

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOE MANNING DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) MICHAEL MASON DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) JAMES MASON DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) DANIELLE MAUR DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) ROBERT MCAULEY DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) NOREEN MCCAFFERTY DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) MARY SUSAN MCGORRAY DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) JAMES NIEHAUS DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) TOM NOVAK DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Sub-total								207,920.	0.	32,658.
c Total from continuation sheets to Part VII, Section A								1,039,557.	0.	101,729.
d Total (add lines 1b and 1c)								1,247,477.	0.	134,387.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CATHOLIC COMMUNITY FOUNDATION 1404 E. NINTH ST., CLEVELAND, OH 44114	FUNDRAISING	2,140,000.
DIOCESE OF CLEVELAND FACILITIES SERVICES 1404 E. NINTH ST., CLEVELAND, OH 44114	PROPERTY MANAGEMENT	353,988.
ARBITER PAY 200 S. TEMPLE, SALT LAKE CITY, UT 84111	ATHLETICS OFFICIALS	343,475.
TOM PAIGE CATERING 2275 E. 55TH ST., CLEVELAND, OH 44103	FOOD PREP&DELIVERY	307,872.
RSM US, LLP 1001 LAKESIDE AVE., CLEVELAND, OH 44114	AUDIT SERVICES	284,845.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **13**

SEE PART VII, SECTION A CONTINUATION SHEETS