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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable

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

C Name of organization

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Doing Business As

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

637 ERIE STREET

Room/suite

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

MILWAUKEE, WI 53202

F Name and address of principal officer **MARY ELLEN MARKOWSKI**

637 EAST ERIE STREET, MILWAUKEE, WI 53202

D Employer identification number

39-2005163

E Telephone number

(414) 431-6402

G Gross receipts \$

8,141,901.

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.LEGACIESOFFAITH.ORG**

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: **2000**

M State of legal domicile: **WI**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO RECEIVE GIFTS, ESTABLISH DONOR FUNDS, PROVIDE PROPER MANAGEMENT OF RESOURCES, AND TO PROVIDE			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	316,433.	1,356,644.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,758.	116,293.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	912,463.	1,045,770.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,562.	35,457.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,340,216.	2,554,164.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	385,445.	456,296.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	268,899.	282,298.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,759.	0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	210,138.	250,597.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	864,482.	989,191.	
	19 Revenue less expenses - Subtract line 18 from line 12	475,734.	1,564,973.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	31,004,639.	46,020,189.
		22 Net assets or fund balances - Subtract line 21 from line 20	17,436,936.	28,414,744.
			13,567,703.	17,605,445.

Part II Signature Block

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.

Sign Here	Signature of officer	Date
	MARY ELLEN MARKOWSKI, PRESIDENT	1/3/12
Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature
	JOEL JOYCE	12/28/11
Firm's name	Firm's address	Firm's EIN
	REILLY, PENNER & BENTON LLP 1233 NORTH MAYFAIR RD, SUITE 302 MILWAUKEE, WI 53226-3255	(414) 271-7800

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.

Form 990 (2010)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒ X

1 Briefly describe the organization's mission

THE FOUNDATION EXISTS TO SUPPORT THE MISSION OF THE ROMAN CATHOLIC CHURCH, ESPECIALLY IN THE TEN ARCHDIOCESAN COUNTIES OF SOUTHEASTERN WISCONSIN. IT FULFILLS THOSE OBJECTIVES BY ATTRACTING CHARITABLE FUNDS, USING THOSE RESOURCES WISELY AND EFFICIENTLY IN ADDRESSING KEY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ 528,961. including grants of \$ 456,296.) (Revenue \$ 116,293.)

THE FOUNDATION DISTRIBUTED \$456,296 TO 91 ORGANIZATIONS/PROGRAMS IN FISCAL YEAR 2010/2011 FOCUSING ON FOUR GRANT PRIORITIES: 1) PROVIDING EDUCATION - THE FOUNDATION SUPPORTS CATHOLIC SCHOOLS AND RELIGIOUS EDUCATION PROGRAMS THAT PROVIDE FORMATION IN KINDERGARTEN THROUGH TWELFTH GRADE. 2) LEADERSHIP DEVELOPMENT - PARISHES, SCHOOLS AND AGENCIES MUST HAVE LEADERS WHO ARE ABLE TO ENGAGE PEOPLE IN CREATING A SHARED VISION FOR THE FUTURE WHILE DEVELOPING SOUND STRATEGIES AND INFRASTRUCTURES TO ACHIEVE THE VISION. 3) COMMUNITY BUILDING - THE FOUNDATION SUPPORTS INITIATIVES THAT STRENGTHEN FAMILIES, PARISHES, AND THOSE SUFFERING FROM POVERTY, DISCRIMINATION, AND VIOLENCE. 4) HEALTH CARE - THROUGH A FUND ESTABLISHED BY THE ST. ANTHONY FOUNDATION, THE FOUNDATION SUPPORTS THOSE ORGANIZATIONS THAT ARE ENGAGED IN PROVIDING

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 528,961.

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	☐ Yes ☒ No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	6	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	3
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c Enter the amount of reserves on hand.	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18	
b Enter the number of voting members included in line 1a, above, who are independent	17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11b	
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **▶**
JOHN BLICKLE - (414) 431-6402
637 EAST ERIE STREET, MILWAUKEE, WI 53202

ARCHDIOCESE OF MILWAUKEE

Form 990 (2010)

CATHOLIC COMMUNITY FOUNDATION INC.

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY ELLEN MARKOWSKI PRESIDENT	40.00	X		X		X		115,003.	0.	8,050.
PAT MEHIGAN DIRECTOR, CHAIRMAN OF THE		X		X				0.	0.	0.
PATTI VAN KAMPEN DIRECTOR, VICE CHAIRMAN, V		X		X				0.	0.	0.
DICK WELLS DIRECTOR, VICE PRESIDENT,		X		X				0.	0.	0.
JOHN HERBERS DIRECTOR, SECRETARY		X		X				0.	0.	0.
DEBRA ALDER DIRECTOR		X						0.	0.	0.
F. JON BARANKO DIRECTOR		X						0.	0.	0.
LESLIE A. BLUM DIRECTOR		X						0.	0.	0.
BARBARA ANNE CUSACK DIRECTOR		X						0.	0.	0.
TIM DODGE DIRECTOR		X						0.	0.	0.
THOMAS J. FISCHER DIRECTOR		X						0.	0.	0.
RICHARD S. GALLAGHER DIRECTOR		X						0.	0.	0.
JUDY KEYES DIRECTOR		X						0.	0.	0.
REV. KENNETH P. KNIPPEL DIRECTOR		X						0.	0.	0.
JOHN MAREK DIRECTOR		X						0.	0.	0.
DAVID MORRIS DIRECTOR		X						0.	0.	0.
MAUREEN STAPLETON DIRECTOR		X						0.	0.	0.

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Form 990 (2010)

39-2005163 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV. DONALD HYING DIRECTOR		X						0.	0.	0.
1b Sub-total								115,003.	0.	8,050.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								115,003.	0.	8,050.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Form 990 (2010)

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Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	16,678.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1339966.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			1356644.			
Program Service Revenue	2 a <u>AGENCY FUND ADMINISTRA</u>	Business Code	561000	116,293.	116,293.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			116,293.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			448,608.			448,608.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less. rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)			597162.			
	d Net gain or (loss)			597,162.			597,162.
	8 a Gross income from fundraising events (not including \$ <u>16,678.</u> of contributions reported on line 1c). See Part IV, line 18	a		52,135.			
	b Less. direct expenses	b		16,678.			
	c Net income or (loss) from fundraising events			35,457.			35,457.
	9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2554164.	116,293.	0.	1,081,227.

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Form 990 (2010)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	456,296.	456,296.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	115,003.		28,751.	86,252.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	102,106.	51,053.	51,053.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	15,198.	3,573.	5,587.	6,038.
9 Other employee benefits	34,394.	14,133.	15,231.	5,030.
10 Payroll taxes	15,597.	3,906.	5,852.	5,839.
11 Fees for services (non-employees):				
a Management				
b Legal	24,610.		24,610.	
c Accounting	10,015.		10,015.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	121,413.		121,413.	
g Other				
12 Advertising and promotion	7,500.			7,500.
13 Office expenses	12,439.		10,466.	1,973.
14 Information technology	10,114.		10,114.	
15 Royalties				
16 Occupancy	32,785.		32,785.	
17 Travel	785.		785.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,235.		1,235.	
20 Interest	212.		212.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,686.		7,686.	
23 Insurance	2,676.		2,676.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a FUND RAISING EVENTS	19,127.			19,127.
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 Total functional expenses. Add lines 1 through 24f	989,191.	528,961.	328,471.	131,759.
26 Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Form 990 (2010)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	90,644.	1	94,310.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	35,904.	4	53,883.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,183.	9	4,208.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 66,474.		
	b Less accumulated depreciation	10b 47,185.	26,975.	10c 19,289.
	11 Investments - publicly traded securities	29,793,164.	11	41,025,934.
	12 Investments - other securities See Part IV, line 11	1,055,769.	12	4,822,565.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	31,004,639.	16	46,020,189.	
Liabilities	17 Accounts payable and accrued expenses	138,695.	17	186,603.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	17,298,241.	25	28,228,141.
	26 Total liabilities. Add lines 17 through 25	17,436,936.	26	28,414,744.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		6,784,227.	27	9,618,841.
28 Temporarily restricted net assets		6,783,476.	28	7,986,604.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		13,567,703.	33	17,605,445.
34 Total liabilities and net assets/fund balances		31,004,639.	34	46,020,189.

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,554,164.
2	Total expenses (must equal Part IX, column (A), line 25)	2	989,191.
3	Revenue less expenses Subtract line 2 from line 1	3	1,564,973.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,567,703.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,472,769.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,605,445.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☐

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?**b** Were the organization's financial statements audited by an independent accountant?**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.
--------------------------	--

Employer identification number
39-2005163

Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
---------------	--

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) ☐ A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) ☐ A family member of a person described in (i) above?

(iii) ☐ A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]**Total**

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

Schedule A (Form 990 or 990-EZ) 2010

ARCHDIOCESE OF MILWAUKEE

Schedule A (Form 990 or 990-EZ) 2010 **CATHOLIC COMMUNITY FOUNDATION INC.** 39-2005163 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	266,442.	127,368.	374,800.	342,995.	1,392,101.	2,503,706.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	266,442.	127,368.	374,800.	342,995.	1,392,101.	2,503,706.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						2,503,706.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	266,442.	127,368.	374,800.	342,995.	1,392,101.	2,503,706.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	439,330.	455,091.	424,860.	364,724.	448,608.	2,132,613.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	59,995.	65,034.	62,321.	84,758.	116,293.	388,401.
11 Total support. Add lines 7 through 10						5,024,720.

12 Gross receipts from related activities, etc. (see instructions)	12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐		

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	49.83	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	43.42	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒			
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐			
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐			

Schedule A (Form 990 or 990-EZ) 2010

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010Open to Public
InspectionName of the organization **ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**Employer identification number
39-2005163**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	21
2 Aggregate contributions to (during year)	1,224,758.	147,342.
3 Aggregate grants from (during year)	58,670.	519,461.
4 Aggregate value at end of year	2,746,043.	14,859,400.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☒ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,488,263.	12,126,825.	14,369,416.		
b Contributions	1,391,650.	327,443.	374,420.		
c Net investment earnings, gains, and losses	3,518,528.	1,831,716.	<1,923,221.>		
d Grants or scholarships	578,131.	385,445.	380,640.		
e Other expenditures for facilities and programs	137,115.	276,982.	193,974.		
f Administrative expenses	161,921.	135,294.	119,176.		
g End of year balance	17,521,274.	13,488,263.	12,126,825.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► 100.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	66,474.		47,185.	19,289.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

19,289.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMODITIES AND INFLATION		
(B) HEDGES	1,178,428.	END-OF-YEAR MARKET VALUE
(C) REAL ESTATE PARTNERSHIP	735,748.	END-OF-YEAR MARKET VALUE
(D) BOND MUTUAL FUNDS	2,908,389.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	4,822,565.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) AGENCY FUNDS	
(3)	28,228,141.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	28,228,141.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,554,164.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	989,191.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,564,973.
4	Net unrealized gains (losses) on investments	4	2,472,769.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	2,472,769.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	4,037,742.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,906,273.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	2,472,769.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	2,472,769.
3	Subtract line 2e from line 1	3	2,433,504.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,660.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	120,660.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,554,164.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	868,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	868,531.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	120,660.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	120,660.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	989,191.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:SEE FORM 990 PART III 4).

PART X, LINE 1: AGENCY FUNDS MANAGED, BUT NOT OWNED BY THE FOUNDATION.

**PART X, LINE 2:THE ORGANIZATION IS EXEMPT FROM UNITED STATES INCOME TAXES
AS PROVIDED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE
ORGANIZATION IS ALSO EXEMPT FROM WISCONSIN INCOME TAXES.**

UNDER GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, MANAGEMENT IS REQUIRED TO EVALUATE ANY UNCERTAIN TAX POSITIONS TAKEN, IF ANY, AND PROVIDE ADDITIONAL DISCLOSURES. AT THIS TIME, THE ORGANIZATION DOES NOT BELIEVE IT HAS TAKEN ANY UNCERTAIN TAX POSITIONS THAT MAY HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS OR NOTE DISCLOSURES.

THE ORGANIZATION IS NO LONGER SUBJECT TO UNITED STATES FEDERAL INFORMATION RETURN EXAMINATIONS FOR YEARS ENDING BEFORE DECEMBER 31, 2007.

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization	ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.	Employer identification number	39-2005163
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Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through col. (c))
		GOLF OUTING (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	52,135.			52,135.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	52,135.			52,135.
Direct Expenses	4 Cash prizes	1,700.			1,700.
	5 Noncash prizes	395.			395.
	6 Rent/facility costs	9,585.			9,585.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,998.			4,998.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(16,678)
	11 Net income summary Combine line 3, column (d), and line 10				35,457.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

ARCHDIOCESE OF MILWAUKEE

Schedule G (Form 990 or 990-EZ) 2010

CATHOLIC COMMUNITY FOUNDATION INC.

39-2005163 Page **3**

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in:
- | | | | |
|----------|-----------------------------|------------|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization **ARCHDIOCESE OF MILWAUKEE**
CATHOLIC COMMUNITY FOUNDATION INC.
Employer identification number
39-2005163

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDS RESOURCE CENTER OF WISCONSIN 820 N. PLANKINTON AVE. MILWAUKEE, WI 53203	39-1534049	501(C)(3)	10,000.	0.			MEDICAL CARE/TREATMENT OF PEOPLE WITH HIV/AIDS
ARCHDIOCESE OF MILWAUKEE 3501 S. LAKE DR. PO BOX 070912 MILWAUKEE, WI 53207	39-0807221	501(C)(3)	38,680.	0.			SUPPORT OF VARIOUS PROGRAMS
BADGER ASSOCIATION OF THE BLIND AND VISUALLY IMPAIRED - 912 N. HAWLEY RD. - MILWAUKEE, WI 53213	39-0808506	501(C)(3)	5,000.	0.			SUPPORT FOR VISION REHABILITATION THERAPY PROGRAMS
BENEDICT CENTER, INC. 135 W. WELLS ST. STE. 700 MILWAUKEE, WI 53203	39-1226475	501(C)(3)	10,000.	0.			SUPPORT THE MIND, BODY SPIRIT WELLNESS PROGRAM AND THE "SUCCESS WORKS" WOMEN'S HARM REDUCTION
CARDINAL STRITCH UNIVERSITY 6801 N. YATES RD. MILWAUKEE, WI 53217	39-0806196	501(C)(3)	6,705.	0.			SUPPORT K-8 CATHOLIC SCHOOL ADULT FORMATION PROGRAM
CATHEDRAL OF ST. JOHN THE EVANGELIST - 831 N. VAN BUREN ST. - MILWAUKEE, WI 53202	53-0196617	501(C)(3)	10,000.	0.			SUPPORT FOR OPEN DOOR CAFE MEAL PROGRAM

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

39-2005163

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MILWAUKEE, INC. - 3501 S. LAKE DR. PO BOX 070912 - MILWAUKEE, WI 53207	39-0806321	501(C)(3)	20,000.	0.			OPERATIONS FOR ADULT DAY SERVICES, RESOURCE CENTER, AND ALSO LEGAL SERVICES FOR IMMIGRANTS
COLUMBIA ST. MARY'S FOUNDATION 2320 N. LAKE DR. MILWAUKEE, WI 53211	39-1494981	501(C)(3)	26,000.	0.			OPERATIONS FOR ADULT LEARNING CENTER, ST. BEN'S CLINIC, AND ST. ELIZABETH ANN SETON
COMMONGROUND MINISTRY, INC. PO BOX 26916 WAUWATOSA, WI 53226	39-2005369	501(C)(3)	10,000.	0.			OPERATIONS FOR ELENA'S HOUSE
CORE/EL CENTRO 611 W. NATIONAL AVE. STE. 409 MILWAUKEE, WI 53204	39-2042797	501(C)(3)	7,500.	0.			OPERATIONS FOR HEALTH PROGRAMS
DAYSTAR, INC. PO BOX 2130 MILWAUKEE, WI 53201	39-1546606	501(C)(3)	10,000.	0.			OPERATIONS FOR TRANSITIONAL HOUSING FOR HOMELESS WOMEN
THE GUEST HOUSE OF MILWAUKEE, INC. 1216 N. 13TH ST. MILWAUKEE, WI 53205	39-1539301	501(C)(3)	10,000.	0.			OPERATIONS FOR PERMANENT HOUSING FOR HOMELESS PEOPLE WITH DISABILITIES
JOHN PAUL II ACADEMY 2023 NORTHWESTERN AVE. RACINE, WI 53404	39-0818693	501(C)(3)	6,000.	0.			SCHOLARSHIP ASSISTANCE
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD. MILWAUKEE, WI 53226	39-0806261	501(C)(3)	9,000.	0.			OPERATIONS FOR SATURDAY CLINIC FOR THE UNINSURED
MILWAUKEE ACHIEVER LITERACY SERVICES, INC. - 5566 N. 69TH ST. - MILWAUKEE, WI 53218	93-0828271	501(C)(3)	10,000.	0.			SUPPORT FOR ADULT EDUCATION PROGRAMS

Schedule I (Form 990)

LHA

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

39-2005163

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILWAUKEE CHRISTIAN CENTER 2137 W. GREENFIELD AVE. MILWAUKEE, WI 53204	39-0807066	501(C)(3)	7,500.	0.			SUPPORT FOR MEDICAL SERVICES FOR LOW INCOME ELDERLY SOUTHEAST ASIANS
NEAR SOUTH SIDE CATHOLIC SCHOOLS ASSOCIATION - 2059 S. 33RD ST. - MILWAUKEE, WI 53215	39-1570183	501(C)(3)	14,000.	0.			SUPPORT FOR COMMUNITY NURSE PROGRAM
OFFICE FOR WORLD MISSION/SOCIETY FOR THE PROPAGATION OF THE FAITH - PO BOX 3087 - MILWAUKEE, WI 53203	39-0840264	501(C)(3)	10,600.	0.			MISSIONARY SUPPORT
PENFIELD CHILDREN'S CENTER 833 N. 26TH ST. MILWAUKEE, WI 53233	39-1093701	501(C)(3)	10,000.	0.			OPERATIONS FOR SPECIAL CARE NURSERY
PHILIPPINE CULTURAL & CIVIC CENTER FOUNDATION, INC. - 535 N. 27TH ST. - MILWAUKEE, WI 53208	39-1963082	501(C)(3)	5,000.	0.			OPERATIONS FOR FREE MEDICAL CLINIC
ROSALIE MANOR COMMUNITY & FAMILY SERVICES - 4803 W. BURLEIGH ST. - MILWAUKEE, WI 53210	39-1154354	501(C)(3)	10,000.	0.			SUPPORT FOR TEEN FAMILIES PROGRAM
SCHOOL SISTERS OF NOTRE DAME 13105 WATERTOWN PLANK RD. ELM GROVE, WI 53122	39-0806379	501(C)(3)	10,000.	0.			OPERATIONS FOR NURSE HOURS FOR RETIREMENT CENTER
S.E.T. MINISTRY, INC. 2977 N. 50TH ST. MILWAUKEE, WI 53210	39-1618277	501(C)(3)	10,000.	0.			OPERATIONS FOR FAMILY EMPOWERMENT PROGRAM
WFH-ST. JOSEPH FOUNDATION 5000 W. CHAMBERS ST. MILWAUKEE, WI 53210	39-1636804	501(C)(3)	5,000.	0.			SUPPORT FOR BABY SAFE HAVEN PROGRAM

Schedule I (Form 990)

LHA

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

39-2005163

Page 1

Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA ROMERO RENEWAL CENTER 423 W. BRUCE STREET MILWAUKEE, WI 53204	39-2016499	501(C)(3)	5,000.	0.			HELP SUPPORT THE RETREAT CENTERS YOUTH PROGRAM (UNPLUGGED)
CATHERINE MARIAN HOUSING, INC. (BETHANY APTS) - 806 WISCONSIN AVENUE - RACINE, WI 53403	39-1657098	501(C)(3)	10,000.	0.			HELP FUND SUPPORTIVE SERVICES PROGRAM FOR HOMELESS WOMEN AND CHILDREN AT THE BETHANY
FAITH IN OUR FUTURE TRUST PO BOX 070504 MILWAUKEE, WI 53207	39-6796119	501(C)(3)	10,000.	0.			HELP SUPPORT THE CATHOLIC SCHOOL CENTERS OF EXCELLENCE
HOPE CENTER, INC. 502 N. EAST AVENUE WAUKESHA, WI 53186	39-1585261	501(C)(3)	7,500.	0.			HELP SUPPORT THE DROP-IN DAY SHELTER FOR THE HOMELESS
INTERFAITH OLDER ADULT PROGRAM, INC. - 600 W. VIRGINIA ST., SUITE 300 - MILWAUKEE, WI 53204	39-1217963	501(C)(3)	7,500.	0.			HELP PROVIDE BI-LINGUAL HEALTH OUTREACH NURSE
MARQUETTE UNIVERSITY PO BOX 1881 MILWAUKEE, WI 53201-1881	39-0806251	501(C)(3)	14,000.	0.			SUPPORT THE GREATER MILWAUKEE CATHOLIC EDUCATION FOUNDATION AND THE BRIAN HANLEY
PROVINCE OF ST. JOSEPH FOR THE CAPUCHIN ORDER - 1702 W. WALNUT ST., PO BOX 05656 - MILWAUKEE, WI 53205	53-0196617	501(C)(3)	30,000.	0.			SUPPORT VARIOUS PROGRAMS AT THE HOUSE OF PEACE AND ST. BENS COMMUNITY MEAL
SOAR OF RACINE 600 21ST ST., PO BOX 1782 RACINE, WI 53401	20-8232825	501(C)(3)	5,000.	0.			HELP SUPPORT OPERATIONS AND SCHOLARSHIP FUNDING
ST. ANDREW PARISH 115 SOUTH 7TH STREET DELEVAN, WI 53115	39-0806221	501(C)(3)	5,000.	0.			HELP PROVIDE TUITION ASSISTANCE THROUGH FRIENDS OF ST. ANDREW'S SCHOOL

Schedule I (Form 990)

LHA

**ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS DE SALES SEMINARY 3257 SOUTH LAKE DRIVE ST. FRANCIS, WI 53235	39-0806358	501(C)(3)	7,720.	0.			HELP SUPPORT EDUCATION OF NEW SEMARITANS
ST. PATRICK'S PARISH 1101 DOUGLAS AVENUE RACINE, WI 53235	53-0196617	501(C)(3)	5,000.	0.			HELP SUPPORT OUTREACH AND AFTER-SCHOOL PROGRAMS AT THE JOHN XXIII EDUCATIONAL CENTER
ST. STEPHEN'S CONGREGATION 1441 W. OAKWOOD RD. OAK CREEK, WI 53154	39-0830275	501(C)(3)	5,000.	0.			HELP SUPPORT CHILDREN'S FOOD PANTRY, CLOTHING BANK, AND OTHER PROGRAMS
THE GATHERING OF SOUTHEAST WISCONSIN, INC. - 804 E. JUNEAU - MILWAUKEE, WI 53202	39-1891030	501(C)(3)	8,000.	0.			HELP FEED MILWAUKEE'S HUNGRY AND HOMELESS
VETERANS FOR PEACE (MILWAUKEE CHAPTER 102) - PO BOX 80699 - MILWAUKEE, WI 53208	90-0103323	501(C)(3)	5,000.	0.			ASSIST WITH HOUSING AND FOOD FOR HOMELESS VETERANS
WHEATON FRANCISCAN HEALTHCARE FOUNDATION FOR ST. FRANCIS & FRANKLIN - 3237 SOUTH 16TH STREET - MILWAUKEE, WI 53215	32-0135258	501(C)(3)	10,000.	0.			HELP SUPPORT ANGEL OF HOPE CLINIC

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: 501(C)(3) GRANT RECIPIENT ORGANIZATIONS ARE REQUIRED TO SIGN AN AGREEMENT TO SPEND THE GRANT AWARD FOR THE PURPOSE/PROJECT IN THE GRANT APPLICATION. RECIPIENT ORGANIZATIONS ARE REQUIRED TO SUBMIT A FINAL REPORT LETTER INCLUDING A DESCRIPTION OF PROGRAM ACHIEVEMENTS, PROBLEMS, LESSONS LEARNED, FUTURE PLANS FOR PROJECT'S CONTINUATION, FINANCIAL STATEMENTS, AND IF GRANT OBJECTIVES WERE MET.

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE MIND, BODY SPIRIT
WELLNESS PROGRAM AND THE "SUCCESS WORKS" WOMEN'S HARM REDUCTION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: COLUMBIA ST. MARY'S FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: OPERATIONS FOR ADULT LEARNING
CENTER, ST. BEN'S CLINIC, AND ST. ELIZABETH ANN SETON DENTAL CLINIC

NAME OF ORGANIZATION OR GOVERNMENT:

CATHERINE MARIAN HOUSING, INC. (BETHANY APTS)

(H) PURPOSE OF GRANT OR ASSISTANCE: HELP FUND SUPPORTIVE SERVICES
PROGRAM FOR HOMELESS WOMEN AND CHILDREN AT THE BETHANY APARTMENTS

NAME OF ORGANIZATION OR GOVERNMENT: MARQUETTE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE GREATER MILWAUKEE
CATHOLIC EDUCATION FOUNDATION AND THE BRIAN HANLEY SCHOLARSHIP FUND

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization	ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.	Employer identification number	39-2005163
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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

[illegible]

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

[illegible]

ARCHDIOCESE OF MILWAUKEE
CATHOLIC COMMUNITY FOUNDATION INC.

39-2005163

Schedule L (Form 990 or 990-EZ) 2010

Page 2

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
TIM DODGE	DIRECTOR OF THE ORG	7,500.	CREATION OF		X
TIM DODGE	DIRECTOR OF THE ORG	1,009.	PRINTING EX		X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: TIM DODGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION AND MAJORITY OWNER OF COMPANY

(D) DESCRIPTION OF TRANSACTION: CREATION OF ANNUAL REPORT

(A) NAME OF PERSON: TIM DODGE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR OF THE ORGANIZATION AND MAJORITY OWNER OF COMPANY

(D) DESCRIPTION OF TRANSACTION: PRINTING EXPENSE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization	ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.	Employer identification number 39-2005163
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR THE CURRENT AND FUTURE NEEDS OF THE CATHOLIC COMMUNITY OF THE TEN
COUNTIES OF THE ARCHDIOCESE OF MILWAUKEE THROUGH ITS GRANT PROGRAM.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONCERNS OF THE COMMUNITY, AND CARRYING OUT THE INTENTIONS OF ITS
DONORS TO AFFECT POSITIVE CHANGE AND GROWTH IN PROGRAMS AND PROJECTS
THAT FURTHER THE MISSION OF THE CATHOLIC CHURCH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH CARE SERVICES IN THE CITY OF MILWAUKEE, WITH PARTICULAR
ATTENTION BEING GIVEN TO THE CENTRAL PORTIONS OF THE CITY THAT WERE
FORMERLY SERVED BY ST. ANTHONY HOSPITAL. THE BOARD OF DIRECTORS GIVES
FINAL APPROVAL TO ALL GRANT DISTRIBUTIONS.

FORM 990, PART VI, SECTION A, LINE 7A: THE ARCHBISHOP OF MILWAUKEE

FORM 990, PART VI, SECTION A, LINE 7B: CONFIRMATION OF THE APPOINTMENT OF
NEW DIRECTORS, THE FOUNDATION'S PRESIDENT (CEO) AND CHAIRPERSON OF THE
BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE AUDIT
AND FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: INFORMATION OBTAINED THROUGH
DISTRIBUTION OF ANNUAL CONFLICT AND DUALITY OF INTEREST DISCLOSURE

Name of the organization	ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.	Employer identification number 39-2005163
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STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 15A: REVIEW AND RECOMMENDATION BY
EXECUTIVE COMMITTEE, APPROVAL BY BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 2,472,769.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization ARCHDIOCESE OF MILWAUKEE CATHOLIC COMMUNITY FOUNDATION INC.	Employer identification number 39-2005163
	Number, street, and room or suite no. If a P.O. box, see instructions. 637 ERIE STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MILWAUKEE, WI 53202	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JOHN BLICKLE

- The books are in the care of ► **637 EAST ERIE STREET - MILWAUKEE, WI 53202**
Telephone No. ► **(414) 431-6402** FAX No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)