

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

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)

2009 °

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2009 calendar year, or tax year beginning and ending				
				A101 - A1		
D (Check if applicable	Please C Name of organization	D Employer ide	ntification number		
_	 	use IRS label or	ĺ			
\vdash	change	print or MONSIGNOR LAFFERTY TUITION FOUNDATION				
L	Name change	b type Doing Business As	20	-5437032		
	inıbal retum	See Number and street (or P.O box if mail is not delivered to street address) Room/	suite E Telephone nu	mber		
	Termin ated	- Specific 1821 JACKSON STREET		12)255-7933		
Г	Ameno		G Gross receipts \$	2,059,390.		
F	Applica					
pending YOUTH DITT TO THE PROPERTY OF THE PROP						
		SAME AS C ABOVE	for affiliates			
			H(b) Are all affiliate			
_		empt status: X 501(c) (3) ◀ (insert no.)		ch a list. (see instructions)		
		e: > N/A		nption number ▶ 0928		
K	Form of	organization: X Corporation	Year of formation: 200	6 M State of legal domicile. IA		
P	ert 1	Summary				
_	1	Briefly describe the organization's mission or most significant activities: THE SOLI	CITATION, C	OLLECTION,		
& Governance		ADMINISTRATION AND DISTRIBUTION OF VOLUNTARY				
<u> </u>	1 .	Check this box if the organization discontinued its operations or disposed of				
Š	1			1 1		
Ĝ	1	• • • • • • • • • • • • • • • • • • • •		<u> </u>		
€		Number of independent voting members of the governing body (Part VI, line 1b)	••••••			
jes		Total number of employees (Part V, line 2a)		5 0		
Activities	6	Total number of volunteers (estimate if necessary)		6 0		
5	7a	Total gross unrelated business revenue from Part VIII, cdung O, line 1/2	•••••	7a 0.		
•	ь	Net unrelated business taxable income from Form 990-T, line 34	••••••	7b 0.		
		82	Prior Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h) MAY 2 1 2010	1,731,12			
Ž	9	Program service revenue (Part VIII, line 2g)				
Revenue	100		13,63	36,927.		
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 15, 15, 15, 15, 15, 15, 15, 15, 15, 15,	15,03	30,321.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 86 , 9e, 10e, and 11e) 1	1 744 76	2 202		
_	+		1,744,76			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,230,19	2. 1,819,958.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
92	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
ē	b	Total fundraising expenses (Part IX, column (D), line 25) > 55,237.		(1) A. 16 S. Cher S. 3 1/2 1/2		
Ä	17		62,74			
		, , , , , , , , , , , , , , , , , , , ,	1,292,94			
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				
		Revenue less expenses. Subtract line 18 from line 12	451,82			
Net Assets or	3		Beginning of Current Y			
Sect	20	Total assets (Part X, line 16)	1,881,20			
Žξ	21	Total liabilities (Part X, line 26)	7,78			
2,	22_	Net assets or fund balances. Subtract line 21 from line 20	1,873,42	3. 1,944,458.		
1	art fl	Signature Block		_		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my kn	owledge and belief, it is true, correct,		
		and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	1e0ge			
ei.		1 to Walter Wibles	1/5	-14-10		
Sig		Signature of officer	Date	214-10		
He	re	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		MOST REV R W NICKLESS				
		Type or print name and title	l ou unit			
Pai	id	Preparer's Date Date		Preparer's identifying number see instructions)		
Preparer's Firm's name (or KING, REINSCH, PROSSER & CO. L.L.P. EIN						
US	Only	self-employed), 522 4TH STREET, SUITE 200	EIN ►			
		address, and ZIP+4 SIOUX CITY, IA 51101	Phone no	►712-258-5550		
	ny tha II	RS discuss this return with the preparer shown above? (see instructions)	1	X Yes No		
_				Form 990 (2009)		
932	001 02-0	₂₄₋₁₀ LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	e instructions.	Form 330 (2009)		

2-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

932002 02-04-10 Form **990** (2009)

ď,

Fø	ta 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	1	X	<u> </u>
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		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 similar funds or accounts where donors have the right to			l
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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	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			
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			,,
44	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		v	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11	X	
·	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			·
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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 United States? If "Yes," complete Schedule F, Part I	14b	ĺ	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	15	l	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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part Vill, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		_X_
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009)

Pa	rt #V Checklist of Required Schedules (continued)			
		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С		1		<u> </u>
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		1		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь		200		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	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, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	-21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	•	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		
Ū	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
00	contributions? If "Yes," complete Schedule M			v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u>X</u>
31	If "Yes," complete Schedule N, Part I	,		Х
32		31		
JŁ	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	00		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> X</u>
00				v
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?		v	
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	<u> </u>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
36	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	_		v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			17
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		. l	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2009)

	990 (2009) MONSIGNOR LAFFERTY TUITION FOUNDATION 20-54: **TV Statements Regarding Other IRS Filings and Tax Compliance	<u>3 / 0 3</u>	32	Pa	ige 5
Fai	Statements Regarding Other IRS Filings and Tax Compliance		Т.	,	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	[es	IAO
	U.S. Information Returns. Enter -0- if not applicable	1			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	히]	
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		1	
C	(gambling) winnings to prize winners?		_	1	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	19	-	-	
20		0		1	
_			. [1	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2t	<u> </u>		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	_		1	v
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	38			<u>X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	. <u>3t</u>	b _	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a				٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	46	a		X
Þ	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			1	
	Financial Accounts.			1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	58	a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5t	ь		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1	
	Tax Shelter Transaction?	. 50	<u> </u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1		
	any contributions that were not tax deductible?	. 6a	a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	61	ь	İ	
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services]	
	provided to the payor?	78	a	ľ	X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	71			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<u> </u>		-	
•	to file Form 8282?	70		1	X
A	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		-		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	\dashv			
Ð				1	v
	benefit contract?	76			X
ŧ	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71			
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	70			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7t	<u>. </u>		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the	ł			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings				
	at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.	i			
а	Did the organization make any taxable distributions under section 4966?	9a	3		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91	>		
10	Section 501(c)(7) organizations. Enter:	- [
а	Initiation fees and capital contributions included on Part VIII, line 12			1	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders				
b	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?	12	a [-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			•	
		For	rm 9 9	30 (2	buua.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	11			
b	Enter the number of voting members that are independent	1b	11	Į		
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	e direct supervisio	n			
	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 Fo	m 990 was filed?		4		Х
5	Did the organization become aware during the year of a material diversion of the organization's asset	s?		5	 	Х
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mbers of the				
	governing body?		-	7a	 	X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7Ь		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year	:			
	by the following:				1	
а	The governing body?		-	8a	X	
ь	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				٠,,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)		 ,		
100	Does the event ration have level shorters branches as affiliates?		١	40-	Yes	No_X
10a	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such		- }	10a		
ь	·	cnapters, amiliates	,	405		
11	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before file.		- }	10b 11		Х
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ing the form?				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	i	х
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	 Id alve ree		120		
	to conflicts?	id give rise	[12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If '	··· · · · · · · · · · · · · · · · · ·	ŀ			
	in Schedule O how this is done	res, describe		12c		
13	Does the organization have a written whistleblower policy?		·	13		X
14	Does the organization have a written document retention and destruction policy?	•	Ì	14		X
15	Did the process for determining compensation of the following persons include a review and approva	by independent	• 1	····		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	1	Х
ь	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?		.	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eval	uate its participati	on [
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organic		İ			
	exempt status with respect to such arrangements?			16b]	
<u>Sec</u>	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) a	vailable f	for		
	public inspection. Indicate how you make these available. Check all that apply.					
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	onflict of interest p	olicy, an	d fina	ncıal	
	statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books are	d records of the c	rganızatı	ion. 🟲		
	DIANE DONNELLY - (712)255-7933					
	1821 JACKSON STREET, SIOUX CITY, IA 51105					
				Form	990 (2009)

932006 02-04-10

08520513 766225 3188

Form 990 (2009)

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	k all that apply)		ly)	compensation	compensation	amount of	
	per week	돯	흥					from	from related	other
	Week	or Gir				E E		the organization	organizations (W-2/1099-MISC)	compensation from the
		ustee	anst		88	bens		(W-2/1099-MISC)	(1.2.000	organization
		individual trustee or director	Institutional trustee		Key employee	St col	Ļ	1		and related
		Indiv	Instit	183 183	Keye	Highest compensated employee	Ē			organizations
JIM AUEN	1 00	.,								•
BOARD MEMBER	1.00	X	<u> </u>	_	<u> </u>	<u> </u>	_	0.	0.	0.
MATT GRETEMAN	1 00	,,				ľ				•
BOARD MEMBER	1.00	X	<u> </u>	-		<u> </u>	<u> </u>	0.	0.	0.
DELORES HANNON, RSM	1 00	 	İ	İ		l				
CHAIRPERSON	1.00	X	<u> </u>	<u> </u>		<u> </u>	_	0.	0.	0.
SHERRY NILLES	1 00		ļ	ŀ						•
BOARD MEMBER	1.00	X	-	 			-	0.	0.	0.
RON OLBERDING	1 00	7								•
BOARD MEMBER	1.00	A	<u> </u>					0.	0.	0.
RUTH SCHOCK, OSF BOARD MEMBER	1.00	v					ł	0.	^	0
MERLIN SCHRAD	1.00	^	 -	\vdash			-	<u> </u>	0.	0.
BOARD MEMBER	1.00	X				1		0.	0.	0.
RICK KNEIP	1.00			_	-					
BOARD MEMBER	1.00	x						0.	0.	0.
DAN RYAN				_	_		-			
BOARD MEMBER	1.00	Х						0.	0.	0.
MOST REV R W NICKLESS										
PRESIDENT	1.00			Х				0.	0.	0.
REV MSGR R MARK DUCHAINE										
BOARD MEMBER	1.00			Х				0.	0.	0.
	-									
		<u> </u>				_				
				-						
				Li		_				
			-	-		-	-			
										· · · · · · · · · · · · · · · · · · ·

932007 02-04-10

Form 990 (2009)

932008 02-04-10

\$100,000 in compensation from the organization

Form **990** (2009)

		(2009) MONSIGNOR LAFFERTY	Y TUITION FOUN	DATION	20-5437	032 Page 9
Pa	rt VI	II Statement of Revenue				
	•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns . 1a				
ga	b	Membership dues 1b				
am am	C	Fundraising events . 1c				
gif ar	d	Related organizations 1d				
S.E	е	Government grants (contributions)				
er s	f	All other contributions, gifts, grants, and				
들		similar amounts not included above $161,963,4$				
E P	9	Noncash contributions included in lines 1a-1f \$ 59,0				
Ŭ ē	h	Total. Add lines 1a-1f	▶ 1,963,460.			
		Business	s Code			
90	2 a					
Program Service Revenue	b				_	
n Si	c	·				
e a	d	j				
<u>5</u>	е					
<u>-</u>	f	All other program service revenue				
	9	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and				
		other similar amounts)	▶ 37,722.			37,722.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties	•			
	_	(i) Real (ii) Pers	sonal			
		Gross Rents				
		Less: rental expenses				
		Rental income or (loss)				
		Net rental income or (loss)				
	7 a	Gross amount from sales of (i) Securities (ii) Ot	her			
		assets other than inventory 23,096. 35,1	112.			
	0	Less: cost or other basis	77			
	_	and sales expenses 23,726. 35,2 Gain or (loss) <630. > <1	165.>			
			<u>▶</u> <795.	> <795.	_	
ľ		Net gain or (loss)	V (193.	7 7/95.	? 	
Other Revenue	o a	Gross income from fundraising events (not				
S		including \$ of				
œ		contributions reported on line 1c). See				
	_	Part IV, line 18 a b Less: direct expenses b				
δ		Less: direct expenses				
]		Gross income from gaming activities. See				
İ		-				
	ь	Part IV, line 19 a D Less: direct expenses b				
		Net income or (loss) from gaming activities	<u> </u>			
		Gross sales of inventory, less returns				
		and allowances				
ļ	ь	Less: cost of goods sold b				
		Net income or (loss) from sales of inventory	_			
İ		Miscellaneous Revenue Business	Code			
ŀ	11 a		, <u>code</u>			
ļ	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d	•			
	12	Total revenue. See instructions	▶ 2,000,387.	<795.	. 0.	37,722.
93200 02-04	9 10					Form 990 (2009)

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).							
	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							
	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	1,819,958.	1,819,958.					
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):							
а	Management							
b	Legal							
C	Accounting	21,667.		21,667.				
d	Lobbying							
е	Professional fundraising services See Part IV, line 17							
f	Investment management fees							
9	Other .	46,591.		24,059.	22,532. 22,872. 9,833.			
12	Advertising and promotion	22,872.			22,872.			
13	Office expenses	10,986.		1,153.	9,833.			
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	916.		916.				
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	466.		466.				
20	Interest .							
21	Payments to affiliates	<u></u>						
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) IOWA ACE CONTRIBUTION	4,500.		4 500				
a	MISCELLANEOUS	1,396.		4,500.				
Ь	HISCELLANEOUS	1,390.		1,396.				
C								
d								
e	All other expanses							
f	All other expenses	1,929,352.	1 010 050	EA 157				
25	Total functional expenses Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	1,323,332.	1,819,958.	54,157.	55,237.			
26				i				
	SOP 98-2 Complete this line only if the organization							
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							
	educational campaign and idituralising solicitation		1					

932010 02-04-10

Form **990** (2009)

Form 990 (2009)

Part X Balance Sheet

	<u>, </u>	(A) Beginning of year		(B) End of year
$\neg \neg$	Cash - non-interest-bearing	8,590.	1	44,919
:	Savings and temporary cash investments	1,869,443.	2	1,754,844
;	[3	
4	Accounts receivable, net		4	
1	Receivables from current and former officers, directors, trustees, key			······································
	employees, and highest compensated employees. Complete Part II		1	
	of Schedule L		5	
				
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
2 2			7	
Assets			8	 · · - · - · · - · · · · · · · ·
ξ ,			9	
10				
	basis. Complete Part VI of Schedule D 10a			
	b Less: accumulated depreciation 10b	ĺ	10c	
1.	· · · · · · · · · · · · · · · · · · ·		11	
1:	· · · · · · · · · · · · · · · · · · ·		12	
1:	F		13	
14			14	
1	· · · · · · · · · · · · · · · · · · ·	3,173.	15	162,059
10		1,881,206.	16	1,961,822
1		7,783.	17	1,961,822
18			18	
119			19	
20	Tax-exempt bond liabilities		20	
g 2	· · · · · · · · · · · · · · · · · · ·		21	 .
E 2				
	highest compensated employees, and disqualified persons. Complete Part II			
ן כֿ	of Schedule L		22	
2	· · · · · · · · · · · · · · · · · · ·		23	
2	· · · · · · · · · · · · · · · · · · ·		24	
2	· · · · · · · · · · · · · · · · · · ·		25	
20		7,783.	26	17,364.
	Organizations that follow SFAS 117, check here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	177001.
20	lines 27 through 29, and lines 33 and 34.			
2		1,873,423.	27	1,944,458.
2			28	2/3/11/130
29			29	
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Organizations that do not follow SFAS 117, check here		25	
<u>.</u>	complete lines 30 through 34.			
g 30		ļ	30	
3	and the contract of the contra		31	
Self Assets of rund balances of 52 52 53 33 33 33 33 33 33 33 33 33 33 33 33			32	
3	5 ,,	1,873,423.		1,944,458.
1 3	Total for assers of fully balances	1,881,206.	33	

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3ь

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Inspection

Name of the organization

MONSIGNOR LAFFERTY TUITION FOUNDATION

Employer identification number

20-5437032 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) 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 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III - Functionally integrated d Type III - Other a ____ Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization organizátion in col n col (i) listed in your organization in col organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) Yes No Yes Yes Nο

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Pa	Part # 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.)						
Sec	Section A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon'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 through 3	_					
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,	1					
	column (f)						
	Public support. Subtract line 5 from line 4						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4 .						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1					
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>			ļ		
10	Other income. Do not include gain				1		
	or loss from the sale of capital			•			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>	<u> </u>		
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. —
50	organization, check this box and stop ction C. Computation of Publ		roontogo			<u>.</u>	<u> </u>
							
14	Public support percentage for 2009 (column (f))		14	
15	Public support percentage from 2008	•	•			15	<u>%</u>
108	33 1/3% support test - 2009. If the o				14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
L	b 33 1/3% support test - 2008. 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						
17-	and stop here. The organization qualifies as a publicly supported organization						
1/6	17a 10% -facts-and-circumstances test - 2009. 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"					LIV now the organ	ii∠ation ▶ □
j.						Zo ond her der e	F
2,	10% -facts-and-circumstances tes						
	more, and if the organization meets the organization meets the facts-and-circ						; ⊾ □
18	— • • • • • • • • • • • • • • • • • • •						· [
_ <u></u>	n in organization	Sie net encon a	- ex on time 10, 10	a, 100, 17a, 01 17t		dule A (Form 990	
					GCIIC	~ (, O, III 990	J. 330-LEJ 2003

Schedule A (Form 990 or 990-EZ) 2009 MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Page 3

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

Section A. Fubile Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		<u> </u>				
include any "unusual grants.")		780,685.	1329416.	1731127.	1963460.	5804688.
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						1
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 through 5		780,685.	1329416.	1731127.	1963460.	5804688.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						5804688.
Section B. Total Support		<u> </u>				
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6		780,685.	1329416.	1731127.	1963460.	5804688.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		24,961.	44,523.	13,883.		121,089.
b Unrelated business taxable income					, ,	
(less section 511 taxes) from businesses acquired after June 30, 1975						
•		24,961.	44,523.	13,883.	27 722	121,089.
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		24,501.	44,323.	13,003.	31,122.	121,009.
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)		805,646.	1373939.	1745010.	2001182.	5925777.
14 First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
check this box and stop here						► X
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2009 (line 8, column (f) d	livided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2008	3 Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve						
17 Investment income percentage for 20	309 (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	%
18 Investment income percentage from	2008 Schedule A,	Part III, line 17	,,,,		18	%
19a 33 1/3% support tests - 2009. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
more than 33 1/3%, check this box a						▶□
						and
	b 33 1/3% support tests - 2008. 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						▶□
Schedule A (Form 990 or 990-EZ) 2009						

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MONSIGNOR LAFFERTY TUITION FOUNDATION

Employer identification number 20-5437032

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advis	ed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	· · · · · · · · · · · · · · · · · · ·	used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990. P	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p	· · · · · · · · · · · · · · · · · · ·	torically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space	- Treservation of a cert	med matoric structure
2	Complete lines 2a through 2d if the organization held a qualif	fied conseniation contribution in the form	of a consequation appearant on the last
~		ned conservation contribution in the joint	or a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		
a _	·	• • •	2a
b	Total acreage restricted by conservation easements	. (-)	. <u>2b</u>
C	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re year ►	leased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation ea	soment is legated	
5			
3	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	_	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organizar	tion's financial statements that describes	the organization's accounting for
Da	conservation easements. 甘田 Organizations Maintaining Collections o	f Art Historical Traceures or O	thou Cimilar Assats
Fai	* Complete if the organization answered 'Yes' to Form	•	ther Similar Assets.
	Complete if the organization answered Tes To Form	550, Fait IV, life 6.	
4.	If the consensation of section is a second of the CCAC 44C and	***************************************	
1a	If the organization elected, as permitted under SFAS 116, no	· · · · · · · · · · · · · · · · · · ·	
	treasures, or other similar assets held for public exhibition, en		olic service, provide, in Part XIV, the text of
_	the footnote to its financial statements that describes these		
ь	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	, provide the following amounts relating to
	these items:		
			\$
			. • \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		OR LAFFERT				<u>-5</u> 437032	
Par	t腓 Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Ot	her Similar A	ssets (conti	inued)
3	Using the organization's acquisition, access	on, and other record	ls, check any of th	e following that are a	significant use o	f its collection	n items
	(check all that apply):						
а	Public exhibition	d	Loan or ex	change programs			
Ь	Scholarly research	е	Other				
C	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explai	n how they further	the organization's e	xempt purpose in	Part XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or other sim	lar assets		
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's	collection?		Yes	☐ No
Par	t 🚺 Escrow and Custodial Arran	gements. Comple	ete if organization	answered "Yes" to F	orm 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.	-				
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for contribution	ons or other assets n	ot included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				
						Amount	
C	Beginning balance	-			1c		
đ	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV						
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to F	orm 990, Part IV, line	10.		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	ack (e) Four	years back
1a	Beginning of year balance						
b	Contributions						+
c	Net investment earnings, gains, and losses						
d	Grants or scholarships				1		
e	Other expenditures for facilities						***************************************
	and programs .						
f	Administrative expenses .						***************************************
g	End of year balance	-			***************************************	*************	************************
2	Provide the estimated percentage of the year	r end balance held a	s:				
а	Board designated or quasi-endowment		%				
b	Permanent endowment ►	%	_				
С	Term endowment ▶	%					
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held	and administered for	the organization		
	by:	-			J		Yes No
	(i) unrelated organizations		_			3a(i)	
	(ii) related organizations				• •	3a(ii)	
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?	•	•	3b	
4	Describe in Part XIV the intended uses of the					. [
Par				0, Part X, line 10.			
	Description of investment	(a) Cost or of	ther (b) Cos	st or other (c)	Accumulated	(d) Book	value
		basis (investn	nent) basis	s (other)	epreciation		
1a	Land						
b	Buildings					_	
c	Leasehold improvements						
d	Equipment						
е	Other						
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B), line	10(c))	•		0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 MONSIGNOR LAFFERTY TUITION FOUNDATIO			437032	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Finan	cial State	<u>ement</u>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		2,000,	387.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,929,	352 <u>.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		71,	035.
4	Net unrealized gains (losses) on investments	4			
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 through 8	9			0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		71 _.	035.
Par	XII Reconciliation of Revenue per Audited Financial Statements With Rever	<u>iue per F</u>	Return		100
1	Total revenue, gains, and other support per audited financial statements		1	2,001,	182.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1 1		
а	Net unrealized gains on investments 2a		1 1		
b	Donated services and use of facilities		4		
С	Recoveries of prior year grants	705	4		
d	Other (Describe in Part XIV.)	795.	┥ !		705
e	Add lines 2a through 2d		2e	2,000,	$\frac{795}{297}$
3	Subtract line 2e from line 1		3	<u> </u>	301.
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		-		
ь	Other (Describe in Part XIV.) 4b		1 . 1		0.
c	Add lines 4a and 4b	•	4c	2,000,	
<u>5</u>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) * XIII Reconciliation of Expenses per Audited Financial Statements With Expe	ncae nar			307.
1	Total expenses and losses per audited financial statements	naca per	1	1,930,	147.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	-	1,750,	
a	Donated services and use of facilities 23.				
b	Prior year adjustments 2b		1		
c	Other losses 2c		1 1		
ď	Other (Describe in Part XIV.)	795.			
e	Add lines 2a through 2d		2e		795.
3	Subtract line 2e from line 1	••	3	1,929,	352.
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				
ь	Other (Describe in Part XIV.)		1		
С	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,929,	352.
Pa	t 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; Pa	rt IV, lines 1	b and 2	b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to pro	vide any ad	ditional	information.	
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
T 0	AC ON CALE OF THE PROPERTY OF				
LO	SS ON SALE OF INVESTMENTS				
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:		<u></u>		
LO	SS ON SALE OF INVESTMENTS				
_			0-1-1	d. D.C	
			achedi	ıle D (Form 99	7U1 ZUU9

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Name of the organization MONSIGNOR LAFFERTY	LAFFERTY	TUITION	FOUNDATION				Employer identification number 20-5437032	mber 32
Part i General Information on Grants and Assistance	nd Assistance							
1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	to substantiate the stance?		or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tton X Yes	°Z
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for mont	oring the use of grant	funds in the Unite	d States.				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	complete if the orga	anization answered ")	es* to Form 990, Part	IV, line 21, for any	[
recipient that received more than \$	\$5,000. Check this	box if no one recipier	nt received more th	ian \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of orgovernment (e) Amount of orgovernment (f) Method of (g) Description of (h) Purpose (h) Purpose (assistance organization (b) (h) Purpose (h) Pur	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations 	nd government or	ganizations					A A	

Schedule I (Form 990) 2009

43

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

20-5437032

Page 2

Schedule I (Form 990) 2009 MONS I GNOR LAFFERTY TUITION FOUNDATION

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

Use Part IV and Schedule I·1 (Form 990) if additional space is needed.	ace is needed.				
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TUITION GRANTS FOR ELIGIBLE STUDENTS AFTENDING CATHOLIC SCHOOLS IN THE DIOCESE OF SIOUX CITY.	2094	1 819 958	o		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I, II	ne 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: MONSIGNOR	NOR LAFFERTY	ERTY TUITION	ON FOUNDATION	ION USES A	
THIRD PARTY ADMINISTRATOR (TPA) TO	COLLECT	TO COLLECT AND ANALYZE	ZE FINANCIAL	AL	
INFORMATION AND TO DETERMINE RECOMMENDATIONS	MENDATIO	FOR	FINANCIAL ASSISTANCE.	ISTANCE. THE	
NEEDS ANALYSIS CALCULATIONS USED BY	Y THE TPA	A ARE REVIEWED	AND	APPROVED	
ANNUALLY BY MONSIGNOR LAFFERTY TUI	TULTION FOUR	FOUNDATION ST	STAFF. THE	MONSIGNOR	
LAFFERTY TUITION FOUNDATION GOVERNING		BOARD REVIEWS 1	AND APPROVES	ES TEH GRANT	
AWARDS. THE FINANCIAL STATEMENTS	OF MONSIC	MONSIGNOR LAFFERTY		TUITION FOUNDATION	
ARE AUDITED ANNUALLY AND PRESENTED	TO THE	GOVERNING	BOARD FOR 1	APPROVAL.	
THE AUDIT PROCEDURES INCLUDE TESTING	NG OF THE	E DOCUMENTA	DOCUMENTATION MAINTAINED	FAINED BY THE	

932102 02-02-10

Schedule I (Form 990) 2009

Sched	ule I (Form 990) 2009	MONSIGNO	R LAFFERTY	TUITION 1	FOUNDATION	20-5437032	Page 2
Part	ule I (Form 990) 2009 V Supplement	tal Information					
	•						
TPA	SUPPORTING	THE CALCULATIO	N OF THE F	RECOMMENDE	D AWARD AMO	UNTS.	
				 -			
						· -	
							-
			· · · · · · · · · · · · · · · · · · ·	·	-		
-							
							
							
							<u> </u>
	-						
							
					<u>.</u>		
							
							
		 					
						Schedule I (Form 99	90) 2009

08520513 766225 3188

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Part I Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles .. . 6 7 Boats and planes Intellectual property 8 X 23,726. FAIR MARKET VALUE 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other Collectibles 18 Food inventory 19 20 Drugs and medical supplies Taxidermy 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 35,277. SELLING PRICE 25 Other -26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 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 used for exempt purposes for the entire holding period? X 30a **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) 2009

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990

Department of the Treasury

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047_ Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ALLOCATE AT LEAST 90% OF ANNUAL REVENUE FOR TUITION GRANTS TO ELIGIBLE
STUDENTS WHO RESIDE IN IOWA TO ALLOW EACH STUDENT TO ATTEND ANY
QUALIFIED SCHOOL OF THEIR PARENTS' CHOICE.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY THE
INDEPENDENT ACCOUNTING FIRM THAT IS ENGAGED FOR THE ANNUAL AUDIT FOR THE
MONSIGNOR LAFFERTY TUITION FOUNDATION. A DRAFT COPY OF FORM 990 IS GIVEN
TO MANAGEMENT FOR REVIEW. AFTER MANAGEMENT'S REVIEW, FORM 990 IS PRESENTE
TO THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD FOR THEIR REVIEW AND
APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, FINANCIAL
STATEMENTS, AND POLICIES OF THE MONSIGNOR LAFFERTY TUITION FOUNDATIONS ARE
AVAILABLE AT THE CENTRAL CATHOLIC OFFICE OF THE DIOCESE OF SIOUX CITY
DURING NORMAL OFFICE HOURS.

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. Related Organizations and Unrelated Partnerships MONSIGNOR LAFFERTY TUITION FOUNDATION ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Open to Public Inspection OMB No 1545-0047 2009

,

Employer identification number 20-5437032

(f) Direct controlling entity			elated tax-exempt
(e) End-of-year assets			e it had one or more r
(d) Total income			rt IV, line 34 becaus
(c) Legal domicile (state or foreign country)			swered "Yes" to Form 990, Par
(b) Primary activity			ions (Complete if the organization an
(a) Name, address, and EIN of disregarded entity			Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)
			Part II

(e)	(q)	(0)	(p)	(e)	(1)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity
				501(c)(3))	
DIOCESE OF SIOUX CITY - 42-0680296	ADMINISTER RELIGIOUS,				
1821 JACKSON STREET	EDUCATIONAL AND CHARITABLE				
SIOUX CITY, IA 51105	ACTIVITIES.	IOWA	501(C)(3)	LINE 1	N/A
	I				
	Ţ-			-	
	1				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

932161 02-04-10

Schedule R (Form 990) 2009

20-5437032 Page 2

20

Schedule R (Form 990) 2009 MONSIGNOR LAFFERTY TUITION FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Part III

	Primary activity Legal domicile (c) (d) (e) (f) (f) (g) (f) (g) (h) (g	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	IN Primary activity Legal domicile (G) (G) (G) (G) (G) (G) (G) (G) (G) (G)			
		lated Organizations Taxable as a C	ss, and EIN ganization			
,	(a) Name, address, and EIN of related organization	Part iv Identification of Rel	(a) Name, address, and EIN of related organization			

Yes

4 40 7 <u></u>

19

둳

f

=

Schedule R (Form 990) 2009 MONSIGNOR LAFFERTY TUITION FOUNDATION

Schedule R (Form 990) 2009 Amount involved 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. (b)
Transaction type (a-r) 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? Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) 50 k Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) (a)
Name of other organization(s) Receipt of (i) interest (ii) annutties (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. j Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) m Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) **b** Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets 932163 02-04-10 PartV 0 8 € 3 **ම** <u>ପ</u> ପ୍ର ੜ

×

 = Ξ

5

15

9

10

÷

Page 4

Schedule R (Form 990) 2009 MONSIGNOR LAFFERTY TUITION FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

III Was not a citated organization, occurrence ogacinate participation of the citate o		(a)	67	(9)	٤	(5)	3
(p)	6		<u> </u>			(A)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Similar O			Yes No			of Schedule K-1 (Form 1065)	1 1
	-						
			_				
	1						-
	T				-		
							_
						_	_
	Ţ						
							_
							_
							_

Schedule R (Form 990) 2009

932164 02-04-10