

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

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **JUN 1, 2005** and ending **MAY 31, 2006****B** Check if applicable:

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization**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 organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**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's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **706,723.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** **661,543.****b** Indirect public support**1b****c** Government contributions (grants)**1c****2** Total (add lines 1a through 1c) (cash \$ **661,543.** noncash \$)**1d** **661,543.****3** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **41,114.****4** Membership dues and assessments**3****5** Interest on savings and temporary cash investments**4** **3,896.****6** Dividends and interest from securities**5****6a** Gross rents**6a****6b** 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****(B) Other****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 ☐**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a****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** **170.****b** Less: cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) **STMT 1****10c** **170.****11** Other revenue (from Part VII, line 103)**11****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **706,723.****13** Program services (from line 44, column (B))**13** **432,219.****14** Management and general (from line 44, column (C))**14** **127,516.****15** Fundraising (from line 44, column (D))**15** **151,019.****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **710,754.****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-4,031.****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **194,624.****20** Other changes in net assets or fund balances (attach explanation)**SEE STATEMENT 2****20** **224.****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **190,817.**523001
02-03-06

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

Form 990 (2005)

1

18350410 714793 7278

2005.09001 VOICE OF THE FAITHFUL, INC. 7278 1

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
22 Grants and allocations (attach schedule) (cash \$ 4,550. noncash \$ 0. If this amount includes foreign grants, check here <input type="checkbox"/>)	22 4,550.	4,550.	STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc. **	25 106,658.	53,329.	42,663.	10,666.
26 Other salaries and wages	26 197,762.	151,310.	21,505.	24,947.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 25,130.	16,990.	5,183.	2,957.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,515.		10,515.	
32 Legal fees	32 256.		256.	
33 Supplies	33 7,606.	5,142.	1,569.	895.
34 Telephone	34 17,864.	9,148.	8,129.	587.
35 Postage and shipping	35 37,434.	14,617.	1,349.	21,468.
36 Occupancy	36 41,492.	28,054.	8,556.	4,882.
37 Equipment rental and maintenance	37 2,331.	1,576.	481.	274.
38 Printing and publications	38 71,704.	32,239.		39,465.
39 Travel	39 13,980.	12,805.	394.	781.
40 Conferences, conventions, and meetings	40 49,516.	40,020.	9,496.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 12,835.	8,678.	2,647.	1,510.
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 3	43g 111,121.	53,761.	14,773.	42,587.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 710,754.	432,219.	127,516.	151,019.

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

Form 990 (2005)

** SEE STATEMENT 4

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 THE ORGANIZATION SEEKS TO SUPPORT VICTIMS OF CLERGY SEXUAL ABUSE, TO SUPPORT PRIESTS IN THEIR MINISTRY, AND TO SHAPE STRUCTURAL CHANGE WITHIN THE CATHOLIC CHURCH.		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		432,219.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
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) ►		432,219.

Form 990 (2005)

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	53,188.	45	20,936.
	46 Savings and temporary cash investments	184,531.	46	218,637.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	439.	52	
	53 Prepaid expenses and deferred charges	28,826.	53	8,534.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a 48,928.		
b Less: accumulated depreciation	55b 33,145.	26,599.	55c 15,783.	
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe ▶ INTANGIBLE ASSETS, NET)	14,248.	58	5,267.	
59 Total assets (must equal line 74). Add lines 45 through 58	307,831.	59	269,157.	
Liabilities	60 Accounts payable and accrued expenses	75,428.	60	39,155.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 7)	37,779.	65	39,185.
66 Total liabilities. Add lines 60 through 65	113,207.	66	78,340.	
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	180,213.	67	152,042.
	68 Temporarily restricted	14,411.	68	38,775.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)	194,624.	73	190,817.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	307,831.	74	269,157.	

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	714,318.
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	224.	
2	Donated services and use of facilities	b2	7,371.	
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	7,595.
c	Subtract line b from line a		c	706,723.
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): OTHER	d2		
	Add lines d1 and d2		d	0.
e	Total revenue (Part I, line 12). Add lines c and d		e	706,723.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements		a	718,125.
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1	7,371.	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	7,371.
c	Subtract line b from line a		c	710,754.
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify): OTHER	d2		
	Add lines d1 and d2		d	0.
e	Total expenses (Part I, line 17). Add lines c and d		e	710,754.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
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11

75b

x

75c

X

75d

x

(A) Name and address

NONE

(B) Loans and Advances

(C) Compensation

(D) Contributions to employee benefit plans & deferred compensation plans

(E) Expense account and other allowances	
--	--

	Yes	No
--	-----	----

76

X

77

X

78a

X

$$\ddot{N}/A$$

78b

79

X

80a

X

and check whether it is ☐ exempt or ☐ nonexempt

81a

0

81b

X

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	7,371.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	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	501(c)(4), (5), or (6) organizations. a 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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
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	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
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.
90 a	List the states with which a copy of this return is filed ▶ MA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	4
91 a	The books are in care of ▶ MARK MULLANEY, INTERIM EXECUTIVE DI Telephone no. ▶ 617-558-5252 Located at ▶ 1191 CHESTNUT STREET, NEWTON UPPER FALLS ZIP + 4 ▶ 02464		
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 ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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 TICKET SALES					41,114.
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	3,896.	
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					170.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		3,896.	41,284.
105 Total (add line 104, columns (B), (D), and (E))					45,180.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See 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 9

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).

Please Sign Here	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.			
	Signature of officer <i>Mark Mullaney</i>		Date <i>4-13-07</i>	Type or print name and title <i>MARK MULLANEY Executive Director</i>
Paid Preparer's Use Only	Preparer's signature <i>Patricia J. Zuni CPA</i>	Date <i>4/11/07</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	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

523163
02-03-06

Form 990 (2005)

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

2005

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
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II-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 II-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
NONE		
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)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 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 supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions.)

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

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	576,110.	622,445.	698,711.		1,897,266.
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	48,761.	19,306.	140,315.		208,382.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,986.	3,502.	2,102.		8,590.
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	1,217.		SEE STATEMENT 10		1,217.
23 Total of lines 15 through 22	629,074.	645,253.	841,128.	0.	2,115,455.
24 Line 23 minus line 17	580,313.	625,947.	700,813.		1,907,073.
25 Enter 1% of line 23	6,291.	6,453.	8,411.		
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)					N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					N/A
e Public support (line 26c minus line 26d total)					N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					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: (2004) 0. (2003) 0. (2002) 0. (2001) 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. (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 1,897,266. 16 _____ 17 208,382. 20 _____ 21 _____					2,105,648.
d Add: Line 27a total 0. and line 27b total 0.					0.
e Public support (line 27c total minus line 27d total)					2,105,648.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					2,115,455.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					99.5364%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					.4061%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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

Part V Private School Questionnaire (See page 7 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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement)	31	
<hr/>		
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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? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/>		
<hr/>		
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? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 groupCheck ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
		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 -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,600,000</td> </tr> </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	\$1,600,000	41	
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	\$1,600,000														
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				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 11 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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

FORM 990

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

STATEMENT 1

INCOME

1. GROSS RECEIPTS	170	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		170
4. COST OF GOODS SOLD (LINE 13)		
5. GROSS PROFIT (LINE 3 LESS LINE 4)		170

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	0	
7. MERCHANDISE PURCHASED	0	
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
INCREASE IN UNREALIZED GAIN ON INVESTMENTS	224.
TOTAL TO FORM 990, PART I, LINE 20	224.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AMORTIZATION	8,981.	6,072.	1,852.	1,057.
MARKETING	14,700.	14,700.	0.	0.
COMMUNICATIONS	6,483.	6,483.	0.	0.
OFFICE EXPENSE	485.	100.	385.	
OTHER EXPENSE	11,866.	3,766.	7,445.	655.
SOFTWARE	15,427.	5,091.	5,091.	5,245.
MAIL SERVICES DEVELOPMENT	53,179.	17,549.	0.	35,630.
TOTAL TO FM 990, LN 43	111,121.	53,761.	14,773.	42,587.

FORM 990	OFFICER COMPENSATION ALLOCATION	STATEMENT	4
	PART II, LINE 25		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
RAY JOYCE	97,500.	9,158.		106,658.
A. PROGRAM SERVICES	48,750.	4,579.		53,329.
B. MANAGEMENT AND GENERAL	39,000.	3,663.		42,663.
C. FUNDRAISING	9,750.	916.		10,666.

TOTAL PROGRAM SERVICES				53,329.
TOTAL MANAGEMENT AND GENERAL				42,663.
TOTAL FUNDRAISING				10,666.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				106,658.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
SURVIVOR SUPPORT	SNAP	PO BOX 6416, CHICAGO, IL 60680	NONE	1,990.
SURVIVOR SUPPORT	HEALING ALLIANCE	P.O. BOX 790064, PAIA, HI 96779	NONE	1,740.
SURVIVOR SUPPORT	VOICE OF THE FAITHFUL, CINCINNATI	CINCINNATI, OH	NONE	720.
RELIGIOUS MINISTRY	SOCIETY OF JESUS	1616 P ST. NW - SUITE 300, WASHINGTON, DC	NONE	100.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22	4,550.
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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	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTIONAMOUNT

ACCRUED EXPENSES AND OTHER LIABILITIES

39,185.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

39,185.

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAN BARTLEY 100 SOUTHERN BLVD. HAUPPAUGE, NY 11788	TRUSTEE 10.00	0.	0.	0.
WILLIAM CASEY 5529 GARY AVENUE ARLINGTON, VA 22311	TRUSTEE 10.00	0.	0.	0.
RON DUBOIS 16 FRENCH AVE BRAINTREE, MA 02184	TRUSTEE 10.00	0.	0.	0.
ELIA MARNIK 35 SHERWOOD ROAD READING, MA 01867	TRUSTEE 10.00	0.	0.	0.
DAVID O'BRIEN 145 CAUSEWAY STREET JEFFERSON, MA 01522	TRUSTEE 10.00	0.	0.	0.

MAURA O'BRIEN 60 RADCLIFF ROAD WELLESLEY, MA 02481	TRUSTEE 10.00	0.	0.	0.
DAVID CASTALDI 11 BELLINGHAM ROAD CHESTNUT HILL, MA 02467	CHAIRPERSON/TRUSTEE 15.00	0.	0.	0.
JAMES E. MULLER, MD 29 STUDIO ROAD AUBURNDALE, MA 02466	CHAIR EMERITUS/TRUSTEE 0.00	0.	0.	0.
JAMES POST 40 AUDUBON ROAD WELLESLEY, MA 02481	TRUSTEE 10.00	0.	0.	0.
RAY JOYCE 11 ROLLING DRIVE FRAMINGHAM, MA 01701	EXECUTIVE DIRECTOR 60.00	97,500.	9,158.	0.
MARY PAT FOX 330 EAST 38TH ST. APT. 49P NYC, NY 11016	PRESIDENT 30.00	0.	0.	0.
SALLY VANCE-TREMBATH 161 EVELYN WAY SAN FRANCISCO, CA 94127	VICE PRESIDENT 20.00	0.	0.	0.
JULIE RAFFERTY 36 COUNTRY ROAD CHESTNUT HILL, MA 02467	TREASURER (FORMER) 0.00	0.	0.	0.
GAILE POHLHAUS 341 DEVON AVENUE WAYNE, PA 19087	SECRETARY 20.00	0.	0.	0.
MARY SCANLON CALCATERRA 23 ARLINGTON ROAD WELLESLEY, MA 02481	TRUSTEE 10.00	0.	0.	0.
SVEA FRASER 4 STEARNS ROAD WELLESLEY, MA 02482	TRUSTEE 10.00	0.	0.	0.
MARY FREEMAN 120 FLEETWOOD DRIVE SAUNDERSTOWN, RI 02874	TREASURER 20.00	0.	0.	0.
JOHN HUSHON 1659 CHINABERRY COURT NAPLES, FL 34105	TRUSTEE 10.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

97,500.	9,158.	0.
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FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 9
 ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE ORGANIZATION SELLS SIGNED COPIES OF THE BOOK "KEEP THE FAITH, CHANGE THE CHURCH"- THE STORY OF THE EARLY HISTORY OF THE ORGANIZATION.
93B	THE ORGANIZATION HELD A CONFERENCE ENTITLED "IT'S NOT HISTORY - IT'S TIME FOR RENEWAL" ON NOVEMBER 13, 2004 IN WORCESTER, MASSACHUSETTS. THE CONFERENCE BROUGHT MEMBERS OF VOICE OF THE FAITHFUL AND OTHER AREA CATHOLICS TOGETHER TO CONSIDER THE CURRENT CONDITION OF THE CHURCH AND WAYS THAT CATHOLICS MIGHT HELP TO RESTORE TRUST AND FAITH IN THE CATHOLIC CHURCH IN THE UNITED STATES.

SCHEDULE A	OTHER INCOME				STATEMENT 10
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	
OTHER	1,217.	0.	0.	0.	
TOTAL TO SCHEDULE A, LINE 22	1,217.	0.	0.	0.	

SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	11
	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

FEIN 02-0631760

Form 990,
Part IV, line
55c

Form 990,
Part IV, line
55b

Form 990,
Part IV, line
55a

VOICE OF THE FAITHFUL, INC.

Form 990, Schedule A, line 52b

For the year ended May 31, 2006

State	City	Affiliate
AZ	Sedona	St. John Vianney Sedona Affiliate
AZ	Tempe	Central AZ VOTF
AZ	Tucson	VOTF-Tucson
CA	Oak Park	Anchorhold VOTF
CA	Long Beach	Southern Los Angeles Area VOTF
CA	Santa Barbara	Greater Santa Barbara VOTF
CA	Orange County	Orange County Voice of the Faithful
CA	Daly City	Daly City VOTF
CA	Marin	VOTF Marin
CA	Oakland	VOTF East Bay
CA	San Francisco	St. Teresa VOTF
CA	San Francisco	Most Holy Redeemer
CA	Sacramento	Greater Sacramento Area VOTF
CA	San Mateo	San Mateo County VOTF
CA	Santa Rosa	North Bay VOTF
CO	Denver	Concerned Cath of CO - Affiliate VOTF
CT	Danbury	Western Connecticut VOTF
CT	Norwalk	VOTF in the Diocese of Bridgeport
CT	Bristol	Greater Bristol VOTF
CT	Manchester	St. Bridget
CT	Simsbury	Farmington Valley
CT	West Hartford	Greater West Hartford VOTF
CT	Niantic	VOTF of Eastern Connecticut
DE	Bethany Beach	Coastal Delmarva VOTF
MD	Newark	VOTF Affiliate of New Castle County
VA	Washington, DC	Holy Trinity VOTF
FL	Ormond Beach	Volusia County Regional VOTF
FL	Palm Beach	Palm Beach County VOTF
FL	Sun City Center	Tampa Bay Area VOTF
FL	Ft. Myers	VOTF- Greater Fort Myers
FL	Naples	VOTF of SWFL
FL	Venice	VOTF -Venice FL Area
GA	Atlanta	VOTF-Atlanta
IL	Arlington Heights	Arlington Heights Area VOTF
IL	Chicago	Chicago VOTF
IL	Chicago	Chicago West VOTF
IL	Winnetka	Chicagoland NE VOTF
IL	Barrington	Chicagoland VOTF
IL	Joliet	Joliet VOTF
IL	Bloomington	Diocese of Peoria VOTF
IL	Rockford	Rockford Diocese Affiliate of VOTF
IN	Indianapolis	VOTF Indiana Voice
IA	Diocese of Davenport	Eastern Iowa VOTF
KS	Archdiocese of Kansas City	Greater Kansas City VOTF (see KC MO)
IN	Louisville	Louisville VOTF

KY	Covington	Northern Kentucky Voice of the Faithful	
LA	Baton Rouge	Baton Rouge VOTF	
LA	New Orleans	Diocese Voice of New Orleans	
MD	Bowie	VOTF of Greater Bowie	
MD	Relay	Greater Baltimore VOTF	
MD	Gaithersburg/Rockville	VOTF of Montgomery County	
MA	Amesbury	Seacoast Affiliate	
MA	Westford	West-Chelmsford Area PV	
MA	Belmont	People of the Promise	
MA	Chestnut Hill	St. Ignatius	
MA	Concord	Concord Area VOTF	
MA	Natick	Natick Parish Voices	
MA	Needham	Needham Parish Voice	
MA	Newton	St. Bernard	
MA	Newton	Our Lady Help of Christian	
MA	Sudbury	St. Anselm Affiliate	
MA	Waltham	St. Mary	
MA	Wayland	St. Zepherin	
MA	Wellesley	West Suburban Parish Voice	
MA	Bridgewater	Concerned Catholics of Bridgewater	
MA	Brockton	Greater Brockton VOTF	
MA	E.Weymouth	Weymouth VOTF	
MA	Sharon	Our Lady of Sorrows	
MA	Norwood	VOTF Norwood	
MA	Quincy	Quincy Cluster VOTF	
MA	Scituate	The Scituate MA Affiliate	
MA	Lynn	Lynn Area VOTF	
MA	Marblehead, Nahant, Swamps	Tri-Parish Affiliate	
MA	Reading	St. Agnes	
MA	Topsfield	St. Rose of Lima	
MA	Winchester	Winchester Area VOTF	
MA	Gloucester	Cape Ann VOTF	
MA	Brookline	St. Mary's of the Assumption	
MA	Boston	Paulist Center VOTF	
MA	Boston	Sidewalk VOTF	
MA	Boston (Roxbury)	St. Mary of the Angels	
MA	Boston (Dorchester)	St. William	
MA	Boston (West Roxbury)	Parkway VOTF	
MA	Mattapoisett	South Coast Affiliate	
MA	No Falmouth	VOTF Falmouth	
MA	Worcester	Worcester Diocese VOTF	
MA	Harvard	St. Theresa	
MA	Longmeadow	St. Michael's VOTF	
MA	Northampton	Northampton VOTF	
ME	Belfast	St. Francis of Assisi	
ME	Ellsworth	St. Joseph	
ME	Saco	Northern York County VOTF	
MI	Detroit	VOTF Archdiocese of Detroit	
MI	Ada	VOTF of West Michigan	
MI	East Grand Rapids	East Grand Rapids VOTF	
MI	Ann Arbor	VOTF of St. Mary Student Parish, Ann Arbor MI	
MI	Midland	Mid Michigan VOTF	

MN	St. Paul-Minneapolis	Twin Cities VOTF	
MN	Winona	Winona VOTF	
KS	Kansas City	Greater Kansas City VOTF (see KC KS)	
MO	Columbia	VOTF Mid-Missouri	
MO	St. Louis	St. Vincent de Paul VOTF	
MO	St. Louis	Voice of the Faithful St. Louis	
NC	DIOCESE OF CHARLOTTE	VOTF Charlotte Voice	
NH	Milford	St. Patrick	
NH	Nashua	Nashua VOTF	
NJ	Somerset	VOTF Metuchen Diocese at St. Matthias	
NJ	North Jersey	North Jersey VOTF	
NJ	Union County (Newark Diocese)	VOTF Union County, NJ	
NY	NEW YORK ARCH. OF NEW YORK/NYC		
NY	NYC	VOTF New York City	
NY	Larchmont	VOTF of Southern Westchester	
NY	Ossining	St. Ann	
NY	Brooklyn	Downtown Brooklyn VOTF	
NY	Brooklyn	Park Slope	
NY	Rockaway Beach	Rockaway VOTF	
NY	Rochester	Rochester Area VOTF	
NY	Babylon	St. Joseph/Our Lady of Grace	
NY	Farmingdale	St. Kilians	
NY	Hauppauge	St. Thomas MoreSt. Annes, St. John of God	
NY	Holbrook	Good Shepherd	
NY	Huntington Station	St. Hugh of Lincoln	
NY	King's Park	St. Joseph and St. Patrick	
NY	Massapequa	St. Rose of Lima	
NY	Massepequa	Southeast Nassau Cluster	
NY	Medford	South Central Suffolk Cluster	
NY	Melville	St. Elizabeth of Hungary	
NY	North Fork	North Fork Cluster	
NY	Point Lookout	Seaside Cluster	
NY	Port Jefferson	North Shore Suffolk Cluster	
NY	Seaford	St. James	
NY	Williston Park	Northwest Nassau Cluster	
NY	South Fork	South Fork Cluster	
NY	West Islip	Our Lady of Lourdes	
NY	Wyandanch	Our Lady of the Miraculous Medal Parish Voice	
NY	Syracuse	VOTF - Syracuse Area	
NY	Utica	Mohawk Valley VOTF	
OH	Cincinnati	VOTF Nativity	
OH	Cincinnati	Bellarmine Chapel Parish Voice	
OH	Cincinnati	Cincinnati Westside	
OH	Englewood	St. Paul Parish VOTF	
OH	Dayton	Dayton VOTF	
OH	Cleveland	Cleveland/Akron Affiliate	
OH	Rocky River	St. Christopher VOTF	
OH	Kansas	St. James VOTF	
OH	Bowling Green	St. Thomas More VOTF	
OH	Youngstown	Mahoning Valley VOTF	
OK	Tulsa	VOTF-TULSA	
OR	Portland	VOTF Western Oregon	

NJ	Philadelphia	Greater Philadelphia VOTF	
PA	Philadelphia	Phoenixville	
RI	Kingston	VOTF of Southern RI	
RI	Providence	Greater Providence VOTF	
TN	Nashville	Nashville VOTF	
TX	North Richland Hills	St John the Apostle	
VA	Northern Virginia Metro Area	VOTF Northern Virginia	
VA	Portsmouth	Region 3 VOTF Parish Voice	
WA	Puget Sound	Washington VOTF	
WA	Yakima	Voice of the Faithful of Western Washington	
WI	Milwaukee	VOTF Southeastern Wisconsin	
WI	Sheboygan	Sheboygan County VOTF	
Australia	Melbourne	Voice of the Faithful Melbourne	
British Colum	Prince George	VOTF Prince George	
British Colum	Sidney	Saanich Peninsula Parish VOTF	

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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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 ► **RAY JOYCE, 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.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **JANUARY 16, 2007** 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, 2005**, and ending **MAY 31, 2006**
- 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 \$ _____
- 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 \$ _____
- 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 \$ **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. 12-2004)

- 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 - 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 VOICE OF THE FAITHFUL, INC.	Employer identification number 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 **RAY JOYCE, 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 16, 2007**
- 5 For calendar year _____, or other tax year beginning **JUN 1, 2005** and ending **MAY 31, 2006**
- 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 TO GATHER THE NECESSARY INFORMATION TO FILE 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 \$ _____
- 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 \$ _____
- 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 \$ _____ **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 **James H. Kennedy** Title **CRA** Date **1/12/07**

Notice to Applicant - To Be Completed by the IRS

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

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05-01-05