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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 2009	calendar year, or tax year beginning $07/01/09$, and ending $06/30/10$			
В	Check if applicat	luna (DC)	1 D	Emplo	yer identification number
=	Address change	label or		23-	7135259
_	Name change	print or Doing Business As type. Number and street (or P O box if mail is not delivered to street address)	Room/suite E		one number
	Initial return	See 255 COUNTRY ROAD K	L	•	921-4870
	Termination	Specific Instruc- City or town, state or country, and ZIP + 4	GG	iross rece	ipts \$ 1,040,884
	Amended return	tions. FOND DU LAC WI 54935			
\neg	Application pend		H(a) Is this	a group return for
		JACK EYERS	на	affiliate	affiliates
		255 CTY RD K FOND DU LAC WI 54935	'	include	ed? Yes No
	Tax-exempt			11 140,	" attach a list (see instructions)
j	Website: ▶	N/A	H(c	:) Group	exemption number
			ar of formation	<u></u>	M State of legal domicile
	Part I	Summary			
		y describe the organization's mission or most significant activities			
. 8	1	MARY'S SPRINGS ACADEMY ROOTED IN CHRIST'S TEACHING,	•		ENCE
呈	1	ID SERVICE TO CHURCH AND COMMUNITY. PREPARES STUDENTS	TO MEET GLO	BAL	
<u> </u>	1	IALLENGES AND BECOME LEADERS OF TOMORROW. k this box ▶	of its not assets		
₹ઉ	1	ber of voting members of the governing body (Part VI, line 1a)	DI IIS HEL ASSELS	3	7
_დ დ	1	per of independent voting members of the governing body (Part VI, line 1b)		4	7
뜮	1	number of employees (Part V, line 2a)		5	0
ĄĊĘ,	6 Tota	number of volunteers (estimate if necessary)		6	6
ีนี้`	7a Tota	gross unrelated business revenue from Part VIII, column (C), line 12		7a	
=	b Net	inrelated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year
Revenue Activities & Governance	8 Cont	nbutions and grants (Part VIII, line 1h)	1,521,	252	64,513
) <u>a</u>	i .	ram service revenue (Part VIII, line 2g)			
9.0	1	stment income (Part VIII, column (A), lines 3, 4, and 7d)	48,	872	52,166
œ	11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			325
	 	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,570,		117,004
	l .	ts and similar amounts paid (Part IX, column (A), lines 1–3)	233,	761	70,675
	1	ifits paid to or for members (Part IX, column (A), line 4)			<u> </u>
enses	15 Sala	essional fundraising fees (Part IX, column (A), line 134 CEIVED			
pen	b Tota				
Exp		r expenses (Part IX, column (A), lines 11a+11d, 11f-24f) 1 5 2010	22,	129	19,740
	18 Tota	expenses Add lines 13–17 (must equal Part X) column (A), line 25)	255,		90,415
_	19 Rev	www.lean.aumanan.Cubiront.lino.10 from libo.10!	1,314, Beginning of Current		26,589 End of Year
ts o	5 20 Tota	assets (Part X, line 16)	3,877,		4,254,059
Ass	20 Tota	liabilities (Part X, line 76)			
Net Assets or	22 Net	assets or fund balances. Subtract line 21 from line 20	3,877,	191	4,254,059
í.	Part II	Signature Block			
		Under penalties of penury, I declare that I have examined this return, including accompanying schedules and and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information.	statements, and to the	ne best o	of my knowledge
۵.		and belief, in the state of an entire decidant of preparer (other than onice) is based on an another	and the second second		11-9-10
	gn	X SOC VONC		M Z	7-7-70
П	ere	Signature of officer DAVID KUSEK; TREASURER - FOND DU LAK	APER CATH		ERGITIN FOUNTS
		Type or print name and title	MEEN CANA		<u> </u>
_		Preparer's Date	Check if		Preparer's identifying number (see instructions)
	aid .	signature 6 Conn /3 · 4 // 14/8/10	self- employed	• [] P00008943
	eparer's	HUBERTY & ASSOCIATES, S.C.		EIN	39-1392227
U	se Only	Firm's name (or yours of self-employed),		Phone	
_		address, and ZIP+4 FOND DU LAC, WI 54935-4434		no	▶ 920-923-8400
_		scuss this return with the preparer shown above? (see instructions)			Yes No
Fo DA		ct and Paperwork Reduction Act Notice, see the separate instructions.		/	Form 990 (2009)
			_	U	/ <u>λι</u> '

000 (2000) 正 (יזת תזאט.	T. A.C.	ARRA	CATHOLIC	RDIICATION	23-7135259

Pant Ⅲ Statement of Program S	Service Accomplishments		
1 Briefly describe the organization's mission ST. MARY'S SPRINGS ACAND SERVICE TO CHURCH CHALLENGES AND BECOME	ADEMY ROOTED IN CHRIS AND COMMUNITY. PREF	ARES STUDENTS TO	•
2 Did the organization undertake any signification from 990 or 990-EZ? If "Yes," describe these new services on S		h were not listed on	Yes X No
3 Did the organization cease conducting, or services?	make significant changes in how it conduction.	ts, any program	Yes X No
Section 501(c)(3) and 501(c)(4) organizate	nute O onts for each of the organization's three large cons and section 4947(a)(1) trusts are requ and revenue, if any, for each program servi	ired to report the amount of grants	and
4a (Code) (Expenses \$ FINANCIAL AID IS AWAR: TO ATTEND ST. MARY'S 2009 18 STUDENTS WERE	SPRINGS HIGH SCHOOL.	IN FISCAL YEAR	venue \$)
•		·	
4b (Code:)(Expenses \$ AID IS PROVIDED TO ST BE USED FOR OPERATION SALARY (\$2,143).		•	D WAS AWARDED TO
4c (Code) (Expenses \$. including grants of \$) (Re	evenue \$)
4d Other program services (Describe in Sch (Expenses \$	nedule O) including grants of \$) (Revenue \$)
4e Total program service expenses ▶	70,675	, , , , , , , , , ,	
			Form 990 (2009)

Pa	art IV Checklist of Required Schedules				
		г		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			٠,	
	complete Schedule A	F	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				••
	candidates for public office? If "Yes," complete Schedule C, Part I	-	3		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	F	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				į
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III	-	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	ł	i		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	1			
	complete Schedule D, Part IV	.	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V	ŀ	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable	ŀ	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	ļ;			4,4
	Schedule D, Part VI.		為為		* .
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1			4) T
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				iki k
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	ľ			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	'n			Kenta.
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	Ž	M		3 6 7
	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.	ľ	, 3		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-	1.3		3.
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	ŀ			·~
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-	P C	Person	
	Schedule D, Parts XI, XII, and XIII.		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes		A LANGE TO	13	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	10.00		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. -	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	ŀ	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				7,5
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	- }	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1			37
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	1	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	.	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	Ļ	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		X
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_		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20_		X
			Form	n 990	(2009)

Dart IV	Chacklie	of Peguire	ad Schadulas	(continued)	

_ Pa	art IV Checklist of Required Schedules (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 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	-		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u> </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			
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	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	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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		LX_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X_
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		٠,	,
	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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		<u> </u>
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		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		<u> </u>
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	Х	l

Form **990** (2009)

Form 990 (2009) FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

Pa	rt 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			:		ļ,
	U S. 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	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			`	<u></u>
	gaming (gambling) winnings to prize winners?	. ,		1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			,	٠ 4	7
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0	A -	<u> </u>	L
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	ļ	<u> </u>
	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 b	y				<u> </u>
	this return?			3a	 	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	ļ	├
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country			ļ		·
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık		1		
_	and Financial Accounts			<u> </u> -	ļ	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		•	5a		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 Regards	ng				1
C-	Prohibited Tax Shelter Transaction?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x
b	organization solicit any contributions that were not tax deductible?	or		<u> ba</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	Ų,		6ь		
7	Organizations that may receive deductible contributions under section 170(c).			05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	de		ŀ		
a	and services provided to the payor?	us		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- 		
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7a [<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers	onal]	
	benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required? .			7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					ł
	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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					<u> </u>
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			<u>9b</u>		├
10	Section 501(c)(7) organizations. Enter	1			1	
а	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	} <u>, </u>				ľ
a	Gross income from members or shareholders	11a			}	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ا ا				
	amounts due or received from them)	11b		 -		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		1	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			<u> </u>	Щ

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

<u>Sec</u>	tion A. Governing Body and Management	-					
	•	,				Yes	No Rate of the
1a	Enter the number of voting members of the governing body	. <u>1a</u>	 7				
þ	Enter the number of voting members that are independent	_1b_	7			,0.0	
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct						i
	supervision of officers, directors or trustees, or key employees to a management company or other person?				3	X	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was fi	led?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?				5		X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members						i
	of the governing body?				7a		_X_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					36	
	the year by the following.						
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			•	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		•				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the I	nternal					
	enue Code.)						
	<u></u>					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		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
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990						S. A.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	•	•		<u> </u>	-	
	rise to conflicts?				12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		•		<u> </u>		
С	describe in Schedule O how this is done				12c		
42	Does the organization have a written whistleblower policy?				13		X
13	Does the organization have a written document retention and destruction policy?				14		X
14	Did the process for determining compensation of the following persons include a review and approval by				17.70	See See	4 & gard
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				7		14 74 F
	The organization's CEO, Executive Director, or top management official				15a	2014	X
a	Other officers or key employees of the organization				15b		X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		•			£ 1.	
40.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				16a	3 2.	X
	with a taxable entity during the year?						<u> </u>
ь	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				465	7 <u>. 1⁵7.</u>	نــــا
	the organization's exempt status with respect to such arrangements?				16b	L	
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed WI	لاباسم					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	oniy)					
	available for public inspection. Indicate how you make these available Check all that apply						
	Own website X Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest					
	policy, and financial statements available to the public						
20	State the name, physical address, and telephone number of the person who possesses the books and records of	the					
	organization ▶ JACK EYERS 255 CTY RD K						
F	OND DU LAC WI 54	935		920	ı - 92	1-4	870

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		șate :	any (curre	nt of	ficer.	, dıre	ctor, or trustee		· · · · - · · · · · · · · · · · · ·
(A) Name and Title	(B) Average	Pos	ition ((chec		hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
MARK HUTTER										
PRESIDENT	1.00	X		X				0	0	0
JOE BIRD										
VICE PRESIDENT	1.00	X		X				0	0	0
DAVE KUSEK										
TREASURER	1.00	X		X				0	0	0
SR. JUDITH SCHMII	Т	1							_	
SECRETARY	1.00	X		X		<u> </u>		0	0	0
ROSE BERTRAM										
MEMBER	1.00	X						0	0	0
FR. VIC CAPRIOLO	T									
MEMBER	1.00	X	Ì			ļ		0	0	0
PAT MCCULLOUGH										
MEMBER	1.00	X				<u></u>		0	0	0
-			Ī				ļ			
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orm 990 (2009)	FOND	DU	LAC	AREA	CATHOLIC	EDUCATION	23-7135259

		tees	, Ke			yees	, and	d Highest Compensated E ा						
(A) Name and Title	(B) Average hours per	\vdash	_	chec	_	that a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
,	week			Key employee Officer Institutional trustee Individual trustee or director			from the organization (W-2/1099-MISC)		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
					_									
				-	-	ļ.	_							
						<u>.</u>								
		H				ļ								
						ļ. 								
							Ļ							
1b Total2 Total number of individuals	(including but not lir	nited	to th		lictor	d abo	we)	who received more than \$1	00 000 m	<u> </u>				
reportable compensation fro				030	11310	<u> </u>	,,,,	Who received more than \$1						
 Did the organization list any employee on line 1a? if "Ye For any individual listed on the organization and related individual Did any person listed on line services rendered to the organization 	s," complete Sched line 1a, is the sum c l organizations grea e 1a receive or accr	ule J to freporte the state of	for s ortab an \$ ompe	uch de co 150, ensat	indiv ompe 000°	ridual ensat ? If "Y	ion a 'es," any	and other compensation from the complete Schedule J for subunced Schedule J for subunced the complete Schedule J for subunced the complete Schedule J for subunced Schedule J for subunc	m	Yes No 3 X 4 X 5 X				
Section B. Independent Contra				<u> </u>				store that recovered more than	- \$100,000 of					
Complete this table for your compensation from the organical compensation from the organical compensation.	nization		eu irii	nepe			luac			(C) Compensation				
Name	(A) and business address							Descrip	(B) tion of services	Compensation				
	· · · -													
														
2 Total number of independer more than \$100,000 in com						to th	nose	listed above) who received		0				
DAA										Form 990 (2009)				

Form 990 (2009) FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

	rt VI	III Statement of Reve	nue						1 090 0
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1a	Federated campaigns	1a					-	-
Program Service Revenue Contributions, gifts, grants	ь	Membership dues	1b						
s, g	С	Fundraising events	1c			1			
g F	d	Related organizations	1d				•		
S.E	e	Government grants (contributions)	1e						
ari Program	f	All other contributions, gifts, grants,			-				
휼칅		and similar amounts not included above	_1f	64,5	13				
	g	Noncash contributions included in lines 1a-	lf \$	5	_				
Ω <u>e</u>	h	Total. Add lines 1a-1f			<u> </u>	64,513			
9				Busn. Co	de				
Ne Ne	2a								
8	b				\perp				
Ş	c								
Ser	d				\bot				<u> </u>
Ę	е								
jo	f	All other program service rever	iue						
<u>-</u>	g	Total. Add lines 2a-2f		>	▶				
	3	Investment income (including d	ıvıdend	s, interest, and					
		other similar amounts)		•	▶	94,957			94,957
ļ	4	Income from investment of tax-	exemp	bond proceeds	▶				
	5	Royalties			<u> </u>				
		(ı) Real		(ii) Personal		ļ			
	6a	Gross Rents			_				
	b	Less rental exps			_	j			
	С	Rental inc or (loss)							
		Net rental income or (loss) Gross amount from (i) Securition			<u> </u>				1
	٠	sales of assets (1) Securities		(II) Other					j
		,	,089		\dashv				
	b	Less cost or other	000						
			,880		\dashv				
		` '	,791			-42,791			-42,791
	d	Net gain or (loss) Gross income from fundraising ever	ſ		<u> </u>	-42,731			142,731
θħ	oa	(not including \$	11.5						į
Ven		of contributions reported on line 1c)							
&		See Part IV, line 18	a						ļ
Other Revenue	h	Less. direct expenses	ь		\dashv				į
ŏ		Net income or (loss) from fundi		events	→				
		Gross income from gaming activitie							
		See Part IV, line 19	а						,
	ь	Less direct expenses	ь	-	\neg				i
		Net income or (loss) from game	ng acti	vities I	>				
	ı	Gross sales of inventory, less							
		returns and allowances	а						(
	Ь	Less cost of goods sold	b[
	_ <u>c</u>	Net income or (loss) from sales	of inve	entory I			- <u> </u>		<u> </u>
	L	Miscellaneous Revenue	•	Busn. Co	ode				
	11a	MISCELLANOUS				325			325
	b			<u> </u>	\bot				
	C			<u> </u>					
	d	All other revenue			\perp				
	e	Total. Add lines 11a-11d		I	▶	325	•		
	12	Total Revenue. See instructio	ns			117,004	0	0	52,491

Form 990 (2009) Part IX **Statement of Functional Expenses**

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

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

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			general expenses	
•	organizations in the U.S. See Part IV, line 21	53,386	53,386	•	
2	Grants and other assistance to individuals in	_			
	the U.S. See Part IV, line 22	17,289	17,289		
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 salanes 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	3,305		3,305	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	16.405		1.6 405	
f	Investment management fees	16,425		16,425	
9	Other .				
12	Advertising and promotion	-			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed		e de la companya de l		
	5% of total expenses shown on line 25 below)	a state of the state of			
а	LICENSE	10		10	
b					
С					
đ					· •
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	90,415	70,675	19,740	·
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation	<u> </u>			

	990 Ift X	(2009) FOND DU LAC AREA CATHOL	IC EDUCATION	23-7135259		Page 11
		Balance Sheet		(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest bearing	••		1	_
- 1	2	Savings and temporary cash investments		457,642	2	688,004
	3	Pledges and grants receivable, net			3	2,000
ı	4	Accounts receivable, net		34,643	4	24,643
	5	Receivables from current and former officers, directors, tru	ıstees, key			
		employees, and highest compensated employees. Comple	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	nder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
,,		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
88	8	Inventories for sale or use			8	
٦	9	Prepaid expenses and deferred charges .	r 1		9	
	10a	Land, buildings, and equipment cost or				
1		other basis Complete Part VI of Schedule D	10a			
ŀ	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded secunties		3,384,906		3,539,412
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
ļ	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2 055 101	15	4 054 050
-	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,877,191	16	4,254,059
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ië	21	Escrow or custodial account liability Complete Part IV of S		(3)	21	
إ≝	22	Payables to current and former officers, directors, trustees			}	
Liabilities		employees, highest compensated employees, and disqual	теа		22	
	22	persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p			24	
	24 25	Unsecured notes and loans payable to unrelated third part Other liabilities Complete Part X of Schedule D	1163		25	
		Total liabilities. Add lines 17 through 25			26	
<u></u>	20	Organizations that follow SFAS 117, check here ▶ X	and		20	
Ö		complete lines 27 through 29, and lines 33 and 34.	_ u			
a	27	Unrestricted net assets		-255,964	27	-16,530
Balances	28	Temporarily restricted net assets	•	25,362		115,686
ᅙ	29	Permanently restricted net assets		4,107,793		4,154,903
Fund		Organizations that do not follow SFAS 117, check her	e ▶ ¨			
P		and complete lines 30 through 34.	<u> </u>			
	30	Capital stock or trust principal, or current funds			30	
šet	31	Paid-in or capital surplus, or land, building, or equipment fi	und		31	
Assets	32	Retained earnings, endowment, accumulated income, or o			32	
7	33	Total net assets or fund balances		3,877,191		4,254,059
Net	34	Total liabilities and net assets/fund balances		3,877,191	34	4,254,059

Form **990** (2009)

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
		_	Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual X Other MODIFIED CASH	: -	1 .	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		15000	100
	Schedule O.	7	3. 19	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
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			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in	12 5 6	35.35 35.35	1. T. C. C.
	Schedule O.	7 3	400	4,7
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	₹. 19	EA.	1
	issued on a consolidated basis, separate basis, or both	- ¥		
	Separate basis Consolidated basis Both consolidated and separate basis	3.	R !	., , , , , , , , , , , , , , , , , , ,
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1		l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FOND DU LAC AREA CATHOLIC EDUCATION FOUNDATION, INC.

Employer identification number 23 - 7135259

	private foundation because	dia (Carlinaa diberriah 44 aha									
	P	it is (For lines i birough 11, che	ck only or	ne box)							
A church, con	vention of churches, or associ	ciation of churches described in	section 1	70(b)(1)(<i>A</i>	۸)(i).						
A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
A hospital or a	a cooperative hospital service	e organization described in secti	on 170(b)	(1)(A)(iii)	-						
A medical res	earch organization operated	in conjunction with a hospital de-	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	ital's name,		
city, and state											
An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	mmenta	ıl unıt de	scribed	ın			
section 170(l	o)(1)(A)(iv). (Complete Part II	l)									
A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(l	b)(1)(A)(v).						
An organization	on that normally receives a su	ubstantial part of its support from	a govern	mental un	it or from	the ger	neral pu	blic			
described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II)									
A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II	.)								
An organizati	on that normally receives. (1)	more than 33 1/3 % of its suppo	ort from co	ntribution	s, memb	ership fe	es, and	gross			
receipts from	activities related to its exemp	t functions—subject to certain e	xceptions,	and (2) n	o more t	han 33 1	1/3 % of	its			
support from	gross investment income and	l unrelated business taxable inco	me (less	section 51	1 tax) fro	om busır	nesses				
acquired by th	ne organization after June 30,	, 1975 See section 509(a)(2) . (Complete	Part III)							
An organizati	on organized and operated ex	clusively to test for public safety	/ See sec	tion 509(a)(4).						
An organizati	on organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
purposes of o	ne or more publicly supported	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) S	See sec	tion			
509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and com	plete lines	11e thr	ough 11	h				
а 💹 Туре	I b Type II	c Type III–Functiona	ally integra	ited	d	Тур	e III–Otl	ner			
By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	tly by one	or more	dısqualı	fied				
•	-	nd other than one or more public	cly suppor	ted organ	zations	descnbe	d in sec	tion			
` ' ' '	` ' ' '										
•		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
_			_								
•	· ·	on accepted any gift or contributi	on from a	ny of the							
• .											Т
• • •			th person:	s describe	d in (ii)				<u></u>	 	No
` '		· · · · · · · · · · · ·									
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	- · · · · · · · · · · · · · · · · · · ·				-			٠	. [11g(iii)!	<u> </u>
			1,,,,,		() 5 /		1				
	(II) EIN		1 ' '	-							
THE GUOT		above or IRC section	1 ''	-	∞l (i)	of your	(i) organi	zed in the	047		
		(see instructions))	V	l No			-				
			res	NO	res	NO	162	NO			
			1								
			1			-					
			 								
				1							
			†	<u> </u>			 				
							1				
								_			
	A medical rescity, and state An organizate Section 170(t) A federal, state An organizate described in section 3 A community An organizate receipts from support from acquired by the An organizate An organizate An organizate purposes of o 509(a)(3). Chia Type By checking the persons other 509(a)(1) or self the organization, Since August following persons of the organization of	A medical research organization operated city, and state An organization operated for the benefit of section 170(b)(1)(A)(iv). (Complete Part I A federal, state, or local government or	A medical research organization operated in conjunction with a hospital decity, and state An organization operated for the benefit of a college or university owned or section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support receipts from activities related to its exempt functions—subject to certain e support from gross investment income and unrelated business taxable income acquired by the organization after June 30, 1975. See section 509(a)(2). (An organization organized and operated exclusively to test for public safety An organization organized and operated exclusively for the benefit of, to per purposes of one or more publicly supported organizations described in sec 509(a)(3). Check the box that describes the type of supporting organization a Type II b Type II c Type III—Functional By checking this box, I certify that the organization is not controlled directly persons other than foundation managers and other than one or more public 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a organization, check this box Since August 17, 2006, has the organization accepted any gift or contribute following persons? (i) A person who directly or indirectly controls, either alone or together with and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? Provide the following information about the supported organization (described on lines 1–9 above or IRC section)	A medical research organization operated in conjunction with a hospital described in city, and state An organization operated for the benefit of a college or university owned or operated section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b) An organization that normally receives a substantial part of its support from a govern described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from coreceipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete An organization organized and operated exclusively to test for public safety. See sec An organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 509(a) 509(a)(3). Check the box that describes the type of supporting organization and com a Type I b Type II c Type III—Functionally integra. By checking this box, I certify that the organization is not controlled directly or indirect persons other than foundation managers and other than one or more publicly support 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Ty organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from an following persons? (i) A person who directly or indirectly controls, either alone or together with persons and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? Provide the following information about the supported organization (iv) is the controlled entity of a person described	A medical research organization operated in conjunction with a hospital described in section 1 city, and state An organization operated for the benefit of a college or university owned or operated by a gove section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions receipts from activities related to its exempt functions—subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 50 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(An organization organized and operated exclusively for the benefit of, to perform the functions purposes of one or more publicly supported organizations described in section 509(a)(1) or set 509(a)(3). Check the box that describes the type of supporting organization and complete lines a	city, and state An organization operated for the benefit of a college or university owned or operated by a governmenta section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, memb receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more it support from gross investment income and unrelated business taxable income (less section 511 tax) fro acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(1) or section 509(a)(2). (Complete Part III) By checking this box, I certify that the organization is not controlled directly or indirectly by one or more persons other than foundation managers and other than one or more publicly supported organizations of 509(a)(1) or section 509(a)(2). (If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III is organization, check this box. Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above? Provide the following information	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit desection 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the ger described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership for receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 usupport from gross investment income and unrelated business taxable income (less section 511 tax) from busin acquirred by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 111 by Checking this box., I certify that the organization is not controlled directity or indirectly by one or more disquall persons other than foundation managers and other than one or more publicly supported organizations describes 509(a)(1) or section 509(a)(2) If the organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A family member of a person described in (i) above? (iii) A family member of a person described in (i) above? P	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general pudescribed in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See sec 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospicity, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11 through 11h a 1 Type II b Type II c Type III—functionally integrated d Through 11h a Type III or Type III organization received a written determination from the IRS that it is a Type I, Type II, Type III or Type III organization or Collinal organization and construction or organization or organization or organization or o

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 81,779 64,513 131,998 310,065 1,521,252 2,109,607 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 131,998 81,779 310,065 1,521,252 64,513 2,109,607 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 182,128 Public support. Subtract line 5 from line 4 1,927,479 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 131,998 81,779 310,065 1,521,252 64,513 2,109,607 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 114,610 94,957 176,170 102,153 531,135 43,245 SOURCES Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 325 (Explain in Part IV) Total support. Add lines 7 through 10 2,641,067 11 12 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Þ Section C. Computation of Public Support Percentage 14 72.98% Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 74.09% 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 17a more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

18

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

Page 4

Part IVSupplemental 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.

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public 5

Employer identification number Name of the organization FOND DU LAC AREA CATHOLIC EDUCATION FOUNDATION, INC. 23-7135259 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _ _ _ _ _ _ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	dule D (Form 990) 2009 FOND DU LA	C AREA CATHO	LIC EDUCAT	ION	23-71	<u>3525</u>	9		Pa	ge 2
Pa	rt III Organizations Maintaining C	ollections of Art, Hi	istorical Treasu	ıres, oı	Other Si	milar A	Assets (continu	ed)	
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check a	any of the following t	hat are a	significant i	use of its	i			
а	Public exhibition	d Loan or	r exchange program	s						
b	Scholarly research	e Other								
С	Preservation for future generations									
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiza	ation's e	kempt purpo	se ın				
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be	ceive donations of art, hist	orical treasures, or o	other sim	ılar			Ye	e []	No
Pa	art IV Escrow and Custodial Arrang				swered "Y	es" to	Form 99		<u> </u>	.,,,
	IV, line 9, or reported an amo	-	-			00 10	7 01111 00	o, r arc		
12	Is the organization an agent, trustee, custodian o			assets n	ot -					
ıa	included on Form 990, Part X?	outer intermediary for a		u330t3 11	O.			Ye	s П	No
	If "Yes," explain the arrangement in Part XIV and	complete the following to	hla			•			• <u> </u>	140
b	ii fes, explain the arrangement in Falt Aiv and	complete the following ta	DIE					Amount		_
_	Peginning halange						1c	7 4110 4110		
	Beginning balance	•		• •	•		1d	-		
	Additions during the year	•				· -				_
	Distributions during the year		•		-		1e			—
	Ending balance					L	1f			
	Did the organization include an amount on Form	990, Part X, line 21?						Ye	s	No
_	If "Yes," explain the arrangement in Part XIV Int V Endowment Funds. Complete	o if organization and	vyorod "Voc" to	Form	000 Port	IV/ lin	0.10			
Га	art V Endowment Funds. Complete	(a) Current year	(b) Prior year		years back		e years back	(e) Four	veare h	
٠.	<u> </u>			(C) TWO	years back	(u) The	e years back	(e) Four	years t	Jack
	Beginning of year balance	3,877,191	2,687,246					1		
-	Contributions	64,513	1,521,252	_						
С	Net investment earnings, gains,	400 770	25 412	,				-		1
	and losses	402,770	-75,417					 		
	Grants or scholarships	-70,675	-233,761	<u> </u>				 		
e	Other expenditures for facilities									İ
_	and programs	70.740	20 100			-		 		
	Administrative expenses	-19,740	-22,129							
g	End of year balance	4,254,059	3,877,191					<u> </u>		
2	Provide the estimated percentage of the year en									
а	Board designated or quasi-endowment	_2 <u>.</u> 3 <u>3</u> %								
	Permanent endowment ► _ 97.67%									
	Term endowment ▶ %									
3a	Are there endowment funds not in the possessio	n of the organization that	are held and adminis	stered for	r the			ſ	<u> T</u>	
	organization by							<u> </u>	Yes	No_
	(i) unrelated organizations							3a(i)		<u>X</u>
	(ii) related organizations							3a(ii)		X
b	If "Yes" to 3a(II), are the related organizations list	*						_3b	L	
4	Describe in Part XIV the intended uses of the org									
Pa	art VI Investments—Land, Building									
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or oth basis (other)			cumulated eciation		(d) Book	value	
1a	Land		<u> </u>							
b	Buildings									
С	Leasehold improvements									
	Equipment									
	Other									
	il. Add lines 1a through 1e (Column (d) must equa	I Form 990, Part X, colum	nn (B), line 10(c).)				•			
							Schedu	le D (Forr	n 990)	2009

Schedule D (Form 990) 2009 FOND DU LAC AREA CATE	IOPIC PDOCETION	Z3-/I33Z33	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives	+		
· ···			
Closely-held equity interests	-		
Other			
	·		
	-		
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Related. See Form 99	l 		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book Value	Cost or end-of-year market value	
		- Court of Orla Cr. your market value	
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book va	lue
	 -		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	25	· · · · · · · · · · · · · · · · · · ·	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
· · · · · · · · · · · · · · · · · · ·			
	 		
			
T-A-1 (O-1, (b) (b) (c) D-4 V (D) (C)	 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		ot reports the	
 FIN 46 FOOTBOIR TO PAIT ALV. DROVIDE THE TEXT OF THE TOOTBOIR TO THE OTHER 	uzauon s unanciai statements in	ar reports me	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 FOND DU LAC AREA CATHOLIC EDUC			-713525		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	Audite	<u>ed Financ</u>	ial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1	
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	
3	Excess or (deficit) for the year Subtract line 2 from line 1				3	
4	Net unrealized gains (losses) on investments				4	
5	Donated services and use of facilities .				5	
6	Investment expenses				6	
7	Prior period adjustments				7	
8	Other (Describe in Part XIV.)				8	
9	Total adjustments (net) Add lines 4 through 8				9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9				10	
Pa	rt XII , Reconciliation of Revenue per Audited Financial Statemen	ts Wi	ith Reveni	ue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements				1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities .	2b				
С	Recovenes of prior year grants	2c				
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d .				2е	
3	Subtract line 2e from line 1	1 1	r		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b				
C	Add lines 4a and 4b				4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	
Pa	art XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith Exper	ises per R	eturn	 /-
1	Total expenses and losses per audited financial statements				1 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 _ 1				
a	Donated services and use of facilities	2a		.		
b	Pnor year adjustments	2b		<u>.</u>		
C	Other losses .	2c				
d	Other (Describe in Part XIV.)	2d				
e	Add lines 2a through 2d				2e	
3	Subtract line 2e from line 1)			3 5 23 5 2	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
C E	Add lines 4a and 4b				4c 5	
5 D	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				1 3 [
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	I / Part IV lu	nac 1h		
	2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines					
	part to provide any additional information	zu anu	40. Also con	ipicio		
unst	art to provide any additional information					
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Sched Par	ule C) (Fo	rm 9	90) 2	2009)	FC	INC) I	UC	L	AC.	ΑI	REA	A (A:	rh()L	C	EI	OUC	CAT	CIC	NC	2	3 -	71	35	25	9						Pa	ge 5
Par	e XI	V	Su	ppl	em	ent	al l	nfo	rm	atio	n (con	tinu	ıed)																	_					
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	_	_	-	_	_	_	_		_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_		_		_	_	_	_	_		_	_	_
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	
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(Form 990)		Governme	nd Othe nts, and	st Assistance 3 Individuals i	Governments, and Individuals in the United States	ons, States			2009
Department of the Treasury Internal Revenue Service	·	complete if the or	ganization	answered "Yes" on Fc ► Attach to Form 990.	Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990.	nes 21 or 22.		O DE	Open to Public Inspection
1	AREA	CATHOLIC EL	EDUCATION	NO		Employer 23 - 71	Employer Identification number クューフ135259	, 19.	
Part General	General Information on Grants and Assistance	Assistance						,	
1 Does the organization the selection criteria u	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s amount of the grace?	ants or assi	istance, the grantees' in the United States	eligibility for the grants	s or assistance, an	P	X Yes	oN S
= =	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	/ernments and cipient that registered	d Organic ceived m pace is r	zations in the Ur nore than \$5,000 needed	Organizations in the United States. Complete if the organization answered "Yes" to eived more than \$5,000. Check this box if no one recipient received more than \$5,00 ace is needed	nplete if the org if no one recip	ganization ansvient received n	wered "Yes" to nore than \$5,0	.o 000. Use □
1 (a) Name and or g	(a) Name and address of organization or government	(a)	(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	se of grant stance
ST. MARY'S SPRING	SPRINGS ACADEMY								
DU LAC	WI 54935			53,386					
			_						
l	Enter total number of section 501(c)(3) and government organizations	rganızatıons							
S Enter total number of other organizations For Privacy Act and Paperwork Reduction A	5 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	he Instructions fo	or Form 990.	.6				Schedule I	Schedule I (Form 990) 2009
DAA									

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. Schedule I (Form 990) 2009 FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

Parell Grants and Other Assistance to Individuale in the United States Court of Translation Court of T

	Ose Fail IV and Schedule I-1 (1 Ohi) 990) il additional space la recacci	1 (1 OIIII 930) II addin	oliai space is liceace			
(a	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
•		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
SCHOLA	SCHOLARSHIPS - STUDENTS	18	17,289			
Pent IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to	provide the informati	on required in Part I,	line 2, and any other addi	itional information.

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.

2009

Open to Public Inspections

Name of the organization

FOND DU LAC AREA CATHOLIC EDUCATION FOUNDATION, INC.

Employer identification number 23 - 7135259

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

ST. MARY'S SRPINGS ACADEMY KEEPS ALL THE BOOKS AND RECORDS FOR THE ORGANIZATION.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 990 IS PROVIDED TO THE OFFICERS FOR REVIEW BEFORE BEING FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS MAY BE REQUSTED FROM THE PERSON WHO POSSESSES THE BOOKS AND RECORDS AT THE ADDRESS LOCATED ON THE FRONT OF THE RETURN.

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Open to Public Inspection (f)
Direct confrolling
entity OMB No 1545-0047 2009 Employer Identification number (f) Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A 23-7135259 (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Exempt Code section (d) Total income Related Organizations and Unrelated Partnerships m ▶ See separate instructions. (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Ϋ́ (b) Primary activity (b) Primary activity SCHOOL ▶ Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA FOND DU LAC AREA CATHOLIC EDUCATION (a) Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity 54935 FOUNDATION, INC. ST. MARY'S SPRINGS ACADEMY M 255 COUNTY ROAD K Name of the organization Department of the Treasury Internal Revenue Service FOND DU LAC SCHEDULE R (Form 990) Part I Part II

entity

Schedule R (Form 990) 2009

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Schedule R (Form 990) 2009

FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

Page 2

Schedule R (Form 990) 2009 (I) General or managing partner? Yes No Percentage ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V—UBI amount in box 20 of Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule K-1 (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year Share of total income (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਉ (d) Direct controlling entity Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part III ΔA Schedule R (Form 990) 2009 FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

Part V I ransactions with Related Organizations (Complete II the organization answered Tes to Form 330, Fair 17, IIII 34,	v, IIIIe 54, 55, 01 56.)		⊢	- 1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		-	Yes	ļ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Falts II-1v /	•	1	1	-1
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	٠	<u>1</u>	×	- 1
b Gift, grant, or capital contribution to other organization(s)		ф ,	×	ı
c Giff, grant, or capital contribution from other organization(s)		10	×	
		14	×	ı
	•	1	×	ı
e Loans of loan guarantees by onlet organization(s)		2		Γ-
6 Colon faccate to other organization(c)		1	×	٦
			•	1
g Purchase of assets from other organization(s)		50	<u>ا</u> ا	1
h Exchange of assets		ŧ	×	- 1
i Lease of facilities, equipment, or other assets to other organization(s)		=	×	ľ
		1		-
j Lease of facilities, equipment, or other assets from other organization(s)		1;	×	ı
k Performance of services or membership or fundraising solicitations for other organization(s)		4	×	ı
Performance of services or membership or fundraising solicitations by other organization(s)		=	×	ı
m Sharing of facilities, equipment, mailing lists, or other assets		13	×	
Sharing of real confidences		-	×	ı
				[
			>	7
 Keimbursement paid to otner organization for expenses 	-	2	: :	ı
p Reimbursement paid by other organization for expenses		4	×	1-
			-	
q Other transfer of cash or property to other organization(s)		10	× :	i
· Other transfer of cash or property from other organization(s)		+	×	1
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds			- 1
(a)	(a)	(0)		
Name of other organization		Amount involved	D.	
	type (a-r)			
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Page 4

Schedule R (Form 990) 2009 FOND DU LAC AREA CATHOLIC EDUCATION 23-7135259

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

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

,	5 P ~	٥ N										6002
(h)	managing partner?	Yes										Schedule R (Form 990) 2009
\vdash		Ь.										(Form
	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)											dule R
6)	amount ii of Schec (Form											Sche
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(f)	allocations?	S No										-
ا ا	<u>g</u>	Yes										 -
	aar											
(0)	end-of-year assets											
				. =								
(p)	section section 501(c)(3) organizations?	ž						_				
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