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Department of the Treasury

### **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

	nai Kevenue			irements	Inspection
<u>A</u>	For the 200		0/09		
В	Check if applicat	· · · · · · · · · · · · · · · · · · ·	C SCHOOLS	D Empl	oyer identification number
$\square$	Address change	' use IRS FOUNDATION, INC		┦	0.4550.44
	Name change	print or Doing Business As	<del></del>		-2477841
$\Box$	Initial return	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		hone number
=		Specific 63 N 24TH ST		269	9-963-1131
닏	Termination	Instruc- City or town, state or country, and ZIP + 4		G Gross rec	eipts \$ 2,286,117
$\bigsqcup_{i}$	Amended return	tions. BATTLE CREEK MI 49015			
	Application pend			H(a) Is this	a group return for
		KATHY GALLAGHER		affilia H(b) Are a	
		63 N 24TH ST		includ	led? Yes No
		BATTLE CREEK MI 49015		lf "No	," attach a list. (see instructions)
<u></u>	Tax-exempt				
<u>J</u>	Website:	WWW.BCACS.ORG	<del></del>		exemption number
	Type of organiz		L Year of formation	1983	M State of legal domicile MI
<u> </u>	art I	Summary			<del></del>
	1	describe the organization's mission or most significant activities:			
8		R MISSION IS TO CULTIVATE PHILANTHROPY IN OUR COMM		SKT	
ě		DAY'S NEEDS WITH FINANCIAL SUPPORT AS WE SEEK TO S	SECURE THE		
F.	i	TURE OF CATHOLIC EDUCATION IN BATTLE CREEK.			
် ဗိ		k this box	han 25% of its assi	1	ma
95	i .	per of voting members of the governing body (Part VI, line 1a)		3	14
Activities & Governance	l	per of independent voting members of the governing body (Part VI, line 1b)		4	14
<b>₩</b>	l	number of employees (Part V, line 2a)		5	25
S		number of volunteers (estimate if necessary)		6	25
<b>ම</b>	1	gross unrelated business revenue from Part VIII, line 12, column (C)		7a	
<del>=</del>	b Net ι	nrelated business taxable income from Form 990-T, line 34	Dela Dela	7b or Year	Current Year
_	8 Cont	thuttons and grants (Part VIII, line 1h)		005,814	1,554,689
3	1	ubutions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2g)		303,011	1,331,005
_ <b>_</b>	ı -	tment income (Part VIII, column (A), lines 3, 4, and 7d)	ाजी :	121,705	77,814
17 <b>14</b>			701		,
SCAZETED III	1	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) (N 2 1		127,519	1,632,503
		s and similar amounts paid (Part IX, column (A), lines 1-3)	4.	096,733	1,119,812
3		// // // // // // // // // // // // //	-1		
	15 Salar	fits paid to or for members (Part IX, column (A), line 4) les, other compensation, employee benefits (Part IX, column (A), lines 5–10) GDE ssional fundraising fees (Part IX, column (A), line 11e)		41,652	42,551
nses	16a Profe	ssional fundraising fees (Part IX, column (A), line 11e)		533	
Ped		fundraising expenses (Part IX, column (D), line 25)  27,087		. ,	
Expe	17 Othe	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		109,490	62,947
		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		248,408	
	10 Pave	nue less expenses Subtract line 18 from line 12	-3,	120,889	407,193
Net Assets or Fund Balances				ing of Year	End of Year
sets	<b>20</b> Tota	assets (Part X, line 16)	4,	<u>496,336</u>	4,620,051
A A	<b>21</b> Tota	liabilities (Part X, line 26)		32,180	
		ssets or fund balances Subtract line 21 from line 20	4,	<u>464,156</u>	4,593,106
<u> </u>	art II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying scherand belief, it is true, correct, and complete pectaration of preparer (other than officer) is based on a	dules and statements,	and to the best	of my knowledge
					5-17-10
Sig	- 1	John of Carmen	<del> </del>		
He	re	Signature of officer	eaction for	Date	•
			EASURER	<u></u>	
_		Type or print name and title			Preparer's identifying number
Pa	id	Preparers	se		(see instructions)
	eparer's	signature POLITICA III N. D. FIRITADAY	en	nployed 🕨 L	ـــــــ
	e Only	Firm's name (or yours DEED BY A		EIN	<u> </u>
	1	rf self-employed), PREPARED BY A  NOV. DATE: DREPARED		Phone	
	.45 - 100 1	address, and ZIP + 4 NON - PAID PREPARER.		no	You No

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

form 990 (2008) BATTLE CREEK AREA CATHOLIC SCHOOLS 38-2477841		Page 2
Part III Statement of Program Service Accomplishments (see instructions)		
1 Bnefly describe the organization's mission OUR MISSION IS TO CULTIVATE PHILANTHROPY IN OUR COMMUNITY TO MEET TODAY'S NEEDS WITH FINANCIAL SUPPORT AS WE SEEK TO SECURE THE FUTURE OF CATHOLIC EDUCATION IN BATTLE CREEK.	,	
2 Did the organization undertake any significant program services during the year which were not listed on		<del></del>
the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	Yes	X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X 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 \$ 325,000 including grants of \$ 325,000 ) (Revenue \$ SUBSIDY TO CATHOLIC SCHOOLS TO ASSIST IN MEETING OPERATIONAL COSTS.		)
·		
4b (Code ) (Expenses \$ 163,000 including grants of \$ 163,000 ) (Revenue \$ TUITION ASSISTANCE TO PARENTS OF STUDENTS BASED ON FINANCIAL NEED.		)
4c (Code ) (Expenses \$ 492,423 including grants of \$ 492,423 ) (Revenue \$ CONSTRUCTION AND UPGRADE TO SCHOOL FACILITIES.		)
4d Other program services. (Describe in Schedule O.)		
(Expenses \$ 139,389 including grants of \$ 139,389 ) (Revenue \$ 4e Total program service expenses > \$ 1,119,812 (Must equal Part IX, Line 25, column (B))		
48 Total program service expenses F 4 1, 113, 012 (Must equal Part IA, Line 25, Column (B))	O	90 (2008)

	1990 (2008) BATTLE CREEK AREA CATHOLIC SCHOOLS 38-2477841		P	age 3
. Pa	art IV Checklist of Required Schedules		V 1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes_	No
•	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	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	3	1	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		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	5		
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	6		<u> </u>
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	9	7.7	_ X_
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	ļ
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,		х	
	Parts VI, VIII, IX, or X as applicable	11		
2	Did the organization receive an audited financial statement for the year for which it is completing this return	12	x	
3	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	13	-2%	X
4a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization maintain air office, employees, or agents offiside of the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	174		-
•	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1.12		
•	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
6	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	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		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	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		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	21	X	ļ
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	22		X_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			- T
	24b–24d and complete Schedule K. If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	·	240		ł
А	to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<del>                                     </del>
0 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		<del>                                     </del>
.va	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b		1		
_	person from a prior year? If "Yes," complete Schedule L, Part I	25b		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	26_		Х
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

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

organization? If "Yes," complete Schedule R, Part V, line 2

Checklist of Required Schedules (continued) Part IV Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee 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, X 28a Have a family member who had a direct or indirect business relationship with the organization? If "Yes," b X 28b complete Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a X 28c 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 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X 34 III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related 36

Form 990 (2008)

36

37

X

Statements Regarding Other IRS Filings and Tax Compliance Yes No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1a U.S. Information Returns, Enter -0- if not applicable 1a **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2h 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 За X this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a **b** 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes." to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity 5c Regarding Prohibited Tax Shelter Transaction? X 6a 6a Did the organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than X 7a 7b If "Yes." did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as X 7h required? 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 X organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a 9b Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b b 11 Section 501(c)(12) organizations. Enter. 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2008)

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

63 N 24TH ST

MI 49015

policy, and financial statements available to the public

JAMES HUFNAGEL

19

20

organization >

BATTLE CREEK

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

JOHN BAUMAN   TREASURER   2	Check this box if the or	ganization did not compen	sate	any c	office	r, di	recto	r, tru	stee, or key employee.				
DOUGLAS RIGGS   PRESIDENT   3	(A)	T							` '	, ,			
DATE   DATE	Name and Title	hours per	Individua or directo						compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related		
JOHN BAUMAN   TREASURER   2													
TREASURER		3	X		X	<u> </u>			0	0	0		
SALLY CHADWICK   TRUSTEE				İ			ļ				_		
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TRUSTEE 1 X 0 0 0  GERI DROZDOWSKI  TRUSTEE 1 X 0 0 0  KEVIN DOYLE  TRUSTEE 1 X 0 0 0  JOHN PAGE  TRUSTEE 1 X 0 0 0  JOHN PAGE  TRUSTEE 1 X 0 0 0  JIM PEARL			+	<del>                                     </del>	-	╁	1	$\vdash$					
GERI DROZDOWSKI TRUSTEE 1 X 0 0 0  KEVIN DOYLE TRUSTEE 1 X 0 0 0  JOHN PAGE TRUSTEE 1 X 0 0 0  JIM PEARL			$ \mathbf{x} $			1	1		0	0	0		
TRUSTEE         1         X         0         0           KEVIN DOYLE         0         0         0           TRUSTEE         1         X         0         0           JOHN PAGE         0         0         0         0           JIM PEARL         0         0         0         0			+	1		t –	†						
KEVIN DOYLE         TRUSTEE       1       X       0       0         JOHN PAGE         TRUSTEE       1       X       0       0         JIM PEARL       0       0       0			x	ł	ł	ł	ł	1	l	o	0		
JOHN PAGE TRUSTEE 1 X 0 0 0		-					1						
TRUSTEE 1 X 0 0	TRUSTEE	1	X						0	0	0		
JIM PEARL	JOHN PAGE		Т					Г					
	TRUSTEE	11	X		<u> </u>			L	0	0	0		
TRUSTEE 1 X 0 0	JIM PEARL		$\Gamma$										
	TRUSTEE	11	X			-		L	0	0	0		
			$\perp$	_			_						
	<del></del>		_				_						

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee  O or director	nstitutional trustee	Officer	a Key employee	Highest compensated employee	py) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated 'amount of other compensation from the organization and related organizations
				_						
Total	ividuals (including those	ın 1a) wi	30 re	ceiv	ed m	nore 1	<b>▶</b> han	\$100,000 in reportable con	poensation from the	
employee on line 1a For any individual list the organization and individual Did any person liste services rendered to	1? If "Yes," complete Science on line 1a, is the substeed on line 1a, is the substeed organizations got on line 1a receive or a to the organization? If "Yes."	nedule Ji m of repo reater that occrue co	for s ortab an \$ mpe	uch i le co 150, nsat	indiv ompe 0007 ion f	idual ensat P If "Y rom a	ion a 'es," any i	e, or highest compensated and other compensation fro complete Schedule J for su unrelated organization for ch person		3 4 5 5
tion B. Independent Complete this table		npensate	d in	depe	nde	nt cor	ntrac	tors that received more that	n \$100,000 of	
compensation from	the organization (A) Name and business address						1	Decor	(B) obon of services	(C) Compensa
	Name and business address							uesur <sub>i</sub> .	Judit of Services	Compensa
							1			

Pa	art VIII Statement of Revenue										
		,				(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue		
							exempt function	business	excluded from tax under sections		
		+					revenue	revenue	512, 513, or 514		
휷뒮		Federated campaigns	1a	- :	26,671						
Ego	b	Membership dues	1b								
a, a	C	Fundraising events	1c								
뺽	d	Related organizations	1d								
Si El	0	Government grants (contributions)	10								
it i	f	All other contributions, gifts, grants,									
흔히		and similar amounts not included above	1f		28,018						
E P	•	Noncash contributions included in lines 1	a-1f \$	6	43,827						
9	<u>h</u>	Total. Add lines 1a-1f			<b></b> ▶	1,554,689					
휠					Busn. Code						
e e	2a										
<u> </u>	b										
اچ	C								<u> </u>		
က္မွ	d										
듄	8	AB -41									
Program Service Revenue Contributions, gifts, grants		All other program service rev	enue		<b>•</b>						
귀	<u>9</u> 3	Total. Add lines 2a–2f Investment income (including	dividen	is interest							
	J	other similar amounts)	u viueil	13, miletesi	i, anu	67,780	67,780				
Į	4	Income from investment of ta	v_evemr	t hand ara	reeds	3.7.00	0.7.00	· · · · · · · · · · · · · · · · · · ·			
	5	Royalties	IX CXCITIF	t bond pro	<b></b>						
j	Ŭ	(ı) Rea	1	(II) P	ersonal						
	6a	Gross Rents									
	b	Less rental exps		_							
	c	Rental inc or (loss)									
	ď	Net rental income or (loss)			•						
	7a	Gross amount from (i) Securi	ties	(11)	Other				,,,		
		sales of assets other than inventory 66	3,648								
	b	Less cost or other									
		basis & sales exps 65	3,614	<u></u>							
	С	Gain or (loss)1	0,034	<u>                                     </u>							
	d	Net gain or (loss)				10,034	10,034				
	8a	Gross income from fundraising ev	vents								
91		(not including \$									
Ven		of contributions reported on line 1	lc).								
8		See Part IV, line 18	а								
Other Revenue		Less direct expenses	b	L					İ		
δ		Net income or (loss) from fur		events	<u> </u>	.,,,					
	9a	Gross income from gaming activi									
		See Part IV, line 19	a								
		Less direct expenses	b						<u> </u>		
		Net income or (loss) from ga		vities	<b>P</b>	<del>, , , , , , , , , , , , , , , , , , , </del>			<del>                                     </del>		
	10a	Gross sales of inventory, les returns and allowances									
			a b	<u> </u>							
		Less cost of goods sold	_	conton.		:			Ť		
	<u> </u>	Net income or (loss) from sa Miscellaneous Rever		entory	Busn. Code						
	11a						Ī		<u> </u>		
	b										
	ء ا										
	d	All other revenue									
	ŭ	Total. Add lines 11a-11d			<b>•</b>						
	12	Total Revenue. Add lines 1	n, 2g, 3,	4, 5, 6d, 7d	d, 8c,						
		9c, 10c, and 11e		•	<u> </u>	1,632,503	77,814	0	0		

Form 990 (2008)

## Part IX Statement of Functional Expenses

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

	All other organizations must o		<u> </u>		
	not include amounts reported on lines 6b, 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			<del></del>	
	organizations in the U.S. See Part IV, line 21	1,119,812	1,119,812		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,			Ī	
	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	20,000		4,000	16,000
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 salanes and wages	5,675		5,675	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	3,770		1,747	2,023 783
9	Other employee benefits	11,142		10,359	
10	Payroll taxes	1,964		740	1,224
11	Fees for services (non-employees)				
а	Management				
b	Legal			0.050	
С	Accounting	2,350		2,350	
d	, ,				
9	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other	2 000		2 504	204
12	Advertising and promotion	3,908		3,584	324
13	Office expenses	17,616		10,883	6,733
14	Information technology				
15	Royalties			· · · · · · · · · · · · · · · · · · ·	
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials		-		
19	· · · · · · · ·				<u> </u>
20	Interest				
21	Payments to affiliates	-			<del></del>
22 23	Depreciation, depletion, and amortization Insurance	1,469		1,469	
23	insurance .	1,100		1,100	
24	Other expenses Itemize expenses not			•	
<b>4</b>	covered above. (Expenses grouped together	1			
	and labeled miscellaneous may not exceed			•	
	5% of total expenses shown on line 25 below )				
а	UNCOLLECTIBLE PLEDGES	36,942		36,942	
b	BANK FEES	662		662	
C	<del></del> .				
d					<u> </u>
e	·				· · · · · · · · · · · · · · · · · · ·
f	All other expenses				
25		1,225,310	1,119,812	78,411	27,087
26	Joint Costs. Check here Inf 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) (B) Beginning of year End of year 409,717 425,200 1 1 Cash-non-interest bearing 1,727,931 386,999 2 2 Savings and temporary cash investments 2,538,864 1,537,769 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key 5 employees, or other related parties. Complete Part II of Schedule L 5 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 8 Inventories for sale or use Prepaid expenses and deferred charges 10a 10a Land, buildings, and equipment: cost basis b Less accumulated depreciation. Complete Part VI of Schedule D 10b 10c 929,151 1,160,756 11 Investments—publicly traded securities 11 12 12 Investments-other securities See Part IV, line 11 13 13 Investments-program-related See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 4,620,051 4,496,336 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable 26,945 32,180 25 Other liabilities Complete Part X of Schedule D 25 32,180 26,945 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 3,101,210 1,736,411 27 27 Unrestricted net assets 1,923,328 477,368 28 28 Temporarily restricted net assets 933,367 885,578 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 4,464,156 4,593,106 33 Total net assets or fund balances 4,496,336 4,620,051 34 Total liabilities and net assets/fund balances Part XI Financial Statements and Reporting Yes No X Other Accounting method used to prepare the Form 990. Cash Accrual X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2b 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 X the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X За the Single Audit Act and OMB Circular A-133? X b If "Yes," did the organization undergo the required audit or audits?

### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service Name of the organization

BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC

**Employer Identification number** 38-2477841

ne c	<u>rga</u> r	nization is not a	private fourtdation because	it is (Flease Check only one orga	ailizatioii )								
1	Ц	A church, con	vention of churches, or assoc	ciation of churches described in s	section 17	70(b)(1)(A	\)(i).						
2	Ш	A school desc	ribed in section 170(b)(1)(A)	(ii). (Attach Schedule E.)									
3	Ш	A hospital or a	cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii).	(Attach	Schedul	e H.)				
4		A medical res	earch organization operated i	n conjunction with a hospital des	cribed in	section 1	70(b)(1)	(A)(iii). E	Enter the	e hospit	al's name,		
		city, and state	•										
5		•	•	a college or university owned or	operated	by a gove	rnmental	unit des	scribed	in	•		
•		-	)(1)(A)(iv). (Complete Part II	=		, ,							
6	$\Box$	-		·/ /ernmental unit described in <b>sec</b> t	tion 170(t	1/11/A1/v	١						
	片			ibstantial part of its support from				the gen	eral nui	alic			
7	X				a governi	nentai un	11 01 110111	the gen	iciai pui	JiiC			
			ection 170(b)(1)(A)(vi). (Co										
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
9	$\sqcup$												
				t functions-subject to certain ex						its			
		support from (	gross investment income and	unrelated business taxable inco	me (less :	section 51	1 tax) fro	om busir	nesses				
	_			1975. See section 509(a)(2). (C									
10	Ш			clusively to test for public safety.									
11	$\sqcup$			clusively for the benefit of, to per									
		purposes of o	ne or more publicly supported	d organizations described in sect	ion 509(a)	)(1) or sec	ction 509	(a)(2). S	ee <b>sec</b> t	ion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and comp	olete lines	11e thro	ugh 11h	1				
		a Type	I <b>b</b> Type II	c Type III-Functiona	lly Integra	ted	d (	Туре	ill-Oth	ег			
е	Do by the best of the the second order of the second order of the second order of the by one or more disquelified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
			ection 509(a)(2)										
f		If the organiza	ation received a written determ	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III si	upporting	3				
		=	check this box										П
g		-		on accepted any gift or contribution	on from ar	ny of the				•			_
9		following per	_	, , ,		•							
				itrols, either alone or together wil	h persons	describe	d in (ii)					Yes	No
			pelow, the governing body of								11g(i)		
			member of a person describe								11g(ii)		<b>_</b>
		-									11g(iii	<del></del>	<del>                                     </del>
		` '	ontrolled entity of a person de		oupporto						(1.18/11	<u></u>	
h		Provide the t	ollowing information about the	e organizations the organization	Supports		<del></del>	_	Γ .				
(i)		e of supported	(ii) EiN	(iii) Type of organization	1 ' '	organization		ou notify ization in		s the	(vii) Am		
	org	ganization		(described on lines 1-9 above or IRC section		sted in your document?		of your	organızat (i) organı	zed in the	sup	λίτ	
				(see instructions))			supp			3?			
					Yes	No	Yes	No	Yes	No			
					1								
									L				
						1							
					Ī								
Tota	ıl				<u> </u>		<u> </u>		<u> </u>				

Sche	dule <u>A (Form 990 or 99</u> 0-EZ) 2008 <b>BAT</b>	TLE CREEK	AREA CAT	HOLIC SCHO	DOLS 38	-2477841	Page 2
	rt B Support Schedule for Or				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	<u>n line 5, 7, or 8</u>	3 of Part I.)	<del></del>		
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·				-	
Cal	endar 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.")	630,891	3,556,001	6,298,306	1,005,814	1,554,689	13,045,701
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	630,891	3,556,001	6,298,306	1,005,814	1,554,689	13,045,701
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)						3,974,226
6	Public support. Subtract line 5 from line 4						9,071,475
	tion B. Total Support	<u> </u>					
	endar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	630,891	3,556,001	6,298,306	1,005,814	1,554,689	13,045,701
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,539	88,789	113,674	125,869	67,780	423,651
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  Total support. Add lines 7 through 10	1,478	20,567	-6,309	-4,154	10,034	21,616 13,490,968
12	Gross receipts from related activities, etc. (	see instructions)				12	· · ·
13	First five years. If the Form 990 is for the o	•	econd, third, fourth	. or fifth tax vear as	a section 501(c)(3		
	organization, check this box and stop here	_		,		,	▶ □
Sec	tion C. Computation of Public Su		age		•		
14	Public support percentage for 2008 (line 6,	column (f) divided b	y line 11, column (1			14	67.2411 %
15	Public support percentage from 2007 Sche					15	81.3234 %
16a	33 1/3 % support test—2008. If the organi	zation did not check	the box on line 13	and line 14 is 33 1	/3 % or more, che	ck this box	
	and stop here. The organization qualifies a	s a publicly support	ed organization				► X
b	33 1/3 % support test-2007. If the organi	zation did not check	a box on line 13 o	r 16a, and line 15 is	33 1/3 % or more	, check this	_
	box and stop here. The organization qualif	ies as a publicly sup	ported organization	1			▶ 🗌
17a	10%-facts-and-circumstances test—200				or 16b, and line 14	ıs 10% or	
	more, and if the organization meets the "fac						_
	organization meets the "facts-and-circumst	ances" test. The org	janization qualifies	as a publicly suppo	rted organization		▶ 🗌
b	10%-facts-and-circumstances test—200	7. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and lin	e 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstanc	es" test, check this	box and stop here	. Explain in Part I\	/ how the	
	organization meets the "facts-and-circumst	ances" test. The org	janization qualifies	as a publicly suppo	rted organization		▶∐
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see in	structions	▶□

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008 BATTLE CREEK AREA CATHOLIC SCHOOLS 38-2477841

Page 4

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)

PART II, LINE 10 - OTHER INCOME DETAIL

21,616

SUPPLEMENTAL INFORMATION

OTHER INCOME AMOUNTS FROM 2004 THROUGH 2008 REPRESENT THE REALIZED GAIN OR LOSS ON SALE OF MARKETABLE SECURITIES DONATED TO THE FOUNDATION. THE POLICY OF THE BOARD IS TO SELL ALL MARKETABLE SECURITIES AS SOON AS RECEIVED; PROCEEDS OF THE SALE ARE HELD AS CASH, SHORT-TERM SECURITIES OR LONG-TERM INVESTMENTS, DEPENDENT ON THE NATURE OF THE DONATION, I.E. PERMANENTLY RESTRICTED, TEMPORIARILY RESTRICTED OR UNRESTRICTED.

## SCHEDULE D

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 Employer Identification number Name of the organization BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC 38-2477841 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 7 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)? 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. 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2008 BATTLE CR	<u>EEK AREA CATH</u>	OLIC SCHOO	<u>)LS38-24</u>	177841	Page 2
Pa	rt III Organizations Maintaining	Collections of Art, I	Historical Treas	ures, or Other	Similar Asse	ts (continued)
3	Using the organization's accession and other ritems (check all that apply).	ecords, check any of the fo	llowing that are a sig	nificant use of its co	llection	
а	Public exhibition	d Loan o	or exchange program	ns		
b	Scholarly research	e 🔲 Other				*
c	Preservation for future generations					-
4	Provide a description of the organization's colle Part XIV	ections and explain how the	ey further the organiz	ation's exempt purpo	ose in	
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art, his be maintained as part of the	toncal treasures, or organization's colle	other similar		Yes No
Pa	rt IV Trust, Escrow and Custod				ed "Yes" to Fo	
	Part IV, line 9, or reported a	n amount on Form 9	90, Part X, line	21.		,
1a	Is the organization an agent, trustee, custodiar	or other intermediary for o	ontributions or other	assets not		
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following to	able			
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
θ	Distributions during the year				1е	
f	Ending balance				_1f	
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes No
	If "Yes," explain the arrangement in Part XIV.			<del></del>		
Pa	rt V Endowment Funds. Compl	ete if organization an	swered "Yes" to	Form 990, Par	t IV, line 10.	
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years t	oack (e) Four years back
1a	Beginning of year balance	885,578				
b	Contributions	47,789				
	Investment earnings or losses					
d	Grants or scholarships	. <u> </u>				
0	Other expenditures for facilities					
	and programs					
	Administrative expenses		······································	,		
g	End of year balance				<u> </u>	
2	Provide the estimated percentage of the year e					
	Board designated or quasi-endowment	%				
	Permanent endowment  %					
	Term endowment  %					
3a	Are there endowment funds not in the possess	ion of the organization that	are held and admini	stered for the		
	organization by.					Yes No
	(i) unrelated organizations					3a(i) X
_	(ii) related organizations	atad an armited an Octob	D0			3a(ii) X
	If "Yes" to 3a(ii), are the related organizations if					3b
	nt VI Investments—Land, Buildi			Port V line 10		
r p	Description of investment	(a) Cost or other basis	(b) Cost or otl		preciation	(d) Pook volvo
	becompain of infoamon	(investment)	basis (other	1 ''	,preciauoi1	(d) Book value
10	Land	(**************************************		<u>'</u>		
	Buildings		<del> </del>	<del>  </del>		
	Leasehold improvements	-	<del></del>	<del></del>		
	Equipment		<del>- </del>	<del> </del>		
	Other	<del></del>		<del></del>		<del></del>
	. Add lines 1a-1e (Column (d) should equal Fo	rm 990. Part X. column (R)	line 10(c) )			
	( (	2001 . SILLY GOIGHIN (D)	,	<del></del>		

Schedule D (Form 990) 2008 BATTLE CREEK AREA CAT		38-2477841	Page 3
Part VII Investments—Other Securities. See Form 990			·
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
Financial derivatives and other financial products		····-	
Closely-held equity interests			
Other			
<del> </del>			
			<del></del>
	-		
Table (Oalone (b) about a seal Form 000 Port V and (D) line 42)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	O Port V line 12		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
Part VIII Investments—Program Related. See Form 99		(-) 11-4-4-4	
(a) Description of investment type	(b) Book value	(c) Method of	
	<u> </u>	Cost or end-of-yea	ir market value
	<del>                                     </del>		
			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			······································
Part IX Other Assets. See Form 990, Part X, line 15.			······································
(a) Description			(b) Book value
(4) - 3-3-4		-	
	<del></del>		
			<del></del>
		<del></del>	<del></del>
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	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
(a) Description of liability	(b) Amount		
Federal income taxes			
GIFT ANNUITY	26,945		
	<del>                                     </del>		
	<del> </del>		
	<del> </del>		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)	<del></del>		
In Part XIV, provide the text of the footnote to the organization's financial state	ements that reports the organi	zation's liability for	
uncertain tax positions under FIN 48			

	udie D (Foint and) 2008 BAITLE CREEK AREA CATROLIC SCHOOLS 30-24//04	<u> </u>	Page 4
Pa	rt 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	1,632,503
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,225,310
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	407,193
4	Net unrealized gains (losses) on investments	4	-278,242
5	Donated services and use of facilities	_5_	
6	Investment expenses	_6	
7	Pnor penod adjustments	7	
8	Other (Describe in Part XIV)	8	050 040
9	Total adjustments (net). Add lines 4-8	9	-278,242
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	128,951
-	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu		1 254 261
1	Total revenue, gains, and other support per audited financial statements	1	1,354,261
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	- 1	
а	Net unrealized gains on investments  2a -278,242		
b	Donated services and use of facilities 2b		
C	Recovenes of prior year grants 2c		
d	Other (Describe in Part XIV)	1	050 040
0	Add lines 2a through 2d	<u>2e</u>	-278,242
3	Subtract line 2e from line 1	3	1,632,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1	
C	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)	5	1,632,503
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	<u>eturn</u>	
1	Total expenses and losses per audited financial statements	_1_	1,225,310
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	- 1	
C	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	1	
0	Add lines 2a through 2d	2е	
3	Subtract line 2e from line 1	3	1,225,310
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
*******	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,225,310
Pa	ert XIV Supplemental Information		
Com	plete 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		<del>-</del>
and 2	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 XIV - SUPPLEMENTAL FINANCIAL INFORMATION		
	PART V, LINE 4: ENDOWMENT FUNDS ARE INVESTED TO GENERATE IN	COM	E THAT MAY
_			_
_:	<u>BE USED TO PROVIDE TUITION ASSISTANCE TO SCHOOL FAMILIES BAS</u>	ED .	ON_FINANCIAL_
,	NEED.		
—'	<u>''''''                               </u>		
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Schedule D (Fo	orm 990)	2008	BA	TTLE	CF	REEK	AR	EA	CA:	ГНС	LIC	: S	СНО	OL	<u>s</u>	38	3 - 24	177	84.	ι		 		Page 5
Schedule D (For Part XIV	Supp	oleme	ntal In	form	ation	(contin	nued)															 		
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

OMB No 1545-0047 2008

Governments, and Individuals in the U.S.

Open to Public Inspection

운 [X (h) Purpose of grant SCHOOLS SUPPORT SCHOOLS SUPPORT SCHOOLS SUPPORT SCHOOLS SUPPORT 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 or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Employer Identification number ion-cash assistance (g) Description of 38-2477841 N/A N/A N/A N/A (f) Method of valuation (book, FMV, appraisal, Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and N/A N/A N/A N/A (d) Amount of cash grant | (e) Amount of non-cash | assistance 139,389 325,000 163,000 492,423 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed BATTLE CREEK AREA CATHOLIC SCHOOLS (c) IRC section f applicable ന m ന 38-1882977 38-1882977 38-1882977 38-1882977 General Information on Grants and Assistance (b) EIN the selection criteria used to award the grants or assistance? AREA CATHOLIC SCHOOLS BATTLE CREEK AREA CATHOLIC SCHOOLS CREEK AREA CATHOLIC SCHOOLS BATTLE CREEK AREA CATHOLIC SCHOOLS CONSTRUCTION/UPGRADE TO FACILITIES 49015 49015 49015 MI 49015 (a) Name and address of organization FOUNDATION, SUBSIDY & GRANTS or government OTHER PROGRAM SERVICES TUITION ASSISTANCE Name of the organization BATTLE CREEK BATTLE CREEK BATTLE CREEK BATTLE CREEK CREEK BATTLE SCHOOL BATTLE Part

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. DAA

Schedule I (Form 990) 2008

38-2477841 Schedule I (Form 990) 2008 BATTLE CREEK AREA CATHOLIC SCHOOLS

Part III Grants and Other Assistance to Individuals in the United Section

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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")	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	n required in Part I, li	ne 2, and any other additior	nal information.

PART IV - ADDITIONAL INFORMATION

THE FOUNDATION, PAYMENTS TO THE THE FOUNDATION SUPPORTS THE CATHOLIC SCHOOLS WITH THEIR OPERATING BUDGET SCHOOL ORGANIZATION ARE MADE, AS REQUESTED, TO MEET CASH REQUIREMENTS IN COORDINATION WITH THE SCHOOL FAMILIES AND THE THREE BATTLE CREEK THROUGH COOPERATION WITH THE SCHOOLS' FINANCE COMMITTEE. PARISHES, ASSURE THE FINANCIAL SECURITY OF THE SCHOOLS. THROUGHOUT THE YEAR

CATHOLIC SCHOOLS TO IDENTIFY SCHOOL FAMILIES THAT NEED FINANCIAL ASSISTANCE THE FOUNDATION WORKS CLOSELY WITH ADMINISTRATORS OF BATTLE CREEK AREA

	stance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	
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BATTLE CREEK AREA CATHOLIC SCHOOLS 38-2477841	o Ind	990) if additional space is needed.
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Ē	<b>Grants and Other Assista</b>	Use Schedule I-1 (Form
) 2006	nts a	7
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Schedule I (Form 990) 2008 <b>BA</b>	Part III	
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Use Schedule I-1 (rollii 990) ii additoliai space is lieeded.	auditional space is	וכבתבת.			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. TUITION ASSISTANCE FROM THE FOUNDATION IS PROVIDED BASED ON SPECIFIC AMOUNTS TO BE ASSIGNED TO THE APPROVED TO PROVIDE ACCESS TO THE SCHOOLS. FAMILIES

RENOVATION AT THE HIGH SCHOOL SITE, FOLLOWING THE COMPLETION AND RELOCATION THE FOUNDATION ASSISTS THE CATHOLIC SCHOOLS AND PARISHES IN MEETING THEIR CAPITAL CAMPAIGN IS CURRENTLY IN PROGRESS TO PROVIDE NEW CONSTRUCTION AND OF THE MIDDLE SCHOOL. PAYMENTS ARE MADE TO SCHOOLS FOR CAPITAL PROJECTS NEEDS FOR NEW CONSTRUCTION AND RENOVATION OF EXISTING FACILITIES. THROUGH APPROVED REQUESTS FOR PROGRESS PAYMENTS

### SCHEDULE M (Form 990)

### **NonCash Contributions**

To be completed by organizations that answered "Yes"

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

on Form 990. Part IV. lines 29 or 30.

Attach to Form 990.

Name of the organization

BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC

Employer identification number 38-2477841

Part I Types of Property (a) (b) (c) (d) Check if Number of Contributions Revenues reported on Method of determining revenues applicable Form 990, Part VIII, line 1g Art-Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes Intellectual property X 10 643,827 AVG PRICE - DAY DONATED Securities-Publicly traded Securities-Closely held stock Securities-Partnership, LLC, or trust interests Securities-Miscellaneous 12 Qualified conservation contribution (historic structures) Qualified conservation contribution (other) Real estate—Residential 15 Real estate---Commercial 16 Real estate-Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( 26 Other ▶ ( 27 Other ▶ ( Other ▶ ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X 30a used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 X 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash X 32a contributions?

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b

33

If "Yes," describe in Part II

Schedule M (Form 990) 2008 BATTLE CREEK AREA CATHOLIC SCHOOLS

38-2477841

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b,

32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990) 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.

2008
Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

BATTLE CREEK AREA CATHOLIC SCHOOLS FOUNDATION, INC

Employer identification number 38-2477841

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS
OTHER PROGRAM SERVICES INCLUDE PURCHASE OF LAPTOP
COMPUTERS FOR USE BY STUDENTS, FINE ARTS PROGRAM, SUPPORT
FOR CHALLANGED STUDENTS, ON-LINE COURSES, AND AN
INTERNSHIP PROGRAM FOR HIGH SCHOOL SENIORS.

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

KATHY GALLAGHER

DANIEL GALLAGHER

DEV DIRECTOR

VICE PRES

SISTER/BROTHER-IN-LAW

JOHN BAUMAN

EDWARD BAUMAN

TREASURER

TRUSTEE

**BROTHERS** 

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 COPY OF FORM 990 MADE AVAILABLE TO ALL TRUSTEES FOR REVIEW AND COMMENT BEFORE FILING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL AN ANNUAL REVIEW IS DONE BY THE EXECUTIVE COMMITTEE DURING THE BUDGET PROCESS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES WHO ARE COMPENSATED.

Name of the organization

BATTLE CREEK AREA CATHOLIC SCHOOLS

Employer identification number 38-2477841,

#### SCHEDULE O - ADDITIONAL INFORMATION

FORM 990, PART VI, LINE 11 - ONLY THE DEVELOPMENT DIRECTOR MAY ROUTINELY BE REACHED AT THE FOUNDATION OFFICE. TRUSTEES MAY BE REACHED AT:

DOUGLAS RIGGS	1164 LAKESIDE DR	BATTLE CREEK, MI 49015
JOHN BAUMAN	108 CHRISTOPHER LN	BATTLE CREEK, MI 49015
DAN GALLAGHER	481 S GULL LAKE DR	RICHLAND, MI 49083
SALLY CHADWICK	5813 BAUMAN RD	BATTLE CREEK, MI 49017
DENNIS DUVAL	175 TURNBERRY	BATTLE CREEK, MI 49015
NANCY MULLETT	9800 1-1/2 MILE RD	EAST LEROY, MI 49051
EDWARD BAUMAN	113 ELSINORE LN	BATTLE CREEK, MI 49015
TIMOTHY HUTSON	92 SHADYWOOD LN	BATTLE CREEK, MI 49015
DAVID HALEY	125 BRENTWOOD	BATTLE CREEK, MI 49015
TIMOTHY WENDT	130 DEAR PATH	BATTLE CREEK, MI 49015
GERI DROZDOWSKI	474 COUNTRY CLUB	BATTLE CREEK, MI 49015
KEVIN DOYLE	119 ELSINORE LN	BATTLE CREEK, MI 49015
JOHN PAGE	1206 LAKESIDE DR S	BATTLE CREEK, MI 49015
JAMES PEARL	256 E HAMILTON	BATTLE CREEK, MI 49015

FORM 990, PART VI, LINE 19 - FOUNDATION MEETINGS ARE OPEN TO THE PUBLIC AND VERBAL REQUESTS FOR COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE HONORED. FISCAL YEAR-END FINANCIAL INFORMATION IS INCLUDED IN MATERIALS DISTRIBUTED DURING THE ANNUAL MEETING.