50 EAST ROBINSON STREET ORLANDO, FL 32801	PRESIDENT 40.00	134,188.	NONE	NONE
THOMAS LEVESQUE 50 EAST ROBINSON STREET ORLANDO, FL 32801	CHIEF FINANCIAL OFFICER 40.00	9,856.	NONE	NONE
WILLIAM OROSZ 50 EAST ROBINSON STREET ORLANDO, FL 32801	CHAIRMAN 1.00	NONE	NONE	NONE
JOSEPH SCIORTINO 50 EAST ROBINSON STREET ORLANDO, FL 32801	VICE PRESIDENT 1.00	NONE	NONE	NONE
J STEPHEN ZEPF 50 EAST ROBINSON STREET ORLANDO, FL 32801	TREASURER 1.00	NONE	NONE	NONE
DAVID POWERS 50 EAST ROBINSON STREET ORLANDO, FL 32801	SECRETARY 1.00	NONE	NONE	NONE
FATHER STEPHEN PARKES	BOARD MEMBER 1.00	NONE	NONE	NONE

STATEMENT

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE
COMPENSATION	NONE	NONE	144,044.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION 	BOARD MEMBER 1.00	BOARD MEMBER 1.00	GRAND TOTALS
NAME AND ADDRESS 50 50 EAST ROBINSON STREET ORLANDO, FL 32801	PATRICK RAINEY 50 EAST ROBINSON STREET ORLANDO, FL 32801	JAMES CROSON 50 EAST ROBINSON STREET ORLANDO, FL 32801	

ω

STATEMENT

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

EXPENSE ACCOUNT	NONE	NONE	NONE	NON = = = = = = = = = = = = = = = = = =
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE E
COMPENSATION	64,323.	59,838.	61,074.	185,235.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CAMPAIGN DIRECTOR . 40.00	CAMPAIGN DIRECTOR 40.00	ADMINISTRATION DIR. 40.00	TOTAL COMPENSATION
NAME AND ADDRESS	PJ GUERRIERO 30 EAST ROBINSON STREET ORLANDO, FL 32801	MAI SCHRODER 30 EAST ROBINSON STREET ORLANDO, FL 32801	MARTA SWEENEY 30 EAST ROBINSON STREET ORLANDO, FL 32801	

σ

STATEMENT

# SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CAVAN CORPORATION 1225 SWIFT AVENUE NORTH KANSAS CITY, MO 64116	FUNDRAISING SERVICES	298,000.
GRAHAM PELTON 39 BEECHWOOD ROAD SUMMIT, NJ 07901	FUNDRAISING CONSULT	279,004.
GREATER MISSION LLC 5429 AUTUM FIELD COURT ELLICOTT, MD 21043	FUNDRAISING CONSULT	197,164.
TEWS COMPANY 1000 LEGION PLACE, SUITE 730 ORLANDO, FL 32801	TEMPORARY STAFFING	53,452.
TOTAL	COMPENSATION	827,620.