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## Form **990**

#### **Return of Organization Exempt From Income Tax**

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

SCANNED OCT 0 5 2010

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning	6/01	, 2009,	and ending	5/			2010	
В	Check if a	applicable	Diene	С					D Employ	er Identific	ation Number	
	Addr	ress change	Please use IRS label	THE AURORA CA	THOLIC EDUCAT	TION FOU	NDATION			728803	19	
	Nam	ne change	or print or type	P.O. BOX 234					E Telepho	ne number		
	Initia	al return	See specific	AURORA, IL 60	507				630	-898-2	998	
	Term	nınatıon	Instruc- tions									
	Ame	ended return		ļ					<b>G</b> Gross r	eceipts \$	1,674,	482.
	Appl	lication pending	F Name a	and address of principal officer	DAVID VERD	EYEN	1	H(a) Is this	a group retur	n for affiliat		XNo
	ш		SAME A	AS C ABOVE			1		affiliates incl		Yes	☐ No
ī	Tax-e	exempt statu			rt no ) 4947	(a)(1) or	527	II NO	attach a list	(see instruc	tions)	
J_		site: N/					,	H(e) Group	exemption n	umber >		
ĸ	Form o	of organization	X Corpor	ation Trust Asso	ciation Other	LY	ear of Formation	on 197	2 M s	State of lega	I domicite IL	
Pa	rt I	Summa										
		Briefly descri	be the or	ganization's mission or	most significant ac	tivities PR	OVIDED	FINAN	CIAL S	UPPOR'	I TO	
ą.				ATION_PROVIDED								
auc	ک ا	CATHOLIC	GRADE	E_SCHOOLS_CATH	LOLIC HIGH SC	HOOLS_A	ND_QTHE	R _PRQ0	GRAMS_I	BENEFI	TING	
Governance				ATION_RECOMMENI							. <b></b>	- <b></b> -
30				if the organization disc		•	osed of mor	re than 2	5% of its	1 - 1		
व्य			-	nbers of the governing	, ,	•	165			3		11
es	ļ.			nt voting members of the court	ne governing body (i	Part VI, line	(0)			5		1 <u>1</u> 0
Activities &	li .			teers (estimate if nece	ssarv)					6		12
Ac				Fell Afeith trom		C), line 12				7a		0.
	bΝ	let unrelated	business	s_taxable_income_from	Form 990-T, line 34					7b		0.
_		1.	4	- C				Р	rior Year		Current Y	ear
	8 0	Contributions	⊃l ς Fand gren	FS (P2r7 V21010e 1h)	j				21,4			,760.
nue				nue (Part VIII, line 2g)								
Revenue									-170,4	168.	74	,784.
α	11 C	Other revenu	e (Parry	eri VIII. column (A), im III. column (A), lines 5	, 6d, 8c, 9c, 10c, an	d 11e)						
	12 T	otal revenue	e – add li	ines 8 through 11 (mus	it equal Part VIII, co	lumn_(A), Iır	ne 12)	<u> </u>	-149,0			,544.
	13 0	Grants and s	ımılar am	iounts paid (Part IX, co	lumn (A), lines 1-3)	1		ļ	80,5	63.	75_	<u>,050.</u>
	14 B	Benefits paid	to or for	members (Part IX, col	umn (A), line 4).			<b> </b>				
ģ	<b>15</b> S	Salaries, othi	er compe	nsation, employee ben	efits (Part IX, colum	nn (A), lines	5-10)					
nse	16a F	Professional	fundraisir	ng fees (Part IX, colum	ın (A), line 11e)							
Expenses	Ь⊺	Total fundrais	sing expe	enses (Part IX, column	(D), line 25) ►			:				
щ				IX, column (A), lines 1	·				4.	L79.	3	,915.
				ines 13-17 (must equal		), line 25)			84,			,965.
	1			es Subtract line 18 froi	• •	,,			-233,8			,579.
5 8	·							Rogin	nning of \	·	End of Ye	
land	20 T	Total assets	(Part X I	ine 16)				Degii	654,			,701.
4 B		Total liabilitie	•	•					0017	0.		0.
Net As Fund B	Į.		-	lances Subtract line 2	l from line 20				654,		722	,701.
Pa	irt II		ure Blo		Hom the 20	<del></del>						<u>, , , , ,</u>
					d this return, including acc	omnanving sche	dules and state	ements and	to the best	of my knowl	edge and belief	ıt ıs
		true correct.	Somplete	I declare that I have examine beclaration of prepare (other	er than officer) is based on	all information	of which prepar	rer has any	knowledge		augu ana banar	
Sig	n	► C	M	N/N/	m/5			1	9-2	23,10	9	
He	re	Signature	of officer	1 1 1 6 7		10.1	- 1 121	D	ete			
		<b>&gt;</b> /	42.R.	N H- 5C	HULER-	KEN.	S ORE	R				
		Type or p	rint name an	nd title								
					1101	200	Date / /		heck if	Prep	arer s identifying instructions)	number
Pa	id	Preparer s		12	A Male			م ا	elf mployed	.     ,,,,,	,	
Pr		signature	► PAU	JL H. WIELAND C	PA	[6	8/31/11	ט	-	N/I	A	
pa Us	rer's	Firm s name (	or WIE	CLAND & COMPANY			/					
Or		yours if self employed),		W. WILSON ST.,	SUITE 2A			E	.in > [	1/A		
J	'' <b>y</b>	address and ZIP + 4		TAVIA, IL 60510						(630)	406-449	<del></del>
Ma	y the IR	<u> </u>		with the preparer show		ructions)					X Yes	No
_				erwork Reduction Act I			tions.		TEEA0113	L 12/29/09		0 (2009)

Form	990 (2009) THE AURORA CATHOLIC EDUCATION FOUNDATION	23-728803	9		age <b>2</b>
Pai	t III Statement of Program Service Accomplishments				
1	Briefly describe the organization's mission				
	SEE SCHEDULE O				
	Did the organization undertake any significant program services during the year which were not listed on the	e prior			
-	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O	_		_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O				
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	y expenses Se Ilocations to ot	ction ( hers, t	501(c) the tot	(3) al 
4:	a (Code (Code (Expenses \$ 75,050. including grants of \$ 75,050.) (Re				)
	PROVIDED FINANCIAL SUPPORT TO CATHOLIC EDUCATION PROVIDED BY AURORA	<u>AREA PAR</u>	<u>ISH</u>		
	RELIGIOUS EDUCATION PROGRAMS, CATHOLIC GRADE SCHOOLS, CATHOLIC HIGH			<u>OTHI</u>	ER
	PROGRAMS BENEFITING CATHOLIC EDUCATION RECOMMENDED AND APPROVED BY	THE BOARD	<u> </u>		
	DIRECTORS.				
			- <b></b>		
		<del>-</del>			
		<del>-</del> -			
	b (Code (Expenses \$ including grants of \$) (Re	evenue \$			)
4	b (Code <del>本典教育を</del> なな) (Expenses マーニー) (No	.venue			
		<del>_</del>			
					- <b>-</b> -
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4	c (Code) (Expenses \$ including grants of \$) (Re	evenue \$			)
		- <del>-</del>	<b>-</b>		
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		_ <b>_</b>			
			- <b></b>		
					- <b>-</b> -
		<del>-</del>		<b>-</b>	
		<del>_</del>			
		<del>-</del>			
4	d Other program services (Describe in Schedule O )				
	(Expenses \$ including grants of \$ ) (Revenue \$				_
4	e Total program service expenses ► 75,050.				

Page 3

Checklist of Required Schedules

Part IV

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedulě A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Χ 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 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,' complete Schedule D, Part I 6 Х 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 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Χ 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V Χ 10 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 Х X as applicable 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 167 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 statement for the tax year? If 'Yes,' complete Χ Schedule D. Parts XI, XII, and XIII 12 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Χ **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 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 Х 15 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 Х 16 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 Χ 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 Χ 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 Х 20 Х 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Page 4 Checklist of Required Schedules (continued) Part IV Yes Nο 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 Х 21 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 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 23 Х Schedule 1 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, and 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L. Part I 25a Χ 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 990-EZ? If 'Yes.' complete Χ 25b Schedule I Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Χ Schedule L, Part III Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х 28b Schedule L. Part IV c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х 30 contributions? If 'Yes,' complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N,  $Part\ Il$ 32 X 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 L 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 Х 35 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 Χ 36

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Х Form 990 (2009)

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Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197

Note. All Form 990 filers are required to complete Schedule O

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 0 Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the n calendar year ending with or within the year covered by this return 2a 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by Х 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 50 Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 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 gifts were not deductible? 6ь 7 Organizations that may receive deductible contributions under section 170(c). a 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? 7 a Χ 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal Χ benefit contract? 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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. a Did the organization make any taxable distributions under section 4966? 9a 9b **b** Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 b 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? 12a

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12b

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Section A. Governing Body and Management

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.

_			Yes	No
,	a Enter the number of voting members of the governing body	$\dashv$	165	INO
١	a Enter the number of voting members of the governing body b Enter the number of voting members that are independent  1b 11			
_		1	- {	
2	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	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ_
4	Did the organization make any significant changes to its organizational documents	4		<u>X</u>
	since the prior Form 990 was filed?			
5	5 Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
e	Does the organization have members or stockholders?	6		X
7	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		Χ
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8a	Х	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	Х	
c	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code )			
-			Yes	No
10	Da Does the organization have local chapters, branches, or affiliates?	10 a		X
	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?  c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in	12b		
	Schedule O how this is done SEE SCHEDULE O	12c		
13	3 Does the organization have a written whistleblower policy?	13		_X
14	4 Does the organization have a written document retention and destruction policy?	14		X
1	5 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15a		Х
	<b>b</b> Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		-	
16	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
	<b>b</b> If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosures			
1:	7 List the states with which a copy of this Form 990 is required to be filed   IL			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) as inspection. Indicate how you make these available. Check all that apply	∠aılab	le for	public
	Own website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public SEE SCHEDULE O	icy, a	nd fina	ancial
	O State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			
	► ALAN SCHULER 1141 TRASK ROAD AURORA IL 60505 630-898-2998		- <b>-</b>	

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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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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

 $\overline{X}$  Check this box if the organization did not compensate any current officer, director, or trustee (E) (F) (A) (B) (D) Average Position (check all that apply) Reportable compensation from related organizations (W 2/1099 MISC) Name and Title Reportable compensation from Estimated amount of other hours per week Officer Individual compensation from the organization and related organizations Institutional Highest compensated Forme the organization (W-2/1099-MISC) nployee employee trustee l trustee DAVID VERDEYEN Х 0 PRESIDENT Χ 0 0. THOMAS HAGERTY VICE PRESIDENT 2 0 Χ Х 0 0. GAIL QUINN DIRECTOR 2 Х 0 0 0. ALAN SCHULER 2 Х Х TREASURER 0. 0 0. JOHN BOCKMAN 0. DIRECTOR X 0 0 FR. GEORGE GLOVER, OSB DIRECTOR X n 0 0. 1 FR. F. WILLIAM ETHEREDGE DIRECTOR 1 Х 0 0 0. SR. ANN BRUMMEL DIRECTOR Χ 0 0 0. 1 FR, JEROME LEAKE DIRECTOR 0 0. 1 Χ 0 LISA ROSCOE SECRETARY 0 0. Х Χ 0 1 JOHN BONK DIRECTOR 1 Х 0 0 0.

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Part VII   Section A. Officers, Directors, Trus	tees, K	(ey	Em	ıplo	ye	es,	and	d Highest Con	npensated Em	ploy	ees (co	nt)_
(A)	(B)			(0	:)			(D)	(E)		,(F)	
Name and Title	Average hours per week			Officer		_	pply) Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)		Estimated amount of of compensation from the organization and relate	her on on
		al trustee or	Institutional trustee		employee	Highest compensated employee					organizatio	
									_			
		_	_				_	-				
				_	_							
					<u> </u>	ļ						
					_						_	
						_				_		
		<u> </u>	ļ									
			,			<u>.</u>	<u> </u>					
1 b Total								0.	C C C C C C C C C C C C C C C C C C C			0.
2 Total number of individuals (including but not limite from the organization ► 0	ed to tho	se I	iste	d ab	ove	) wh	no re	ceived more than	i \$100,000 in repo	ortabi	e compen	sation
									-		Yes	No
<ul> <li>3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such</li> <li>4 For any individual listed on line 1a, is the sum of re</li> </ul>	ındıvıdu	al									3	Х
the organization and related organizations greater individual	than \$1	50,0	00?	/f '\	es'	con	nplei	te Schedule J for	such		_4	Х
5 Did any person listed on line 1a receive or accrue rendered to the organization? If 'Yes,' complete So	compen chedule	satio <i>J foi</i>	on fr suc	om ch p	any erso	unr on	elate	ed organization fo	or services		5	Х
Section B. Independent Contractors  1 Complete this table for your five highest compensa	ted inde	nen	den	t co	ntra	ctor	s tha	at received more	than \$100 000 of		<del> </del>	
compensation from the organization			-					1				
(A) Name and business addre	ss			_				Description	of Services	C	(C) ompensati	on
-												-
											<u></u>	
2 Total number of independent contractors (including \$100,000 in compensation from the organization >	-	t lım	uted	to t	hos	e lis	ted .	above) who recei	ved more than			_
\$100,000 in compensation from the organization								<u></u>				(0000)

rai	t viii   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e		Total		0.12, 0.10, 0.10, 0.1
CONTRIBUTIO AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contributions included in lns 1a-1f  h Total. Add lines 1a-1f	20,760.			
PROGRAM SERVICE REVENUE	Business Code  2 a  b  c  d				
PROGRA	f All other program service revenue g Total. Add lines 2a-2f	<b>•</b>			
	4 Income from investment of tax-exempt bond proceeds	52,760.			52,760.
:	(i) Real (ii) Personal  6 a Gross Rents b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less cost or other basis				
	and sales expenses  c Gain or (loss)  d Net gain or (loss)  8a Gross income from fundraising events	22,024.			22,024.
OTHER REVENUE	of contributions reported on line 1c)  See Part IV, line 18  b Less direct expenses  c Net income or (loss) from fundraising events	<b>P</b>			
	9a Gross income from gaming activities See Part IV, line 19  b Less direct expenses c Net income or (loss) from gaming activities	<b>•</b>	:		
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code	<b> </b>			
	b c d All other revenue				
BA	e Total. Add lines 11a-11d  12 Total revenue. See instructions	► 95,544. EEA0109L 02/12/10	0.	0.	74,784. Form <b>990</b> (2009)

Page 10

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 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	75,050.	75,050.		
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				
	Benefits paid to or for members Compensation of current officers, directors,	0.	0.	0.	0.
6	trustees, and key employees  Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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				
t	Legal		<del></del> -		
	: Accounting	3,000.		3,000.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				<u></u>
	Other				
•	Advertising and promotion				
	Office expenses		***		
	Information technology		<del></del>		
	Royalties	-		-	
16	Occupancy				
17	, ,				
18	5				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Insurance 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)				
ä	PRINTING AND PUBLICATIONS	607.		607.	
ı	MISCELLANEOUS	308.		308.	
•					
(					
	All other expenses				
	Total functional expenses Add lines 1 through 24f	78,965.	75,050.	3,915.	0.
	Joint costs. Check here Infollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		13,133		
RΔΔ			L		Form <b>990</b> (2009)

Balance Sheet (A) Beginning of year (B) End of year 22,979 1 60,620. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 7 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D b Less accumulated depreciation 10b 10 c 662,081 601,489. 11 Investments - publicly-traded securities 11 12 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 29,708. 15 15 Other assets See Part IV, line 11 722,701 654,176. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 25 Other liabilities Complete Part X of Schedule D 0. Total liabilities. Add lines 17 through 25 0 26 Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 50,820 27 24,615. 28 28 Temporarily restricted net assets 698,086. 603,356 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, and equipment fund 31 BALANCES 32 32 Retained earnings, endowment, accumulated income, or other funds 654,176. 722,701. 33 Total net assets or fund balances 33 722,701. 654,176. 34 34 Total liabilities and net assets/fund balances Form 990 (2009) BAA

TEEA0111L 01/30/10

Form 990 (2009) THE AURORA CATHOLIC EDUCATION FOUNDATION 23-	-7288039	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 $\overline{\mathrm{X}}$ Cash $\overline{}$ Accrual $\overline{}$ 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?	2a		<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 oversight of review, or compilation of its financial statements and selection of an independent accountant?	the audit, 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss consolidated basis, separate basis, or both	sued on a		
Separate basis Consolidated basis Both consolidated and separate basis	ļ	ļ	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single 3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit 3b		

ВАА

Form **990** (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.

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

<u>THE</u>	ΑU	IROR	A C	OHTA	LIC	EDU	CATION F	OUN	DATIO	N		_			23-72	288039	9		
art		Rea	son	for P	ubli	ic Cha	arity Statu	ıs (A	All orga	nızatıons	must	comple	ete this	part.)	See ii	nstruct	ions		
he o	rgar	izatio	n is i	not a p	rıvat	te foun	dation becau	use it	ıs (For	lines 1 thro	ugh 11,	check c	nly one	box )					
1		Α chι	rch,	conven	tion	of chu	rches or ass	ociat	ion of ch	nurches des	cribed ii	n <b>sectio</b>	n 1 <b>70</b> (b)	(1)(A)(i)					
2	П	A sch	ool d	escribe	ed in	section	n 170(b)(1)(	A)(II).	. (Attach	n Schedule	E)								
3	П	A hos	pital	or coo	pera	itive ho	spital servic	e org	anızatıo	n described	ın sect	ion 170(	b)(1)(A)(	iπ).					
4	П	A me	dical	resear	ch o	rganiza	ation operate	ed in	conjunct	tion with a h	nospital	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	nter the ho	spital's	S
	_	name	, city	, and s	tate														
5		An or <b>170(</b> b	ganız <b>)(1)(</b> 4	ation o	pera (Cor	ated fo nplete	r the benefit Part II)	of a	college	or universit	y owned	or oper	ated by	a gover	nmental	unit des	scribed in	sectio	n
6	Ш						ernment or												
7	Ц	ın se	tion	170(b)	(1)( <i>A</i>	4)(vi).	ly receives a (Complete F	art II	)				overnme	ntal uni	t or from	n the ger	neral publi	c desc	ribed
8	닏			•			in section	•	<i>,,,,</i> ,,,	, ,		•							
9		from a	activit	ies rela Lincom	ted t	to its éx nd unre	receives (1) empt function elated busine <b>509(a)(2)</b> (0	ns – s ess ta	subject to exable in	certain exc come (less	entions	and (2)	no more	than 33-	1/3 % of	its suppo	ort from ard	oss	after
10	$\Box$	An or	ganız	ation o	orgai	nızed a	ind operated	excl	usively t	o test for p	ublic sat	fety See	section	1 509(a)	(4).				
11	ш	more	ldua	clv suc	poor	ted or	and operated ganizations o orting organi	descr	ibed in s	ection 5090	(a)(1) or	section	509(a)(						
		а 🗌	Туре	1		b	Type II		С	Type II	II – Fun	ctionally	ıntegra	ted		d X	Type III-	- Othei	r
е		By ch than 509(a	found	ng this lation n	box, nana	, I certi agers a	fy that the o	rgani in on	zation is e or mor	not control e publicly s	lled dire supporte	ctly or ind d organi	ndirectly zations	by one describ	or more ed in sec	disqual ction 509	ified pers 9(a)(1) or	ons oth section	ner
f		If the check			n re	ceived	a written de	termi	nation fr	om the IRS	that is	а Туре І	, Type I	l or Typ	e III sup	porting	organizatio	on,	
g		Since	Aug	ust 17,	200	6, has	the organiza	ation	accepte	d any gift o	or contri	bution fr	om any	of the f	ollowing	persons	;?		
																		Yes	No
							or indirectly oody of the s				togethe	r with pi	ersons d	escribe	d in (II) a	and (III)	11 g (i)		X
		(II)	a far	nıly me	mbe	er of a	person des	cribed	d ın (ı) a	bove?							11 g (II)	4	<u>X</u>
		(III)	a 35	% cont	rolle	d entity	y of a perso	n des	cribed in	ı (ı) or (ıı) a	bove?						11 g (ıiı	)	X
<u>h</u>		Provi	de th	e follov	ving	ınform	ation about	the s	upported	d organizati	ons					_			
	(1)	Name Orga	of Sup anizatio			(	n) EIN	0	(described i	organization on lines 1-9 RC section ructions))	organiza (i) liste	Is the ation in colled in your verning ument?	the organ	ou notify nization in (i) of upport?	organizat	is the ion in col zed in the S ?	(vii) Amou	int of Sup	oport
											Yes	No	Yes	No	Yes	No			
VAR	CI	TH	CHU:	RCHES	5/S	CH A	URORA AF	EA											
									501	1C3		X	X		X			75 (	050.
					+			$\vdash$		100	+	_^	<u> </u>	-			<del></del>	_,,,	<del> </del>
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otal											1		1	1		! I		_75,1	050 <u>.</u>

Sche	dule A (Form 990 or 990-EZ) 200	9 THE AURO	RA CATHOLIC	EDUCATION	FOUNDATION	23-7288	3039	Page <b>2</b>
Parl	II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) and	d 170(b)(1	)(A)(v	ri)
	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)				<del></del>
Sect	tion A. Public Support		ı				<del>.</del> .	
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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							
Sec	tion B. Total Support	1	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
	ndar year (or fiscal year nning 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 form 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							
12	Gross receipts from related activ	vities, etc (see in:	structions)			T	12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secoi	nd, third, fourth,	or fifth tax year as	a section 5	01(c)(3	3) ▶ □
Sec	tion C. Computation of Pu	blic Support P	Percentage					
	Public support percentage for 20 Public support percentage from	• .	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f)		-	14 15	<u>%</u> %
16 a	33-1/3 support test — 2009. If the and stop here. The organization				d the line 14 is 33	-1/3 % or me	ore, ch	eck this box
t	33-1/3 support test – 2008. If the and stop here. The organization	ie organization did	I not check a box	on line 13, or 16	a, and line 15 is 3	3-1/3% or m	ore, ch	neck this box
17 a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s' test, check this	s box and <b>stop he</b> i	<b>e.</b> Explain ir	n Part	IV how
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts- nd-circumstances'	and-circumstance test The organi	s' test, check this zation qualifies a	s box and <b>stop he</b> r as a publicly suppo	re. Explain ii irted organiz	n Part ation	IV how the
_18	Private foundation. If the organ	ization did not che	eck a box on line,	13, 16a, 16b, 17				
BAA					Sc	hedule A (Fo	orm 99	0 or 990-EZ) 2009

	(Complete only if you chec	ked the box on li	ne 9 of Part I)					
Sec	tion A. Public Support							
Caler	ndar year (or fiscal yr beginning in)►	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	9	(f) Total
1	membership fees received (Do not include 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons							
E	and 3 received from other than disqualified persons that exceed the greater of 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							<u> </u>
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						:	
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13 14	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and			nd, third, fourth,	or fifth tax year a	s a section (	501(c)(3)	<u></u>
13 14	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)			nd, third, fourth,	or fifth tax year a	s a section S	501(c)(3)	<u></u>
13 14 Sec	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and	blic Support F	Percentage			s a section 5	501(c)(3)	<b>▶</b> ∏
13 14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add lns 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pul  Public support percentage for 20 Public support percentage from	<b>blic Support F</b> 009 (line 8, colum 2008 Schedule A	Percentage in (f) divided by li , Part III, line 15	ne 13, column (f)		s a section !		
13 14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pulpublic support percentage for 20 Public support percentage from ction D. Computation of Investion D. Computation of Investion D. Computation of Investigation assets.	blic Support F 009 (line 8, colum 2008 Schedule A restment Inco	Percentage in (f) divided by li , Part III, line 15 me Percentag	ne 13, column (f)	)	s a section (	15 16	% %
13 14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pu  Public support percentage for 20 Public support percentage from ction D. Computation of Inv  Investment income percentage from	blic Support F 009 (line 8, colum 2008 Schedule A restment Incor or 2009 (line 10c	Percentage In (f) divided by li , Part III, line 15 me Percentag , column (f) divide	ne 13, column (f) e ed by line 13, column	)	s a section s	15 16	% %
13 14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pulpublic support percentage for 20 Public support percentage from ction D. Computation of Investion D. Computation of Investion D. Computation of Investigation assets.	blic Support F 009 (line 8, colum 2008 Schedule A restment Incor or 2009 (line 10c	Percentage In (f) divided by li , Part III, line 15 me Percentag , column (f) divide	ne 13, column (f) e ed by line 13, column	)	s a section §	15 16	% %
13 14 Sec 15 16 Sec 17 18 19	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pu  Public support percentage from ction D. Computation of Inv  Investment income percentage finestment income percentage for a 33-1/3 support tests – 2009. If the a more than 33-1/3%, check this be	blic Support F 109 (line 8, column 2008 Schedule A restment Incor 100 (line 10c 100 rom 2008 Schedule 100 port and stop here	Percentage In (f) divided by lift, Part III, line 15 IMP Percentag I, column (f) divided le A, Part III, line I check the box on E. The organization	e  ed by line 13, column  17  line 14, and line 15  n qualifies as a p	umn (f))  Is more than 33 1/2 ublicly supported	3%, and line lorganization	15   16   17   18   17 is not	% % % %
13 14 Sec 15 16 Sec 17 18 19	gain or loss from the sale of capital assets (Explain in Part IV)  Total support. (add ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ction C. Computation of Pu  Public support percentage from ction D. Computation of Inv  Investment income percentage from the investment income percentage from 20, and 20,	blic Support F 2009 (line 8, column 2008 Schedule A restment Incor or 2009 (line 10c rom 2008 Schedul roganization did not ox and stop here the organization did this box and sto	Percentage In (f) divided by lift, Part III, line 15 INTERIOR PERCENTAGE I, column (f) divided le A, Part III, line 15 I check the box on e. The organization id not check a box phere. The organization in th	ed by line 13, column (f) ed by line 13, column 17 line 14, and line 15 n qualifies as a p x on line 14 or 15 nization qualifies	umn (f))  Is more than 33 1/2 ublicly supported Da, and line 16 is as a publicly supp	3%, and line 1 organization more than 3 ported organ	15 16 17 18 17 is not 3-1/3%,	% % % %

Schedule #	(Form 990 or 99	90-EZ) 2009	THE AURORA	A CATHOLIC	EDUCATION	FOUNDATION	23-7288039	Page 4
Part IV	Supplementa	al Informat	tion. Complete	this part to	provide the e	explanations re	quired by Part II, rmation. See ins	line 10:
	Part II, line 1	7a or 17b,	, and Part III, I	ine 12. Provi	de any other	additional info	rmation. See ins	tructions
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			<b></b>	- <b>-</b>	- <b></b>		<b></b>	
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# SCHEDULE 1 (Form 990)

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

OMB No 1545-0047 2009

Open to Public Inspection

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Department of the Treasury	Attatch to Form 990.	Inspection
Internal Revenue Service		4
Name of the organization	Employee identification number	ation number
THE AUDODA CATE	23-7288039	6
Part   General In	Part   General Information on Grants and Assistance	
1 Does the organiza the selection crite.	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes No
2 Describe in Part IV	2 Describe in Bort IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II Grants and	Part II   Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form	ss' to Form
990, Part I	990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	0. Use

990, Part IV, line 21 for any recipient that leceived files than \$5,000. Oneon this box in the circumstance form. Part IV and Schedule I-1 (Form 990) if additional space is needed	ly recipient that re Form 990) if addi	eceived filore un tional space is i	needed				★
1 (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
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations					20

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

3 Enter total number of other organizations

Page 2 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.

	(f) Description of non-cash assistance				and any other additional information.										 
	(e) Method of valuation (book FMV, appraisal, other)				line 2,	S IMPACTED.	;	                 		,			 		 
Ċ.	(d) Amount of non-cash assistance				part to provide the information required in Part I,	BUTED BASED ON NUMBER OF INDIVIDUALS IMPACTED.		           			 	 	 	t i 1 1 1 1 1 1 1	 
additional space is needed.	(c) Amount of cash grant				rovide the informa	BASED ON NUMBER			I I		 	\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1	 	 
orm 990) II addillo	(b) Number of recipients				plete this part to p	DISTRIBUTED			 	 		! ! ! ! ! !	                 		; ; ! ! !
Use Part IV and Schedule I-1 (Form 990) I	(a) Type of grant or assistance				Part IV   Supplemental Information. Complete this	BOARD MONITORS USAGE-FUNDS ARE DISTRIBUTED BASED ON NUMBER OF INI				; 					1

Schedule 1 (Form 990) 2009

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## SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Open to Public Inspection

THE AURORA CATHOLIC EDUCATION FOUNDATION	23-7288039
FORM_990, PART III, LINE 1 - ORGANIZATION MISSION	
PROVIDED FINANCIAL SUPPORT TO CATHOLIC EDUCATION PROVIDED BY AU	JRORA AREA PARISH
RELIGIOUS_EDUCATION_PROGRAMS, CATHOLIC_GRADE_SCHOOLS, CATHOLIC_	HIGH_SCHOOLS_AND
OTHER PROGRAMS BENEFITING CATHOLIC EDUCATION RECOMMENDED AND A	PPROVED BY THE BOARD
OF_DIRECTORS.	
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
BOARD IS PROVIDED REVIEW COPY	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEM	ENT OF CONFLICTS
BOARD MEETINGS AND DISCUSSIONS	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
AVAILABLE UPON REQUEST	
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