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Form

990Department 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

2008**Open to Public Inspection****A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable☐ Address change☒ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pending

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

C Name of organization**FOND DU LAC AREA CATHOLIC EDUCATION FOUNDATION, INC.**

Doing Business As

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

255 COUNTRY ROAD K

Room/suite

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

FOND DU LAC**WI 54935****F** Name and address of principal officer**JACK EYERS****255 CTY RD K****FOND DU LAC****WI 54935****D** Employer identification number**23-7135259****E** Telephone number**920-921-4870****G** Gross receipts \$ **2,516,773****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list (see instructions)

I Tax-exempt status☒**501(c) (3)** (insert no.)**4947(a)(1) or****527****J** Website: **N/A****H(c)** Group exemption number ▶**K** Type of organization☒

Corporation

☐ Trust☐ Association☐ Other ▶**L** Year of formation**M** State of legal domicile**Part I Summary****1** Briefly describe the organization's mission or most significant activities.**ST. MARY'S SPRINGS ACADEMY ROOTED IN CHRIST'S TEACHING, ACADEMIC EXCELLENCE AND SERVICE TO CHURCH AND COMMUNITY. PREPARES STUDENTS TO MEET GLOBAL CHALLENGES AND BECOME LEADERS OF TOMORROW.****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.**3** Number of voting members of the governing body (Part VI, line 1a)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of employees (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**b** Net unrelated business taxable income from Form 990-T, line 34


3	7
4	7
5	0
6	500
7a	
7b	0

8 Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12

Prior Year	Current Year
310,065	1,521,252
134,506	48,872
444,571	1,570,124
147,298	233,761
5,329	
18,930	22,129
171,557	255,890
273,014	1,314,234
Beginning of Year	End of Year
2,687,246	3,877,191
2,687,246	3,877,191

20 Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**Part II Signature Block****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.

X 

Signature of officer

Date

2-19-10**X** **DAVID KUSEK; TREASURER, BOARD MEMBER OF FACF**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature



Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

P00008943

Firm's name (or yours if self-employed), address, and ZIP + 4

HUBERTY & ASSOCIATES, S.C.**145 S MARR ST****FOND DU LAC, WI 54935-4434****EIN** ▶ **39-1392227****Phone no** ▶ **920-923-8400**

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

☐ Yes ☐ No

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

Form **990** (2008)

SCANNED MAR 23 2010

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:

ST. MARY'S SPRINGS ACADEMY ROOTED IN CHRIST'S TEACHING, ACADEMIC EXCELLENCE AND SERVICE TO CHURCH AND COMMUNITY. PREPARES STUDENTS TO MEET GLOBAL CHALLENGES AND BECOME LEADERS OF TOMORROW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code.) (Expenses \$ **233,761** including grants of \$ **233,761**) (Revenue \$)
FINANCIAL AID IS AWARDED TO STUDENTS WHO NEED ASSISTANCE TO ATTEND ST. MARY'S SPRINGS HIGH SCHOOL. IN FISCAL YEAR 2008 104 STUDENTS WERE AWARDED FINANCIAL AID.

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ \$ **233,761** (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body	1a	7
b	Enter the number of voting members that are independent	1b	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WI**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JACK EYERS** **255 CTY RD K**
FOND DU LAC **WI 54935** **920-921-4870**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,521,252			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		1,521,252			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		114,610		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	880,911			
b Less cost or other basis & sales exps			946,649			
c Gain or (loss)			-65,738			
d Net gain or (loss)			-65,738			-65,738
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		1,570,124	0	0	48,872	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	233,761	233,761		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	880		880	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	21,249		21,249	
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	255,890	233,761	22,129	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	432,240	2	457,642
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	34,643
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c	
	11 Investments—publicly traded securities	2,255,006	11	3,384,906
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,687,246	16	3,877,191	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	-255,964
	28 Temporarily restricted net assets	100,654	28	25,362
	29 Permanently restricted net assets	2,586,592	29	4,107,793
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,687,246	33	3,877,191
	34 Total liabilities and net assets/fund balances	2,687,246	34	3,877,191

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	91,573	131,998	81,779	310,065	1,521,252	2,136,667
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3	91,573	131,998	81,779	310,065	1,521,252	2,136,667
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						182,189
6 Public support. Subtract line 5 from line 4						1,954,478

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	91,573	131,998	81,779	310,065	1,521,252	2,136,667
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,140	43,245	176,170	102,153	114,610	501,318
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,637,985
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	74.0898 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	44.0354 %
16a 33 1/3 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

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

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008**Open to Public Inspection**

Name of the organization

**FOND DU LAC AREA CATHOLIC EDUCATION
FOUNDATION, INC.**

Employer identification number

23-7135259**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.**

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

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

☐ Yes ☐ No

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

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

	Amount
1c	
1d	
1e	
1f	

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

☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,687,246				
b Contributions	1,521,252				
c Investment earnings or losses	-75,417				
d Grants or scholarships	-233,761				
e Other expenditures for facilities and programs					
f Administrative expenses	-22,129				
g End of year balance	3,877,191				

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

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,570,124
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	255,890
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,314,234
4	Net unrealized gains (losses) on investments	4	-124,289
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-124,289
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,189,945

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

1	Total revenue, gains, and other support per audited financial statements	1	1,445,835
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-124,289
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-124,289
3	Subtract line 2e from line 1	3	1,570,124
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,570,124

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

1	Total expenses and losses per audited financial statements	1	255,890
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	255,890
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	255,890

Part XIV Supplemental Information

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO PROVIDE SCHOLARSHIPS, STAFF TRAINING, FACULTY SALARIES TO STUDENTS AND STAFF OF ST. MARY'S SPRINGS ACADEMY.

Part XIV Supplemental Information (continued)

[illegible]

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No 1545-0047

2008

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**FOND DU LAC AREA CATHOLIC EDUCATION
FOUNDATION, INC.**

Employer identification number
23-7135259

Part I General Information on Grants and Assistance

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

☐ Yes ☒ No

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

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

3 Enter total number of other organizations

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

OMB No 1545-0047

2008Open to Public
Inspection

Name of the organization

**FOND DU LAC AREA CATHOLIC EDUCATION
FOUNDATION, INC.**

Employer identification number

23-7135259

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

ST. MARY'S SRPINGS ACADEMY KEEPS ALL THE BOOKS AND RECORDS FOR THE
ORGANIZATION.FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS
NAME CHANGEFORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
990 PROVIDED FOR OFFICERS TO REVIEW.

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2008**Open to Public Inspection**

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

FOND DU LAC AREA CATHOLIC EDUCATION
FOUNDATION, INC.

Employer identification number

23-7135259

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
...					
...					
...					
...					
...					
...					
...					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
ST. MARY'S SPRINGS ACADEMY 255 COUNTY ROAD K FOND DU LAC WI 54935	SCHOOL	WI	3		
...					
...					
...					
...					
...					
...					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc ?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
..										
..										
..										
..										
..										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
..							
..							
..							
..							
..							

Part V Transactions With Related Organizations**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2008

**St. Mary's Springs Academy
Financial Aid Awards - FACEF**

	<u>Student Name</u>	<u>What</u>	<u>Date Awarded</u>	<u>Endow</u>
1	Abler, Aaron	Financial Aid	05/16/08	2,923
2	Altman, Eric	Financial Aid	05/16/08	979
	Altman, Eric	Financial Aid	06/02/09	1,919
3	Amerling, Alex	Financial Aid	05/16/08	853
	Amerling, Alex	Financial Aid	06/02/09	692
4	Amerling, Eric	Financial Aid	05/16/08	853
	Amerling, Eric	Financial Aid	06/02/09	692
5	Amerling, Robert	Financial Aid	06/02/09	222
6	Apkarian, Dylan	Financial Aid	05/16/08	1,856
	Apkarian, Dylan	Financial Aid	06/02/09	1,541
7	Balson, Jacob	Financial Aid	05/16/08	704
8	Balson, Matthew	Financial Aid	05/16/08	752
9	Balthazor, Jordan	Financial Aid	05/16/08	1,290
10	Bartel, Luke	Financial Aid	05/16/08	2,627
	Bartel, Luke	Financial Aid	06/02/09	2,538
11	Batterman, Jacob	Financial Aid	06/02/09	1,042
12	Beau, Mitchell	Financial Aid	05/16/08	2,348
	Beau, Mitchell	Financial Aid	06/02/09	2,144
13	Bednarek, Taryn	Financial Aid	05/16/08	731
14	Blakeslee, Jordan	Financial Aid	06/02/09	150
	Blakeslee, Tyler	Financial Aid	05/16/08	150
15	Bowen, Tanner	Financial Aid	06/02/09	1,904
16	Boyd, Natalie	Financial Aid	05/16/08	3,350
17	Boyd, Samuel	Financial Aid	05/16/08	3,350
	Boyle, Natalie	Financial Aid	06/02/09	3,574
18	Brooks, Brandyn	Financial Aid	06/02/09	2,206
19	Brown, Miranda	Financial Aid	05/16/08	150
20	Busse, Abby	Financial Aid	06/02/09	75
21	Cords, Ryan	Financial Aid	05/16/08	3,006
22	Cruz, Emily	Financial Aid	05/16/08	2,154
	Cruz, Emily	Financial Aid	06/02/09	2,080
23	Cruz, Mary	Financial Aid	05/16/08	1,926
24	Cruz, Taylor	Financial Aid	05/16/08	250
25	Dallas, Oji	Financial Aid	05/16/08	3,288
26	Daun, Jordan	Financial Aid	06/02/09	1,480
27	Deanovich, Benton	Financial Aid	06/02/09	2,084
28	Deanovich, Parker	Financial Aid	05/16/08	2,866
	Deanovich, Parker	Financial Aid	06/02/09	1,111
29	Endejan, Emma	Financial Aid	06/02/09	250
30	Endejan, Mary	Financial Aid	06/02/09	1,781
31	Erickson, Cassidy	Financial Aid	05/16/08	586
	Erickson, Cassidy	Financial Aid	06/02/09	390
32	Falter, Benjamin	Financial Aid	06/02/09	2,537
33	Falter, Sarah	Financial Aid	05/16/08	1,145
34	Feldner, Eric	Financial Aid	06/02/09	250
35	Fellers, Brian	Financial Aid	05/16/08	1,659

**St. Mary's Springs Academy
Financial Aid Awards - FACEF**

	<u>Student Name</u>	<u>What</u>	<u>Date Awarded</u>	<u>Endow</u>
36	Fischer, Tim	Financial Aid	06/02/09	1,900
37	Flasch, Tyler	Financial Aid	07/23/08	250
38	Flood, Taylor	Financial Aid	06/02/09	2,217
39	Ford, Olivia	Financial Aid	05/16/08	1,764
	Ford, Olivia	Financial Aid	06/02/09	3,721
40	Ford, Veronica	Financial Aid	05/16/08	1,764
	Ford, Veronica	Financial Aid	06/02/09	3,725
41	Gabay, Thomas	Financial Aid	06/02/09	1,100
42	Giese, BJ	Financial Aid	05/16/08	1,127
43	Gray, Justin	Financial Aid	06/02/09	250
44	Grebe, Samantha	Financial Aid	06/02/09	250
45	Grebe, Tyler	Financial Aid	06/02/09	2,716
46	Green, Chelsea	Financial Aid	09/26/08	4,075
4	Guell, Amanda	Financial Aid	05/16/08	1,134
48	Guell, Henry	Financial Aid	05/16/08	1,182
49	Guell, Tyler	Financial Aid	05/16/08	550
50	Hoepfner, Sarah	Financial Aid	06/02/09	3,100
51	Holzmann, Hannah	Financial Aid	06/02/09	75
52	Karrmann, Steven	Financial Aid	05/16/08	3,016
	Karrmann, Steven	Financial Aid	06/02/09	255
53	Kegley, Nicole	Financial Aid	06/02/09	250
54	Kiefer, Kyle	Financial Aid	05/16/08	2,635
	Kiefer, Kyle	Financial Aid	06/02/09	2,571
55	Kollmorgan, Jordan	Financial Aid	05/16/08	1,145
	Kollmorgan, Jordan	Financial Aid	06/02/09	140
56	Kraemer, Savannah	Financial Aid	12/15/09	3,618
57	Kramer, Alissa	Financial Aid	06/02/09	1,314
58	Kramer, Lane	Financial Aid	06/02/09	1,618
59	Krebsbach, Aaron	Financial Aid	06/02/09	2,500
60	Krebsbach, Samantha	Financial Aid	05/16/08	272
61	Langhoff, Dylan	Financial Aid	05/16/08	450
62	Ledden, Anna	Financial Aid	05/16/08	250
	Ledden, Anna	Financial Aid	06/02/09	1,834
63	Leroux, Teddy	Financial Aid	05/16/08	3,076
	Leroux, Teddy	Financial Aid	06/02/09	615
64	Lisowe, Amber	Financial Aid	05/16/08	2,075
65	Lisowe, Brianne	Financial Aid	06/02/09	250
66	Merchant, Cadon	Financial Aid	06/02/09	3,100
66	Meyer, Jake	Financial Aid	05/16/08	433
67	Moser, Noah	Financial Aid	06/02/09	2,055
69	Mueller, Anthony	Financial Aid	06/02/09	3,734
70	Newton, Ryan	Financial Aid	05/16/08	2,675
71	O'Brien, Morgan	Financial Aid	08/11/08	989
72	Owen, Chelsea	Financial Aid	06/02/09	3,320
73	Parker, Anthony	Financial Aid	05/16/08	319
	Parker, Anthony	Financial Aid	06/02/09	1,401

St. Mary's Springs Academy
Financial Aid Awards - FACEF

	<u>Student Name</u>	<u>What</u>	<u>Date Awarded</u>	<u>Endow</u>
74	Parker, Natalie	Financial Aid	06/02/09	1,242
75	Parson, Jessica	Financial Aid	05/16/08	3,961
76	Parsons, Georgia	Financial Aid	05/16/08	4,123
	Parsons, Jessica	Financial Aid	06/02/09	4,134
77	Parsons, Leslie	Financial Aid	06/02/09	3,267
78	Pecus, Callie	Financial Aid	06/03/08	1,422
79	Perry, Matthew	Financial Aid	05/16/08	3,685
	Perry, Matthew	Financial Aid	06/02/09	2,451
80	Petrie, Mitchell	Financial Aid	05/16/08	2,866
81	Prado, Michael	Financial Aid	05/16/08	3,048
82	Redig, Alexis	Financial Aid	05/16/08	2,087
83	Riehl, John	Financial Aid	05/16/08	2,539
84	Roberts, Adam	Financial Aid	06/02/09	2,917
85	Sabel, Shane	Financial Aid	05/16/08	715
86	Sales, Justin	Financial Aid	05/16/08	994
	Sales, Justin	Financial Aid	06/02/09	1,478
87	Sales, Mitchell	Financial Aid	06/02/09	798
88	Schneider, Jacob	Financial Aid	05/16/08	2,075
	Schneider, Jacob	Financial Aid	06/02/09	2,138
89	Schneider, Julia	Financial Aid	05/16/08	2,335
	Schneider, Julia	Financial Aid	06/02/09	784
89	Schneider, Karlie	Financial Aid	06/02/09	1,600
90	Schultz, Jacob	Financial Aid	05/16/08	1,216
	Schultz, Jacob	Financial Aid	06/02/09	4,134
91	Soldner, Dan	Financial Aid	05/16/08	2,866
92	Teofilo, Kathryn	Financial Aid	05/16/08	540
	Teofilo, Kathryn	Financial Aid	06/02/09	1,000
93	Turk, Caleb	Financial Aid	09/05/08	1,967
94	Unnamed	Financial Aid		1,172
95	Walber, Alexander	Financial Aid	05/16/08	2,876
	Walber, Alexander	Financial Aid	06/02/09	250
96	Ward, Darin	Financial Aid	06/02/09	3,100
97	Weber, Kyle	Financial Aid	06/02/09	2,143
98	Weber, Lucas	Financial Aid	05/16/08	1,522
99	Wempner, Leah	Financial Aid	05/16/08	250
100	Wolf, Miranda	Financial Aid	06/02/09	250
101	Zeleske, Lisa	Financial Aid	05/16/08	1,063
102	Zeleske, Nicholas	Financial Aid	05/16/08	1,363
103	Zook, Michael	Financial Aid	05/16/08	831
	Zook, Michael	Financial Aid	06/02/09	3,241
104	Zook, Nathan	Financial Aid	05/16/08	2,813
	Zook, Nathan	Financial Aid	06/02/09	3,237

Total Financial Aid Award

233,761

RECEIVED - DEPT OF
FINANCIAL INSTITUTIONS
STATE OF WISCONSIN
Sec 181 1005
Wis Stats
2009 APR 24 AM 10:24

RECEIVED - DEPT OF
FINANCIAL INSTITUTIONS
STATE OF WISCONSIN

State of Wisconsin 2009 MAY - 7 AM 10:
Department of Financial Institutions
Division of Corporate and Consumer Services



ARTICLES OF AMENDMENT – NONSTOCK CORPORATION

A. The present corporate name (prior to any change effected by this amendment) is:

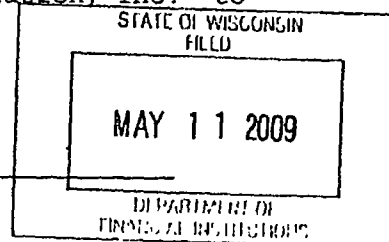
St. Mary's Springs Foundation, Inc.

(Enter Corporate Name)

Text of Amendment (Refer to the existing articles of incorporation and the instructions on the reverse of this form. Determine those items to be changed and set forth the number identifying the paragraph being changed and how the amended paragraph is to read.)

RESOLVED, THAT the articles of incorporation be amended as follows:

To amend the corporate name from "St. Mary's Springs Foundation, Inc." to
"Fond du Lac Area Catholic Education Foundation, Inc."



B. Amendment(s) adopted on April 22, 2009

(Indicate the method of adoption by checking (X) the appropriate choice below)

- ☒ In accordance with sec 181 1002, Wis. Stats. (By the Board of Directors)
OR
☐ In accordance with sec. 181.1003, Wis. Stats. (By Members)
OR
☐ In accordance with sec. 181 1004, Wis. Stats. (By Members voting by Class)

C. Approval by 3rd Person (Contingency Statement)

☐ Written approval for amending the articles of incorporation was obtained from the person whose approval is required by a provision of the articles of incorporation authorized under sec. 181.1030.

D. Executed on April 22, 2009

(Date)

James B. Simon

(Signature)

Title: ☒ President ☐ Secretary
or other officer title

James B. Simon

(Printed name)

This document was drafted by Attorney John A. St. Peter

(Name the individual who drafted the document)

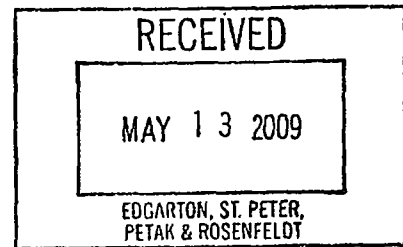
FILING FEE - \$25.00 See instructions, suggestions and procedures on following page

DFI/CCS/104(R02/10/04)

1 of 2

ARTICLES OF AMENDMENT (Ch. 181, Nonstock)

Attty. John A. St. Peter
Edgarton, St. Peter, Petak & Rosenfeldt
P.O. Box 1276
Fond du Lac, WI 54936-1276



▲ Your return address and phone number during the day: (920) 922 - 0470

INSTRUCTIONS (Ref. sec 181.1005 Wis. Stats. for document content)

Submit one original and one exact copy to Dept. of Financial Institutions, P O Box 7846, Madison WI, 53707-7846, together with a **FILING FEE** of \$25.00, payable to the department. Filing fee is non-refundable. (If sent by Express or Priority U S. mail, address to 345 W. Washington Ave., 3rd Floor, Madison WI, 53703). The original must include an original manual signature, per sec. 181.0120(2), Wis. Stats. **NOTICE:** This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. If you have any questions, please contact the Division of Corporate & Consumer Services at 608-261-7577. Hearing-impaired may call 608-266-8818 for TDY.

- A. Enter the name of the corporation (before any change effected by this amendment) and the text of the amendment(s). The text should recite the resolution adopted (e.g., "Resolved, that Article 1 of the articles of incorporation be amended to read: (set forth the amended article).
- B. Enter the date of adoption of the amendment(s). If there is more than one amendment, identify the date of adoption of each. Mark (X) one of the three choices to indicate the method of adoption of the amendment(s).

By Board of Directors – Refer to sec. 181.1002 for specific information on the character of amendments that may be adopted by the Board of Directors without the approval of members with voting rights.

By Members – Adoption by members requires 2/3rd of votes cast or a majority of the voting power, whichever is less, except as conditioned by the articles of incorporation, bylaws, ss. 181.1002(1), 181.1030 or other provisions of Ch. 181, Wis. Stats.

By Members thru Class Voting – Refer to sec. 181.1004 for specific information on class voting by members

- C. Approval by Other Person – Amendment of the articles of incorporation may require the approval of a person other than the board or members, if so specified in the articles of incorporation under sec. 181.1030
- D. Enter the date of execution and the name and title of the person signing the document. The document must be signed by one of the following: An officer of the corporation (or incorporator if directors have not been elected), or a court-appointed receiver, trustee or fiduciary. A director is not empowered to sign

If the document is executed in Wisconsin, sec. 182.01(3) provides that it shall not be filed unless the name of the person (individual) who drafted it is printed, typewritten or stamped thereon in a legible manner. If the document is not executed in Wisconsin, enter that remark.

SS. 180.0502, 180.1508
181.0502, 181.1508, 183.0105(3)
Stat. 183.1008, Wis. Stats.
2009 APR 24 AM 10:09

State of Wisconsin
DEPARTMENT OF FINANCIAL INSTITUTIONS
Division of Corporate & Consumer Services

RECEIVED - DEPT OF
FINANCIAL INSTITUTIONS
STATE OF WIS
2009 MAY -7 AM 9:33

**REGISTERED AGENT and/or
REGISTERED OFFICE CHANGE**

1. Fond du Lac Area Catholic Education Foundation, Inc.
(name of the corporation or limited liability company or its fictitious name, if so licensed)
2. The corporation or limited liability company submitting this statement is organized under the laws of
☒ Wisconsin OR ☐ _____ (name the foreign state or country)

<p>3. A <input checked="" type="checkbox"/> This statement is submitted for the purpose of changing the corporation or limited liability company's REGISTERED AGENT in Wisconsin to be:</p> <p>New (or continuing) registered AGENT in Wisconsin:</p> <p><u>John A. St. Peter</u></p>	<p>NO FILING FEE</p>
<p>3. B <input checked="" type="checkbox"/> This statement is submitted for the purpose of changing the corporation or limited liability company's REGISTERED OFFICE in Wisconsin to be:</p> <p>New registered OFFICE in Wisconsin:</p> <p><u>10 Forest Avenue, Suite 200</u> (complete street address of registered office)</p> <p><u>Fond du Lac</u>, Wisconsin <u>WI 54935</u> (City) (ZIP code)</p>	

STATE OF WISCONSIN
FILED
MAY 11 2009
DEPARTMENT OF
FINANCIAL INSTITUTIONS

4. The street address of the registered office and the business office of the registered agent, as changed or continued, are identical.

5. Executed on April 22, 2009
(Date)

James B. Simon
(Signature)

Select and mark (X) below the appropriate title of the person executing the document

James B. Simon
(Printed name)

For a corporation

Title: ☒ President OR ☐ Secretary
or other officer title _____

For a limited liability company

Title: ☐ Member OR ☐ Manager

Change by registered agent

Title: ☐ Registered Agent (continuing registered agent or registered agent in effect prior to any change of agent indicated above) The corporation or limited liability company has been notified of the change.

INSTRUCTIONS (Ref. Sec 180.0502, 180.1508, 181.0502, 181.1508, 183.0105(3) & 183.1008(1), Wis. Stats., for document content)

Submit one original and one exact copy along with the filing fee of \$10.00 (if required) to the address listed below. (Note: If the same registered agent makes simultaneous delivery of more than 200 change statements, the filing fee is reduced to \$1.00 for each statement in excess of 200.) Make checks payable to the "**Department of Financial Institutions**". Filing fee is non-refundable. Sign the document manually or otherwise allowed under section 180.0103 (16) and similar sections of the Wis. Stats.

Mailing Address: Department of Financial Institutions Division of Corporate & Consumer Services P O Box 7846 Madison WI 53707-7846	Physical Address for Express Mail: Department of Financial Institutions Division of Corporate & Consumer Services 345 W. Washington Ave – 3 rd Fl. Madison WI 53703	Phone: 608-261-7577 FAX: 608-267-6813 TTY: 608-266-8818
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NOTICE: This form may be used to accomplish a filing required or permitted by statute to be made with the department. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities

1 Enter the name of the domestic or foreign corporation or limited liability company. If the entity holds its certificate of authority or registration with the department under a fictitious name, list the fictitious name.

2. Indicate the state under whose laws the corporation or limited liability company is incorporated or organized.

3. A Enter the name of the new (or continuing) registered agent in Wisconsin. (NO FILING FEE)

The corporation or limited liability company may not name itself as its own registered agent. The registered agent may be any of the following:

- A natural person who resides in Wisconsin and whose business office is identical to the registered office.
- A domestic or licensed foreign corporation, nonstock corporation, limited liability partnership, limited partnership, or limited liability company, whose business office is identical to the registered office.

3. B Enter the complete street address of the registered office, city (in Wisconsin) and ZIP code. PO Box addresses may be included as part of the address (if located in the same community), but are not sufficient alone. (FILING FEE \$10.00) (Note: If the registered office address is unchanged, do not complete this item.)

4 This statement must affirm that the designated registered agent maintains its business office at the street address cited as the entity's registered office.

5. The statement requires the signature of one person. If for a corporation, by an officer. If for a limited liability company, by a member or manager. If by the registered agent, it must be signed by the registered agent in effect prior to any change of registered agent indicated on this form. The registered agent is obliged to notify the corporation or limited liability company of this change. If the entity is in the control of a court-appointed receiver, trustee or fiduciary, by the fiduciary. Enter the date of execution and the name and title of the signer.

REGISTERED AGENT and/or REGISTERED OFFICE CHANGE

「 Atty. John A. St. Peter 7
Edgerton, St. Peter, Petak & Rosenfeldt
P.O. Box 1276
Fond du Lac, WI 54936-1276

L J
▲ Enter your return address within the bracket above.

Phone number during the day: (920) 922 - 0470

NOTE: Limited Partnerships and Limited Liability Partnerships change registered agent and/or registered office by amendment, rather than by Form 13. Domestic limited partnerships use Form 304 (Certificate of Amendment – Domestic Limited Partnership), foreign limited partnerships use Form 323 (Foreign Limited Partnership Certificate of Amendment and/or Cancellation). Domestic and foreign limited liability partnerships use Form 604 (Domestic or Foreign Limited Liability Partnership Registration Statement Amendment).

Form **8868**

(Rev April 2009)

Department of the Treasury
Internal Revenue Service**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
- ◆ ☐ 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization ST. MARY'S SPRINGS FOUNDATION, INC.	Employer identification number 23-7135259
	Number, street, and room or suite no. If a P.O. box, see instructions. 255 COUNTRY ROAD K	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FOND DU LAC WI 54935	

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 ◆ **TERRI HARASHA**

Telephone No ◆ **920-921-4870**

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 **2/15/10**, 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 **7/01/08**, and ending **6/30/09**

- 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	\$

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.Form **8868** (Rev 4-2009)

Form 8868 (Rev. 4-2009)

Page 2

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

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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization FOND DU LAC AREA CATHOLIC EDUCATION FOUNDATION, INC.	Employer identification number 23-7135259
	Number, street, and room or suite no. If a P O box, see instructions 255 COUNTRY ROAD K	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FOND DU LAC WI 54935	

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

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 **JACK EYERS**

Telephone No **920-921-4870**

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 **5/15/10**
- 5 For calendar year **7/01/08**, or other tax year beginning **7/01/08**, and ending **6/30/09**
- 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 NECESSARY TO COMPILE COMPLETE AND ACCURATE INFORMATION

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	\$

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 " *Ann B. Freeman* Title " *CPA* Date " *2/15/10*

Form **8868** (Rev 4-2009)