

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

OMB No. 1545-0047

2007Open to Public
Inspection**A** For the 2007 calendar year, or tax year beginning **JUN 1, 2007** and ending **MAY 31, 2008****B** Check if
applicable:

- ☐ Address
change
- ☐ Name
change
- ☐ Initial
return
- ☐ Termin-
ation
- ☐ Amend-
ed return
- ☐ Application
pending

Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**C** Name of organization**VOICE OF THE FAITHFUL, INC.**

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

1191 CHESTNUT STREET

Room/suite

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

NEWTON UPPER FALLS, MA 02464-1351**D** Employer identification number**02-0631760****E** Telephone number**617-558-5252****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****G** Website: ▶ **WWW.VOTF.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross
receipts are normally not more than \$25,000. A return is not required, but if the organization
chooses to file a return, be sure to file a complete return.**M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**681,562.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	632,156.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash \$ 632,156. noncash \$) ...	1e	632,156.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	44,721.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	1,118.		
	5	Dividends and interest from securities	5			
Revenue	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
	7	Other investment income (describe ▶)	7			
	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
	b	Less: cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a			
Revenue	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
	10a	Gross sales of inventory, less returns and allowances	10a	3,567.		
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	STMT 1 3,567.		
	11	Other revenue (from Part VII, line 103)	11			
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	681,562.		
	Expenses	13	Program services (from line 44, column (B))	13	359,373.	
		14	Management and general (from line 44, column (C))	14	144,271.	
		15	Fundraising (from line 44, column (D))	15	185,809.	
16		Payments to affiliates (attach schedule)	16			
17		Total expenses. Add lines 13 and 14, column (A)	17	689,453.		
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-7,891.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	84,115.		
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	-456.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	75,768.		

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12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	94,295.	39,604.	35,832.	18,859.
25b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	202,708.	91,756.	51,496.	59,456.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	18,203.	8,057.	5,328.	4,818.
30 Professional fundraising fees				
31 Accounting fees	10,750.		10,750.	
32 Legal fees				
33 Supplies	5,437.	2,482.	1,552.	1,403.
34 Telephone	1,909.		804.	1,105.
35 Postage and shipping	35,945.	12,320.	1,189.	22,436.
36 Occupancy	41,977.	18,580.	12,290.	11,107.
37 Equipment rental and maintenance	1,711.	757.	501.	453.
38 Printing and publications	3,360.	3,172.	188.	
39 Travel				
40 Conferences, conventions, and meetings	89,565.	83,598.	5,967.	
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	4,907.	2,172.	1,437.	1,298.
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	178,686.	96,875.	16,937.	64,874.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	689,453.	359,373.	144,271.	185,809.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 6	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 4	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	237,453.
b SEE STATEMENT 5	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	65,500.
c THE ORGANIZATION HELD A TWO-DAY CONVENTION TITLED "DISCIPLES IN ACTION" ON OCTOBER 19 AND 20, 2007, AT THE RHODE ISLAND CONVENTION CENTER IN PROVIDENCE, RI FEATURING SEVERAL WORKSHOPS AND SPEAKERS INCLUDING A KEYNOTE ADDRESS BY THEOLOGIAN FR. RICHARD MCBRIEN.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	56,420.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	359,373.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	30,220.	2,886.
	46 Savings and temporary cash investments	116,702.	63,210.
	47 a Accounts receivable	463.	
	b Less: allowance for doubtful accounts		463.
	48 a Pledges receivable	9,286.	
	b Less: allowance for doubtful accounts		9,286.
	49 Grants receivable		
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	16,833.	18,292.
	54 a Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	0.	2,367.
	b Investments - other securities		
55 a Investments - land, buildings, and equipment: basis			
b Less: accumulated depreciation			
56 Investments - other	0.	0.	
57 a Land, buildings, and equipment: basis	58,242.		
b Less: accumulated depreciation STMT 7	46,673.		
58 Other assets, including program-related investments (describe ▶ INTANGIBLE ASSETS, NET)	4,882.	4,497.	
59 Total assets (must equal line 74). Add lines 45 through 58	175,798.	112,570.	
Liabilities	60 Accounts payable and accrued expenses	52,420.	11,997.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe ▶ SEE STATEMENT 8)	39,263.	24,805.
66 Total liabilities. Add lines 60 through 65	91,683.	36,802.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	80,804.	66,829.
	68 Temporarily restricted	3,311.	8,939.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	84,115.	75,768.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	175,798.	112,570.	

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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 11			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
If "Yes," attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MARY FREEMAN 120 FLEETWOOD DRIVE SAUNDERSTOWN, RI 02874	0.	0.	0.	1,020.

Part VI Other Information (See the instructions.)		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ► N/A			
and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct and indirect political expenditures. (See line 81 instructions.) 0.	81a		
b Did the organization file Form 1120-POL for this year?	81b		X

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	17,233.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>MA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	4
91 a	The books are in care of <u>DONNA DOUCETTE, EXECUTIVE DIRECTOR</u> Telephone no. <u>617-558-5252</u> Located at <u>1191 CHESTNUT STREET, NEWTON UPPER FALLS</u> ZIP + 4 <u>02464</u>		
b	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)? If "Yes," enter the name of the foreign country <u>N/A</u>	91b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

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Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? ☐ 91c ☐ XIf "Yes," enter the name of the foreign country **N/A**92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A****Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a CONVENTION REVENUE					44,721.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,118.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					3,567.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,118.	48,288.
105 Total (add line 104, columns (B), (D), and (E))					49,406.

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 11**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature *Patricia J. Lani CPA* Date *1-26-09* Check if self-employed ☐ Preparer's SSN or PTIN (See Gen. Inst. X) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **PARENT, MCLAUGHLIN & NANGLE**
160 FEDERAL STREET, 6TH FL.
BOSTON, MA 02110

EIN **617-426-9440**

Phone no. **617-426-9440**

Form 990 (2007)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization

VOICE OF THE FAITHFUL, INC.

Employer identification number

02 0631760

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DONNA DOUCETTE 17 LANGDON AVE, WATERTOWN, MA 02472	EXECUTIVE DIRECTOR 60.00	70,010.	4,305.	
Total number of other employees paid over \$50,000	1			

Part I-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part I-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
DATA ASSOCIATES P.O. BOX 267, WESTON, MA 02493	MAIL SERVICES	82,721.
NEW YORK TIMES 620 EIGHTH AVE, NEW YORK, NY 10018	ADVERTISING	51,030.
Total number of other contractors receiving over \$50,000 for other services	0	

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

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 12	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A		
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0		
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0		

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

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

Schedule A (Form 990 or 990-EZ) 2007

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	574,258.	661,543.	576,110.	622,445.	2,434,356.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		41,114.	48,761.	19,306.	109,181.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,785.	3,896.	2,986.	3,502.	14,169.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	395.		SEE STATEMENT 13 1,217.		1,612.
23 Total of lines 15 through 22	578,438.	706,553.	629,074.	645,253.	2,559,318.
24 Line 23 minus line 17	578,438.	665,439.	580,313.	625,947.	2,450,137.
25 Enter 1% of line 23	5,784.	7,066.	6,291.	6,453.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) 0. (2005) 0. (2004) 0. (2003) 0.					
c Add: Amounts from column (e) for lines: 15 2,434,356. 16 _____ 17 109,181. 20 _____ 21 _____					27c 2,543,537.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,543,537.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 2,559,318.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.3834%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .5536%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

NONE

Schedule A (Form 990 or 990-EZ) 2007

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

(a)
Affiliated group
totals(b)
To be completed for all
electing organizations

N/A

36 Total lobbying expenditures to influence public opinion (grassroots lobbying)

36

37 Total lobbying expenditures to influence a legislative body (direct lobbying)

37

38 Total lobbying expenditures (add lines 36 and 37)

38

39 Other exempt purpose expenditures

39

40 Total exempt purpose expenditures (add lines 38 and 39)

40

41 Lobbying nontaxable amount. Enter the amount from the following table -

If the amount on line 40 is -

The lobbying nontaxable amount is -

Not over \$500,000

20% of the amount on line 40

Over \$500,000 but not over \$1,000,000

\$100,000 plus 15% of the excess over \$500,000

Over \$1,000,000 but not over \$1,500,000

\$175,000 plus 10% of the excess over \$1,000,000

Over \$1,500,000 but not over \$17,000,000

\$225,000 plus 5% of the excess over \$1,500,000

Over \$17,000,000

\$1,000,000

41

42 Grassroots nontaxable amount (enter 25% of line 41)

42

43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36

43

44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38

44

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(a))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(a))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

Yes	No	Amount
		0.

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

**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.**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.*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Type or print	Name of Exempt Organization	Employer identification number
	VOICE OF THE FAITHFUL, INC.	02-0631760
	Number, street, and room or suite no. If a P.O. box, see instructions. 1191 CHESTNUT STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON UPPER FALLS, MA 02464-1351	

Check type of return to be filed (file a separate application for each return):

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

- The books are in the care of ► **DONNA DOUCETTE, EXECUTIVE DIRECTOR**

Telephone No. ► **617-558-5252**

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 will cover.

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **JANUARY 15, 2009**, 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 **JUN 1, 2007**, and ending **MAY 31, 2008**.

- 2 If this tax year 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	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2008)

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	VOICE OF THE FAITHFUL, INC.	02-0631760
	Number, street, and room or suite no. If a P.O. box, see instructions. 1191 CHESTNUT STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWTON UPPER FALLS, MA 02464-1351	

Check type of return to be filed (File a separate application for each return):

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **▶ DONNA DOUCETTE, EXECUTIVE DIRECTOR**

Telephone No. **▶ 617-558-5252**

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.

4 I request an additional 3-month extension of time until **APRIL 15, 2009**

5 For calendar year **_____**, or other tax year beginning **JUN 1, 2007**, and ending **MAY 31, 2008**

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

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	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.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶**

Title **▶**

Date **▶**

Form 8868 (Rev. 4-2008)

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	3,567	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		3,567
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		3,567

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS		
11. ADD LINES 6 THROUGH 10		
12. INVENTORY AT END OF YEAR	0	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) . .		

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
DECREASE IN UNREALIZED GAIN ON INVESTMENTS	-456.
TOTAL TO FORM 990, PART I, LINE 20	-456.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMORTIZATION	385.	170.	113.	102.
MARKETING	62,310.	62,310.		
COMMUNICATIONS	676.	676.		
OFFICE EXPENSE	557.	250.	307.	
OTHER EXPENSE	15,281.	1,183.	12,604.	1,494.
SOFTWARE CONSULTING	6,615.	2,205.	2,205.	2,205.
MAIL SERVICES	91,154.	30,081.		61,073.
PAYROLL PROCESSING	1,708.		1,708.	
TOTAL TO FM 990, LN 43	178,686.	96,875.	16,937.	64,874.

FORM 990

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

STATEMENT 4

DESCRIPTION OF PROGRAM SERVICE ONE

THE ORGANIZATION OPERATES THE NATIONAL OFFICE OF VOICE OF THE FAITHFUL. THE ORGANIZATION ADVANCES ITS MISSION WITH LEARNING MATERIALS, TRAINING PROGRAMS AND A SPEAKERS' BUREAU OF EXPERIENCED MEMBERS. IN TRUE APOSTOLIC TRADITION, MEMBERS WILL BECOME VOICE OF THE FAITHFUL EMISSARIES FOR FUTURE DEVELOPMENT. THEIR EFFORTS WILL HELP VOICE TO EVOLVE FROM A "VIRTUAL" ORGANIZATION TO A PERMANENT, INFLUENTIAL ENTITY.

WE WILL DEVELOP AND FOSTER A DEEPER UNDERSTANDING OF OUR FAITH; OF THE INSTITUTIONAL CHURCH; OF CANON LAW; OF VATICAN II. WE ARE ORGANIZING STUDY GROUPS IN LOCAL VOICE CHAPTERS, AS WELL AS NATIONALLY, TO EXAMINE THE ADEQUACY OF ENFORCEMENT PROCEDURES, TO STUDY ISSUES SUCH AS THE MEANING OF "STRUCTURAL CHANGE," AND TO DESIGN VARIOUS FORMS OF LAY INVOLVEMENT.

TO FORM 990, PART III, LINE A

GRANTSEXPENSES237,453.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	5
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DESCRIPTION OF PROGRAM SERVICE TWO

COINCIDING WITH POPE BENEDICT'S VISIT TO THE U.S., A FULL PAGE AD APPEARING IN THE NEW YORK TIMES AND PAID FOR ON JUST A FEW DAYS NOTICE BY OVER 1,000 DONORS TO THE ORGANIZATION CALLED FOR GREATER LAY INVOLVEMENT; FINANCIAL ACCOUNTABILITY FROM CHURCH LEADERS; JUST AND COMPASSIONATE TREATMENT FOR SURVIVORS OF CLERGY SEXUAL ABUSE; AND THE RESIGNATION OF BISHOPS WHO TRANSFERRED PEDOPHILE PRIESTS THROUGHOUT DECADES OF CLERGY SEXUAL ABUSE.

A COPY OF THE AD CAN BE FOUND AT
[HTTP://VOTF.ORG/POPE/AD.HTML](http://VOTF.ORG/POPE/AD.HTML)

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B		65,500.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

TO PROVIDE A PRAYERFUL VOICE, ATTENTIVE TO THE SPIRIT, THROUGH WHICH THE FAITHFUL CAN ACTIVELY PARTICIPATE IN THE GOVERNANCE AND GUIDANCE OF THE CATHOLIC CHURCH.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
EQUIPMENT	58,242.	46,673.	11,569.
TOTAL TO FORM 990, PART IV, LN 57	58,242.	46,673.	11,569.

FORM 990	OTHER LIABILITIES	STATEMENT	8
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCRUED EXPENSES AND OTHER LIABILITIES	39,263.	24,805.
TOTAL TO FORM 990, PART IV, LINE 65	39,263.	24,805.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	9
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			2,367.	2,367.
TO FORM 990, LINE 54A, COL B				2,367.	2,367.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 10
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAN BARTLEY 101 SOUTHERN BLVD. HAUPPAUGE, NY 11788	PRESIDENT 35.00	0.	0.	0.
JANET HAUTER (BEGINNING 3/08) 4 LOCH LANE SOUTH BARRINGTON, IL 60010	VICE PRESIDENT 20.00	0.	0.	0.
KEVIN CONNORS (BEGINNING 3/08) 324 COLERIDGE STREET LEVITTOWN, NY 11756	TREASURER 20.00	0.	0.	0.
JULIE MCCONVILLE (BEGINNING 3/08) 59 THACKERAY ROAD WELLESLEY, MA 02481	SECRETARY 20.00	0.	0.	0.
WILLIAM CASEY 5529 GARY AVENUE ALEXANDRIA, VA 22311	TRUSTEE, CHAIR 20.00	0.	0.	0.
RON DUBOIS 16 FRENCH AVE BRAINTREE, MA 02184	TRUSTEE 10.00	0.	0.	0.
MARY PAT FOX 330 EAST 38TH ST. APT. 49P NEW YORK, NY 11016	TRUSTEE (PRESIDENT THRU 3/08) 35.00	0.	0.	0.
SVEA FRASER 4 STEARNS ROAD WELLESLEY, MA 02482	TRUSTEE 10.00	0.	0.	0.
JOHN HUSHON 1659 CHINABERRY COURT NAPLES, FL 34105	TRUSTEE 10.00	0.	0.	0.
ELIA MARNIK 35 SHERWOOD ROAD READING, MA 01867	TRUSTEE 10.00	0.	0.	0.
JAYNE O'DONNELL 20 WESTMONT STREET WEST HARTFORD, CT 06117	TRUSTEE 10.00	0.	0.	0.

VOICE OF THE FAITHFUL, INC.

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JAMES POST 40 AUDUBON ROAD WELLESLEY, MA 02481	TRUSTEE 10.00	0.	0.	0.
DANIEL SULLIVAN 140 BRUSHY RIDGE ROAD NEW CANAAN, CT 06840	TRUSTEE 10.00	0.	0.	0.
EDWARD WILSON 38 GARDEN PLACE BROOKLYN, NY 11201	TRUSTEE 10.00	0.	0.	0.
DONNA DOUCETTE (BEGINNING 8/07) 17 LANGDON AVE WATERTOWN, MA 02472	EXECUTIVE DIRECTOR 60.00	70,010.	4,305.	0.
MARK MULLANEY (UNTIL 8/07) 91 HILLSIDE DRIVE WAYLAND, MA 01778	INTERIM EXECUTIVE DIRECTOR 25.00	19,980.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

89,990. 4,305. 0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

102 THE ORGANIZATION HELD A TWO-DAY CONVENTION TITLED "DISCIPLES IN ACTION" ON OCTOBER 19 AND 20, 2007, AT THE RHODE ISLAND CONVENTION CENTER IN PROVIDENCE, RI FEATURING SEVERAL WORKSHOPS AND SPEAKERS INCLUDING A KEYNOTE ADDRESS BY THEOLOGIAN FR. RICHARD MCBRIEN.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 12
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SEE FORM 990 PART V-A AND PART V-B

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER	395.	0.	1,217.	0.
TOTAL TO SCHEDULE A, LINE 22	395.	0.	1,217.	0.

SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT 14
	PART VII, LINE 52, COLUMN (C)	

NAME OF AFFILIATED OR RELATED ORGANIZATION

SEE ATTACHED SCHEDULE OF AFFILIATES

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

PARISH VOICE AFFILIATES

VOICE OF THE FAITHFUL, INC.
FORM 990, SCHEDULE A, LINE 52B
YEAR ENDED MAY 31, 2008

City	Affiliate	City	ST
Sedona	St. John Vianney Sedona Affiliate	Sedona	AZ
Tucson	VOTF-Tucson	Tucson	AZ
Oak Park	Anchorhold VOTF	Los Angeles	CA
Long Beach	Southern Los Angeles Area VOTF	Long Beach	CA
Santa Barbara	Greater Santa Barbara VOTF		CA
Orange County	Orange County Voice of the Faithful	Irvine	CA
Huntington Beach	VOTFJC-Orange County	Huntington Beach	CA
Daly City	Daly City VOTF	Daly City	CA
Marin	VOTF Marin	San Rafael	CA
San Francisco	St. Teresa VOTF	San Francisco	CA
San Francisco	Most Holy Redeemer	San Francisco	CA
Denver	Concerned Cath of CO - Affiliate VOTF		CO
Danbury	Western Connecticut VOTF	Danbury	CT
Norwalk	VOTF in the Diocese of Bridgeport		CT
Simsbury	Farmington Valley	Simsbury	CT
West Hartford	Greater West Hartford VOTF	W.Hartford	CT
Niantic	VOTF of Eastern Connecticut	East Lyme	CT
Bethany Beach	Coastal Delmarva VOTF	Dagsboro	DE
Newark	VOTF Affiliate of New Castle County	Colora	MD
Washington, DC	Holy Trinity VOTF	Chantilly	VA
Ormond Beach	Volusia County Regional VOTF	Ormond Beach	FL
Palm Beach	Palm Beach County VOTF	Palm Beach	FL
Sun City Center	Tampa Bay Area VOTF		FL
Ft. Myers	VOTF- Greater Fort Myers	Fort Myers	FL
Naples	VOTF of SWFL	Naples	FL
Venice	VOTF -Venice FL Area	Venice	FL
Atlanta	VOTF-Atlanta	Roswell	GA
Chicago	Chicagoland	Cary	IL
Winnetka	Chicagoland NE VOTF	Evanston	IL
Joliet	Joliet VOTF	Naperville	IL
Bloomington	Diocese of Peoria VOTF	Bloomington	IL
Rockford	Rockford Diocese Affiliate of VOTF	Rockford	IL
Diocese of Davenport	Eastern Iowa VOTF	Iowa City	IA
Archdiocese of Kansas City	Greater Kansas City VOTF (see KC MO)	Kansas City	MO
Louisville	Louisville VOTF	Jeffersonville	IN
Covington	Northern Kentucky Voice of the Faithful	Villa Hills	KY
Bowie	VOTF of Greater Bowie	Bowie	MD
Relay	Greater Baltimore VOTF	Catonsville	MD
Gaithersburg/Rockville	VOTF of Montgomery County		MD
Amesbury	North Shore Seacoast Affiliate	Newburyport	MA
Westford	West-Chelmsford Area PV	Westford	MA
Belmont	People of the Promise	Swampscott	MA
Concord	Concord Area VOTF	Concord	MA
Natick	Natick Parish Voices	Natick	MA
Needham	Needham Parish Voice	Needham	MA
Newton	St. Bernard	Newton	MA
Newton	Our Lady Help of Christian	Newton	MA
Sudbury	St. Anselm Affiliate	Framingham	MA
Wayland	St. Zepherin	Wayland	MA
Wellesley	West Suburban Parish Voice	Wellesley	MA
Bridgewater	Concerned Catholics of Bridgewater	Bridgewater	MA
Brockton	Greater Brockton VOTF	West Bridgewater	MA
E.Weymouth	Weymouth VOTF	Weymouth	MA
Sharon	Our Lady of Sorrows	Sharon	MA
Norwood	VOTF Norwood	Norwood	MA
Quincy	Quincy Cluster VOTF	Quincy	MA
Scituate	The Scituate MA Affiliate	Scituate	MA
Lynn	Lynn Area VOTF	Lynn	MA
Reading	St. Agnes	Reading	MA
Topsfield	St. Rose of Lima	Topsfield	MA
Winchester	Winchester Area VOTF	Winchester	MA
Gloucester	Cape Ann VOTF	Gloucester	MA

Brookline	St. Mary's of the Assumption	Brookline	MA
Boston	Paulist Center VOTF	Watertown	MA
Boston	Sidewalk VOTF	Boston	MA
Boston (West Roxbury)	Parkway VOTF	Roslindale	MA
No Falmouth	VOTF Falmouth	North Falmouth	MA
Harvard	St. Theresa	Harvard	MA
Longmeadow	St. Michael's VOTF	Longmeadow	MA
Northampton	Northampton VOTF	Southampton	MA
Ellsworth	St. Joseph	Ellsworth	ME
Saco	Northern York County VOTF	Saco	ME
Detroit	VOTF Archdiocese of Detroit	Sterling Heights	MI
Ada	VOTF of West Michigan	Grand Rapids	MI
East Grand Rapids	East Grand Rapids VOTF	East Grand Rapids	MI
Ann Arbor	VOTF of St. Mary Student Parish, Ann Arbor MI	Ann Arbor	MI
Midland	Mid Michigan VOTF	Bay City	MI
St. Paul-Minneapolis	Twin Cities VOTF	Minnetonka	MN
Winona	Winona VOTF	Dakota	MN
Kansas City	Greater Kansas City VOTF (see KC KS)	Kansas City	MO
Columbia	VOTF Mid-Missouri	Columbia	MO
St. Louis	Voice of the Faithful St. Louis	St. Louis	MO
DIOCESE OF CHARLOTTE	VOTF Charlotte Voice	Charlotte	NC
Nashua	Nashua VOTF	Nashua	NH
North Jersey	North Jersey VOTF	Morristown	NJ
Union County (Newark Diocese)	VOTF Union County, NJ		NJ
NYC	VOTF New York City	NYC	NY
Larchmont	VOTF of Southern Westchester	Larchmont	NY
Brooklyn	Downtown Brooklyn VOTF	Brooklyn	NY
Brooklyn	Park Slope	Brooklyn	NY
Rockaway Beach	Rockaway VOTF	Belle Harbor	NY
Rochester	Rochester Area VOTF	Rochester	NY
Babylon	St. Joseph/Our Lady of Grace	Bay Shore	NY
Hauppauge	St. Thomas MoreSt. Annes, St. John of God		NY
Holbrook	Good Shepherd	Lake Ronkonkoma	NY
Huntington Station	St. Hugh of Lincoln	Cold Spring Harbor	NY
King's Park	St. Joseph and St. Patrick	Smithtown	NY
Masapequa	Southeast Nassau Cluster		NY
Medford	South Central Suffolk Cluster	Blue Point	NY
Melville	St. Elizabeth of Hungary	Melville	NY
North Fork	North Fork Cluster		NY
Point Lookout	Seaside Cluster	Point Lookout	NY
Port Jefferson	North Shore Suffolk Cluster		NY
Seaford	St. James	Levittown	NY
Williston Park	Northwest Nassau Cluster	Williston Park	NY
Sayville	South Central Suffolk Cluster		NY
Syracuse	VOTF - Syracuse Area	Cicero	NY
Utica	Mohawk Valley VOTF	Whitesboro	NY
Cincinnati	VOTF Nativity	Cincinnati	OH
Cincinnati	Bellarmine Chapel Parish Voice	Cincinnati	OH
Cincinnati	Cincinnati Westside	Cleves	OH
Englewood	St. Paul Parish VOTF	Englewood	OH
Dayton	Dayton VOTF		OH
Cleveland	Cleveland/Akron Affiliate	Shaker Heights	OH
Rocky River	St Christopher VOTF	Westlake	OH
Kansas	St. James VOTF	Kansas	OH
Bowling Green	St. Thomas More VOTF	Bowling Green	OH
Youngstown	Mahoning Valley VOTF	North Jackson	OH
Tulsa	VOTF-TULSA	Tulsa	OK
Philadelphia	Greater Philadelphia VOTF	Mullica Hill	NJ
Philadelphia	Phoenixville	Phoenixville	PA
Kingston	VOTF of Southern RI	Saunderstown	RI
Providence	Greater Providence VOTF	Greenville	RI
Nashville	Nashville VOTF	Antioch	TN
North Richland Hills	St. John the Apostle	Bedford	TX
Northern Virginia Metro Area	VOTF Northern Virginia	Reston	VA
Portsmouth	Region 3 VOTF Parish Voice	Chesapeake	VA
Yakima	Voice of the Faithful of Western Washington	Yakima	WA
Milwaukee	VOTF Southeastern Wisconsin	Greendale	WI

INTERNATIONAL			
Melbourne	Voice of the Faithful Melbourne	Altona Meadows, VI	Australia
Prince George	VOTF Prince George	Prince George	British Columbia
Sidney	Saanich Peninsula Parish VOTF	Victoria	British Columbia