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237140264 06/07/2010 9 09 AM

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

Α	For th	e 2009 cal	endar ye	ar, or tax year beginning , and ending							
B (Check if a	pplicable	Please	C Name of organization	0) Emplo	yer identification number				
٦,	Address	change	use IRS	NORFOLK CATHOLIC SCHOOLS FOUNDATION	ł						
\equiv		•	label or	Doing Business As		23-	7140264				
ַ '	Name ch	ange	print or type	Number and street (or P O box if mai is not delivered to street address) Room/suit	e F	E Telephone number					
	inibal retu	ırn	See	PO BOX 402							
η.	Terminat	100	Specific		- 1.	613.4					
\equiv			Instruc-	City or town, state or country, and ZIP + 4	1	Gross rece	ipts \$ 613,489				
، لـــ	Amende	d return	tions	NORFOLK NE 68702	—						
	Application	on pending	F Name	e and address of principal officer		H(a) Is this	a group return for				
					١.	affliate					
			ļ			H(b) Areali include					
			1			If "No,"	' attach a list (see instructions)				
1	Tax-ex	empt status	X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527							
	Websi		I/A		٠,	H(c) Group	exemption number				
		organization	••	poration Trust Association Other ▶ L Year of forms	4 0	71	M State of legal domicle NE				
_	art I		ımmaı								
	T										
	1	-		ne organization's mission or most significant activities							
a		PROG	RAM S	SUPPORT							
ũ	İ										
Ĕ											
Š	2	Check th	ıs box ▶	If the organization discontinued its operations or disposed of more than 25% of its net	assets						
Activities & Governance	3			members of the governing body (Part VI, line 1a)		3	9				
SQ.	1		-	endent voting members of the governing body (Part VI, line 1b)		4	9				
it e	7		-			5					
₹	3			employees (Part V, line 2a)		1					
Ac	6			olunteers (estimate if necessary)		6					
2	7a	Total gro	ss unrel	ated business revenue from Part VIII, column (C), line 12		7a					
2	b	Net unrel	ated bus	siness taxable income from Form 990-T, line 34		7b	0				
					Prior Year	610	Current Year				
₽ <i>\</i>	8	Contribut	ions and	d grants (Part VIII, line 1h)		,610	4,680				
ð.	9	Program	service	[3-1 4 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1							
Rkvende	10	Investme	nt incom	ne (Part VIII, column (A), lines 3, 4, and 7d)	213	,926	43,635				
Ť	11	Other rev	enue (P	art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		168	250				
)	12	Total revo	enue – a	idd lines 8 through 11 (must equal Part VIII, column (A), line 42)	219	,704	48,565				
<u> </u>	13			ar amounts paid (Part IX, column (A), lines 1–3)	158	,686	149,042				
•	14			or for members (Part IX, column (A), line 4)							
;	1 _		•	ompensation, employee benefits (Part IX, column (A), lines 5–10)							
ses	15	•									
» —				draising fees (Part IX, column (A), line 11e)							
Exper	•		-	expenses (Part IX, column (D), line 25) ▶		740	11 040				
ш	17			(Part IX, column (A), lines 11a-11d, 11f-24f)		,742	11,940				
	18	Total exp	enses /	Add lines 13–17 (must equal Part IX, column (A), line 25)		,428	160,982				
	19	Revenue	less ex	penses Subtract line 18 from line 12		,276	-112,417				
Net Assets or	3				ng of Curre		End of Year				
Sets	20	Total ass	ets (Pai	t X, line 16)	<u>2,797</u>	,184	3,354,019				
A	21	Total liab	ulities (P	art X, line 26)							
2	22	Net asse	ts or fur	nd balances Subtract line 21 from line 20	2,797	,184	3,354,019				
F	art II	Si	anatu	re Block							
				tities of perjury, I declare that I have examined this return, including accompanying schedules and stateme	nts, and to	the best o	f my knowledge				
		an	d belief, it	is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	er has any	knowledge				
e:			()	Ottolal Plantage Pravilant		I	9/9/2010				
Sig	_			a providence of the prosecution			4/ / / / / / / / / / / / / / / / / / /				
He	re		-	ure of officer		Date					
				. OTTO WULLSCHLEGER OFFICER							
			Type or	print name and title							
_		Dr.	eparer's	Date Date	Check if		Preparer's identifying number (see instructions)				
Pa	id		nature	WILLIAM L. GAINES, JR CPA 06/07/10	self- employed	ı ▶	P00009615				
Pr	epar			GAINES & ASSOCIATES, P.C.	5p.0yec	T	47 0779301				
	e Or	rly Fir		D O BOY 1167		EIN	4, 5,,000				
		ıf s	elf-emplo			Phone	402-379-9294				
		I ad	dress, an	dZIP+4 NORFOLK, NE 68702-1167		I no	• 4UZ-3/9-9Z94				

May the IRS discuss this return with the preparer shown above? (see instructions) For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions DAA Form 990 (2009) NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264

Page 2

				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	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		<u>X</u>
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 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"		6		х
7	complete Schedule D, Part I				
•	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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				~
•	complete Schedule D, Part III		8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		٣		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or		<u> </u>		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		х
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		11		X
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete				
	Schedule D, 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 related 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 257 If "Yes," complete Schedule D, Part X		į		
•	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				v
	Schedule D, Parts XI, XII, and XIII	[T	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	40		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		$\frac{\lambda}{X}$
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		145		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	1	Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		<u> </u>		
	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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		X
			Form	990	(2009)

Form 990 (2009) NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264 Part IV Checklist of Required Schedules (continued)

	onecknist of Nequired Ochedules (continued)			
			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 12 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 27 If "Yes," complete Schedule I, Parts I and III	_22		<u>X</u>
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			v
	employees? If "Yes," complete Schedule J	_ 23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	345		х
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		^
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240	!	
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		250		х
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		^
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	255		х
20	990-EZ? If "Yes," complete Schedule L, Part I	25b		^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		х
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 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,	21		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	130		
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	·	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ľ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	L_	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		Form	n 990	(2009)

Pa	rt V ; Statements Regarding Other IRS Filings and Tax Compliance				г
	S. h. H			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	4-			
L	U.S. Information Returns. Enter -0- if not applicable	1b		•	l i
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.				1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportal	DIE	1c		X
2-	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W. 3. Transmittal of Wage and Tay.		-10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a			
_	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
b	Note If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		2.0		<u> </u>
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by				ليا
	this return?		3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3Ь		├─
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	3 1			
	account)?		4a		X
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				X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		$\frac{\hat{x}}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	_	5b		<u> </u>
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	g	. .		
_	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		٥-		x
	organization solicit any contributions that were not tax deductible?	_	6a		- ^-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		Ch		
_	gifts were not tax deductible?		6b		
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		7a		
_	and services provided to the payor?		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7.0		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7c		
-4	required to file Form 8282?	7d	7		
d	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 person				
е		iai	7e		
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
f -	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
g	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		'9		\vdash
h			7h		
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		<u> </u>	 -	
0	organizations. Did the 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.				
	Did the organization make any taxable distributions under section 4966?		9a		
a	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
b 10					
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	10a			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			1
b 11	Section 501(c)(12) organizations. Enter	_: <u>:</u> :			
	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against				
J	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 104		12a	<u> </u>	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	T		
	and animality of the district animals and animals are additional and least				

Form 990 (2009) NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and □ Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? X 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, 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 filing the 11 Х 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 14 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official $\overline{\mathbf{x}}$ b Other officers or key employees of the organization 15b 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 arrangement X 16a with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 18 available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the 20 1205 MEADOW DRIVE CLIFFORD FLYNN organization >

NE 68702-0402 402-371-5156
Form 990 (2009)

NORFOLK

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

Check this box if the organization (A) Name and Title	(B) Average			(0	C)	hat ap	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	6 Individual trustee or director		Officer			compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. OTTO WULLSCHI	EGER	x		х			o	0	0
DR. C.A. WILBER		1	-	<u> </u>	 				
VICE PRES		x		х			o	0	0
DON SMEJKAL									
SEC/TREA		X		Х			0	0	0
CARL BENDIXEN									
DIRECTOR		X					 0	0	0
VIRGIL FROEHLICH									
DIRECTOR		X	ļ		<u> </u>		 0	0	0
WILLIAM L. GAINES	, JR.	.		ļ			o	0	o
DIRECTOR MARILYN ALEXANDER		X	-	\vdash	-	H	 	0	
DIRECTOR		$ \mathbf{x} $					o	0	0
DR. MICHAEL MAIER		 ^	\vdash	-		\vdash		<u> </u>	
DIRECTOR		X					o	0	0
JANE JENKINS									
DIRECTOR		X					0	0	0
		_			 	Ш			
		L					 		
		-		}		_			
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		\vdash		_	_	\vdash	 		
		-	_	_	_	-		 -	
		_							
DAA					<u> </u>				Form 990 (2009)

orm 990.(2009) NORFOLE	CATHOLIC	SCHOOLS	FOUNDATION	23-7140264

<u> Fai</u>	Section A. Officers	, Directors, Trus	tees	, ne	y =11	pios	ees,	and	nignest Compensated Er	nployees (continued)			
	(A)	(B)				2)			(D)	(E)	1	(F)	
	Name and Title	Average hours per week	ndividual trustee		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)		Estimat amount other compensa from the organizat and rela organizat	of ation ne tion ted
				L"			ted		<u> </u>				
				į									
								-					
	Total	<u> </u>	<u> </u>	L	L	<u> </u>							
2	Total number of individuals (inc	luding but not lim	nted	to the	ose l	sted	abov	/e) w	who received more than \$100	0,000 in			
	reportable compensation from t	he organization	<u> </u>	0									
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line the organization and related organization.	complete Schedu 1a, is the sum of	le J fo repo	or su rtabl	ich ir e coi	ndivid mper	dual Isatio	n ar	nd other compensation from			3	Yes No X
5	Individual Did any person listed on line 1a services rendered to the organic											5	X
Sec	tion B. Independent Contracto		<u>.</u>	icic i	<u> </u>	<u>u uic</u>	0 101						
1	Complete this table for your five compensation from the organiz	ation	sated	d ind	ерег	dent	cont	racto					
	Name and	(A) business address						_	Descript	(B) bon of services		Соп	(C) pensation
								_					
								_					
								_	<u> </u>				
													
	Total number of independent	ontropies (esse				1000			usted above) who received				
DAA	Total number of independent compensate than \$100,000 in compensate than \$100,000 in compensate than \$100,000 in compensate that the state of the sta	•	-			itea	io inc	se II				o	990 (2009)
LJAA												rum	~~~ IZUUS1

Form 990 (2009) NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264

<u>. Pa</u>	rt VI	III Statement of Reve	nue	· · · · · · · · · · · · · · · · · · ·				
1					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
رم ر _م	10	Fodorated campaigns	12			revenue		312, 313, 01 314
ant and		Federated campaigns	1a					
g S		Membership dues	1b					
fts, r ar		Fundraising events	1c					
ᅙ		Related organizations	1d					ì
SIL		Government grants (contributions)	1e					,
黃	f	All other contributions, gifts, grants,						
멸탕		and similar amounts not included above	1f	4,680				İ
Contributions, gifts, grants and other similar amounts	_	Noncash contributions included in lines 1a-1f	;	\$ <u>.</u>				
$\overline{}$	<u>h</u>	Total Add lines 1a-1f		▶	4,680			·
une				Busn. Code			<u> </u>	
evel .	2a							
e E	Ь					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
.S	С							
Se	d							
籄	е							
Program Service Revenue	f	All other program service revenu	ıe		_			
_	g	Total Add lines 2a-2f		<u> </u>				
	3	Investment income (including di	vidend	s, interest, and		:		
		other similar amounts)		▶	153,742			153,742
	4	Income from investment of tax-e	xempt	bond proceeds ▶				
	5	Royalties		•				
		(ı) Real		(ii) Personal				
	6a	Gross Rents			-			Ì
	b	Less rental exps						
	С	Rental inc or (loss)						
	_d	Net rental income or (loss)		▶.				
	/a	Gross amount from (i) Securities sales of assets		(II) Other				
		other than inventory 453	587	1,230				
	b	Less cost or other						
		basis & sales exps 564,	924					
	c	Gain or (loss) -111,	337	1,230				
	d	Net gain or (loss)		•	-110,107	-110,107		
۰	8a	Gross income from fundraising event	s [
ž		(not including \$						
eve.		of contributions reported on line 1c)						
Other Revenu		See Part IV, line 18	a					
the	b	Less direct expenses	ь[
0	С	Net income or (loss) from fundr	aising (events				
		Gross income from gaming activities						
		See Part IV, line 19	а					
	b	Less direct expenses	ь					
		Net income or (loss) from gamir	ng activ	rities				
		Gross sales of inventory, less	Ĭ					
		returns and allowances	a					
	b	Less cost of goods sold	ь					
		Net income or (loss) from sales	of inve	ntory				
		Miscellaneous Revenue		Busn. Code				
	11a	OTHER			250			250
	b							
	c							
	d	All other revenue						
	e	Total Add lines 11a-11d		•	250			
	12	Total Revenue. See instruction	S	>	48,565	-110,107	0	153,992

Form 990 (2009)

NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	149,042	149,042		"
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
С	Accounting	900		900	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	8,355		8,355	
g	Other				
12	Advertising and promotion	105		125	
13	Office expenses	125		125	
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 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,329		1,329	
24	Other expenses Itemize expenses not		į		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		Į		
	5% of total expenses shown on line 25 below)				
а	FOREIGN TAX	1,191		1,191	
b	TAXES	20		20	
С	MISCELLANEOUS	20		20	
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	160,982	149,042	11,940	
26	Joint costs. Check here ▶ ☐ If following		ŀ		
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs		}		
	from a combined educational campaign and				
DAA	fundraising solicitation				Form 990 (2000)

P	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cashnon-interest bearing			1	
	2	Savings and temporary cash investments		7,491	2	10,141
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr				
		employees, and highest compensated employees. Comple	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u	inder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(f)	B) Complete			v
ıΛ		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	.,
SS	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				,
		other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		2,789,693	11	3,343,878
	12	Investments—other securities See Part IV, line 11		12		
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	2,797,184	16	3,354,019
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ś	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustee				
豆	İ	employees, highest compensated employees, and disqua				
<u>.e</u>		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated third p	parties		23	
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
s	1		X and			
õ		complete lines 27 through 29, and lines 33 and 34	d			
<u>a</u>	27	Unrestricted net assets		2,797,184	27	3,354,019
ga	28	Temporarily restricted net assets			28	
듛	29	Permanently restricted net assets			29	
5		Organizations that do not follow SFAS 117, check her	re ▶			
Ť		and complete lines 30 through 34.				
S	30	Capital stock or trust principal, or current funds			30	
ě	31	Paid-in or capital surplus, or land, building, or equipment	fund		31	
155	32	Retained earnings, endowment, accumulated income, or			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		2,797,184	33	3,354,019
ş	34	Total liabilities and net assets/fund balances		2,797,184		3,354,019

Form **990** (2009)

orm 990 (2009) NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-714	0264 Page	12
Part XI Financial Statements and Reporting		
	Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in		
Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>X</u> _
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	nt of	
the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organization changed either its oversight process or selection process during the tax year, explain it	ın	
Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	,	
issued on a consolidated basis, separate basis, or both	- ·	
Separate basis Consolidated basis Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		
the Single Audit Act and OMB Circular A-133?	3a	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	e	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	s 3b	
	Form 990 (2	2009

SCHEDULE A

(Form 990 or 990-EZ)

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NORFOLK CATHOLIC SCHOOLS FOUNDATION

Employer identification number

				OLIC SCHOOLS FOR							0204				
P	art i	Reas	on for Public Charity	Status (All organizations	must c	omplete	this pa	art) Se	ee ins	tructio	ns.				
he	orgai	nization is not a	private foundation because i	it is (For lines 1 through 11, chec	k only on	e box)									
1	\Box	A church, cor	evention of churches, or asso	ciation of churches described in a	section 1	70(b)(1)(A	A)(1)								
2	\Box	A school desc	cribed in section 170(b)(1)(A	i)(ii). (Attach Schedule E)											
3	П	A hospital or a	a cooperative hospital service	organization described in sectio	n 170(b)(1)(A)(ni)									
4	Ħ	•	·	_	il described in section 170(b)(1)(A)(iii) Enter the hospital's name,										
·	ш	city, and state	•							•					
5				a college or university owned or o	nerated t	v a govern	nmental i	ınıt desc	ribed in	1					
٠		•	b)(1)(A)(iv). (Complete Part I	•	perateu z	, a goro									
		,			on 170/h	\/ 1 \/ / \/\/\									
6	H		•	vernmental unit described in sect				the cone	sral aub	lio.					
7		-		ibstantial part of its support from	a governi	nentai unit	or morn	the gene	ai puo	IIC					
_	\Box		section 170(b)(1)(A)(vi) (Co												
8	Н	•		'0(b)(1)(A)(vi). (Complete Part II											
9				more than 33 1/3 % of its suppor											
				t functions—subject to certain ex						its					
			-	l unrelated business taxable incor			1 tax) fro	m busin	esses						
		•	•	1975 See section 509(a)(2) . (C	•	•									
10	Ц	•	•	clusively to test for public safety											
11	X			clusively for the benefit of, to perf											
				d organizations described in secti					ee sect	ion					
		509(a)(3) Ch	_	e type of supporting organization	and comp	olete lines	11e thro	ugh 11h							
		a Type	I b X Type II	c Type III–Functiona	illy integra	ited	d [Тур	e III-Ot	her					
е	X		·	nization is not controlled directly o											
		persons other	than foundation managers a	nd other than one or more publicl	y support	ed organız	ations de	escribed	ın sect	on					
		509(a)(1) or s	section 509(a)(2)												
f		If the organiza	ation received a written detern	nination from the IRS that it is a T	ype I, Ty	pe II, or Ty	pe III su	pporting					_		
		organization,	check this box												
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the									
Ī		following per	sons?												
				ntrols, either alone or together with	persons	described	l ın (ıı)					Yes	No		
			pelow, the governing body of t		•		•				11g(i)		X		
			member of a person describe								11g(II)		Х		
			ontrolled entity of a person de								11g(III)		X		
h			ollowing information about the												
		e of supported	(ii) EIN	(III) Type of organization	(iv) Is the	organization	(v) Did v	rou notify	(vi)	ls the	(viı) Am	ount of			
(ganization	(11) = 11	(described on lines 1–9	1 ' '	isted in your		nzabon in	organiza	tion in col	supp				
	•	_		above or IRC section	governing	document?		of your port?		zed in the S ?					
				(see instructions))	Yes	No	Yes	No	Yes	No					
	<u> </u>	OT V CAT	TUOT TO SCHOOL I	PROGRAM & STUDEN		+	103	100	103	"					
IN	ORI	OLK CA		1 -	X		х	İ	x						
			99-9999999	1	 ^	 			<u> </u>	 					
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					}			1							
									 						
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Tot	ai														

Sche		FOLK CATH				-714026		Page 2
Pa	rt II Support Schedule for Or	ganizations D	escribed in Se	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)	(vi)	
	(Complete only if you che	cked the box of	on line 5, 7, or	8 of Part I.)				-··
	tion 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 include any "unusual grants")							
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 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, column (f)							
6	Public support. Subtract line 5 from line 4							
	tion 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 and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on					· · · · · · · · · · · · · · · · · · ·		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10	L	l			<u> </u>		
12	Gross receipts from related activities, etc. (s	•				_	12	
13	First five years. If the Form 990 is for the c	organization's first, s	second, third, fourti	n, or fifth tax year as	s a section 501(c)(3)		. □
~	organization, check this box and stop here							
_	tion C. Computation of Public Su						44 T	
14	Public support percentage for 2009 (line 6,			i))		⊢	14	<u>%</u> _
15	Public support percentage from 2008 Sched				10 01		15	
16a	33 1/3 % support test—2009. If the organiz			and line 14 is 33 1.	/3 % or more, cnec	K this box		▶ □
	and stop here. The organization qualifies as		_	40 11 45 -	22.4/2.0/	-h - al. 4h		
b	33 1/3 % support test—2008 If the organiz				33 1/3 % or more,	CHECK INIS		▶ □
	box and stop here. The organization qualified				- 4 <i>C</i> b - and lose 4.4 .	- 4004		
17a	10%-facts-and-circumstances test—2009	•						
	more, and if the organization meets the "faci					now the		▶ □
	organization meets the "facts-and-circumsta	_	•		-	15 in 100/		- U
ь	10%-facts-and-circumstances test—2008	•		•				
	more, and if the organization meets the "facts and circumsta					now trie		▶ □
40	organization meets the "facts-and-circumsta		· · · · · · · · · · · · · · · · · · ·			tructions		
18	Private foundation. If the organization did	IOL CHECK & DOX ON	mie 13, 10a, 10b, 1	ra, ur rrb, check tr	IIS DOX OND SEE INS			

Sche	dule A (Form 990 or 990-EZ) 2009 NOF	RFOLK CATH	OLIC SCHO	OLS FOUND	ATION 23	-7140264	. Page 3
Pa	ort III Support Schedule for Organizations Described in Section 509(a)(2)						
	(Complete only if you che	cked the box o	n line 9 of Par	t I.)			
Sec	tion 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 include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
þ	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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					-	
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years If the Form 990 is for the organization, check this box and stop here		second, third, fourth	n, or fifth tax year as	s a section 501(c)(3	3)	▶ []
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (i	n)		15	%
16_	Public support percentage from 2008 Sche	dule A, Part III, line	15			16	_%
Sec	tion D. Computation of Investme	nt Income Perd	entage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) di	vided by line 13, co	lumn (f))		17	%
18	Investment income percentage from 2008 S	Schedule A, Part III,	line 17			18_	%
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	ox and stop here Ti	he organization qua	lifies as a publicly s	supported organizat	ion	▶ □
b	33 1/3 % support tests—2008 If the organ						. —
20	line 18 is not more than 33 1/3 %, check the Private foundation. If the organization did					nization	▶ [] ▶ [

Schedule A (Form 990 or 990-EZ) 2009 NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264

Page 4

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

237140264 06/07/2010 9 09 AM

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States 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	9006

Open to Public Inspection

Name of the organization NORFOLK CATHOLIC SCHOOLS FOUND	HOOLS FOU	NDATION	N.		Employer 23-71	Employer identification number 23-7140264		+
Part I General Information on Grants and Assistance	Assistance							
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	amount of the grant 3? oring the use of grai	s or assista nt funds in t	assistance, the grantees' eligibility for the grants or assistance, and index in the United States	ılıty for the grants or ası	sistance, and		Yes	No.
CG	vernments and ecipient that re-) if additional s	d Organization of the control of the	ations in the Uni ore than \$5,000 leeded	ted States. Comp Check this box if	lete if the orga no one recipie	inization answe	red "Yes" to ire than \$5,000. Us	•
(a) Name and address of organization or government	(b) 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	ıt.
NORFOLK CATHOLIC SCHOOLS								
NORFOLK NE 68701			149,042					
								•
								,
 2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations 	ganizations							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	ne Instructions for	Form 990.					Schedule I (Form 990) 2009	990) 2009

_
Ā
60
6
5
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8
0
26
8
7
23

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Schedule I (Form 990) 2009 NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264 Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III Part IV

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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
2009
Open to Public

Inspection

Name of the organization

NORFOLK CATHOLIC SCHOOLS FOUNDATION

Employer identification number

23-7140264

Form 990, Part III, Line 4d - All Other Achievements NORFOLK CATHOLIC SCHOOL PROGRAMS AND STUDENTS

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

237140264 NORFOLK CATHOLIC SCHOOLS FOUNDATION 23-7140264 Federal Statements

6/7/2010 9:09 AM

FYE 12/31/2009

Taxable Interest on Investments

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME INTEREST INCOME K3M NOMINEE TRANSFER	\$ 48,331 3,775 -3,775		14 14 14		
Total	\$ 48,331				

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
DIVIDENDS DIVIDENDS K3M NOMINEE TRANSFER	\$ 113,007 5,125 -5,125		14 14 14		
Total	\$ 113,007				

Form **8868** .

Application for Extension of Time To File an

(Rev April 2009)		Exempt Organization Return		OMB No 154	5-1709		
Department of the		► File a separate application for each return.					
		omatic 3-Month Extension, complete only Part I and check this box			×		
If you are fi	iling for an Add	litional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)					
Do not comple	te Part II unle	ss you have already been granted an automatic 3-month extension on a previously filed Form	8868				
Part I	Automatic	c 3-Month Extension of Time. Only submit original (no copies needed)					
A corporation re	equired to file F	Form 990-T and requesting an automatic 6-month extension—check this box and complete					
Part I only	•			ì	▶ 🗍		
All other corpor time to file inco		ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	sion of				
Electronic Fili	ng (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of time	e to file				
		ho (6 months for a corporation required to file Form 990-T). However, you cannot file Form 886					
		ne additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,					
	•	solidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part		n			
		electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofit	_				
Type or	Name of Exe	mpt Organization	Employ	er identification number	∍r		
print File by the	NORFOI.	K CATHOLIC SCHOOLS FOUNDATION	23-7	140264			
due date for	Number, stre						
filing your	PO BOX						
return See City, town or post office, state, and ZIP code For a foreign address, see instructions							
	NORFOL	K NE 68702					
Check type of return to be filed (file a separate application for each return) X Form 990 Form 990-T (corporation) Form							
Form 990		Form 990-T (sec 401(a) or 408(a) trust)		Form 5227			
Form 990		Form 1041-A		Form 6069 Form 8870			
	o-t-i						
Telephone If the organ If this is for for the whole gralist with the na	nization does no a Group Returoup, check this ames and EINs	2 − 371 − 5156 FAX No thave an office or place of business in the United States, check this box rn, enter the organization's four digit Group Exemption Number (GEN) s box If it is for part of the group, check this box and of all members the extension will cover	If this is attach		▶ □		
•		3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is					
	ganization's re	· •					
	gamzation ore calendar year						
	ax year beginn						
_		<u> </u>					
2 If this tax	year is for less	s than 12 months, check reason Initial return Final return Change	n account	ting period			
		Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	1.	ľ			
		credits See instructions	3a	\$			
		Form 990-PF or 990-T, enter any refundable credits and estimated tax	3b				
		e any prior year overpayment allowed as a credit line 3b from line 3a Include your payment with this form, or, if required,	135	<u> </u>			
		on or, if required, by using EFTPS (Electronic Federal Tax Payment					
	See instruction		3с	s			
		ake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-E					

for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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