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Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue ServiceUnder 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 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Please use IRS label or print or type. See specific instructions. CATHOLIC TUITION ORGANIZATION OF DIOCESE OF PHOENIX 2025 N 3RD STREET #165 PHOENIX, AZ 85004-1425		D Employer Identification Number 86-0937587	
				E Telephone number 602-218-6542	
				G Gross receipts \$ 11,691,018.	
		F Name and address of principal officer Same As C Above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: catholic tuition.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of Formation 2005		M State of legal domicile AZ	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities <u>The Catholic Tuition Organization of the Diocese of Phoenix (CTODP) focuses all its activities on raising tax-credit funds so that low-income students with severe financial need may attend diocesan Catholic schools and develop into young adults of character and competence</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of employees (Part V, line 2a)	8
	6	Total number of volunteers (estimate if necessary)	0
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	0.
8		Contributions and grants (Part VIII, line 1h)	542,639.
9		Program service revenue (Part VIII, line 2g)	11,617,651.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	64,410.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,367.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	607,049.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,691,018.
14		Benefits paid to or for members (Part IX, column (A), line 4)	218,776.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,602,192.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	178,479.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 475,930.	427,321.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	209,794.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	777,374.
	19	Revenue less expenses Subtract line 18 from line 12	607,049.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	11,592,122.
	21	Total liabilities (Part X, line 26)	10,997,489.
	22	Net assets or fund balances Subtract line 21 from line 20	10,819,643.
			594,633.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <u>Richard A. Toerne</u> RICHARD A. TOERNE Type or print name and title	Date 5/12/2011 President

Paid Preparer's Use Only	Preparer's signature <u>Ann Michele Couch, CPA</u> Ann Michele Couch, CPA	Date 5/11/11	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 Ann Michele Couch, CPA, PC 2633 East Indian School Road, Suite 430 Phoenix, AZ 85016		EIN ▶ N/A	
			Phone no ▶ 602-955-5952	

May the IRS discuss this return with the preparer shown above? (see instructions).

☒ Yes ☐ No

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

TEEA0113L 12/29/09 Form 990 (2009)

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617

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ 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 services?☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code XXXXXX) (Expenses \$ 11,071,168. including grants of \$ 10,602,192.) (Revenue \$ 11,617,651.)

See Schedule O

4b (Code XXXXXX) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code XXXXXX) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services. (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 11,071,168.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		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		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		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		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	X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets 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 Schedule D, Parts XI, XII, and XIII	X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II		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		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		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		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		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X

Part 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? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	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? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		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? <i>If 'Yes,' complete Schedule J</i>		X
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? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b	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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		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? <i>If 'Yes,' complete Schedule L, Part III</i>	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a	A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28b	A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c	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? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
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.	X	

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Form 990 (2009)

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 U.S. Information Returns. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	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?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		

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Form 990 (2009)

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.

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body	14	
b Enter the number of voting members that are independent	12	
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?		X
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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10 a Does the organization have local chapters, branches, or affiliates?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O		
12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. See Schedule O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 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 See Schedule O	X	
b Other officers of key employees of the organization See Schedule O	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ▶ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 ▶ EXECUTIVE DIRECTOR 2025 N. 3RD STREET, #165 PHOENIX AZ 85004-1425 602-218-6542

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 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.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NORM L. MILLER Secretary	10	X		X				0.	0.	0.
REBECCA MONTGOMERY Director	2	X						0.	0.	0.
MAUREEN FYAN Director	1	X						0.	0.	0.
REV JOHN EBBESMIER Director	2	X						0.	0.	0.
WALLY ESTFAN President	6	X		X				0.	0.	0.
OWEN L. COTTON Director	6	X		X				0.	0.	0.
REV THADDEU MCGUIRE Director	1	X						0.	0.	0.
KATHY CRAWFORD MALAND Director	1	X						0.	0.	0.
ZEEK OJEH Assist Sec/Trea	3	X		X				0.	0.	0.
FRANK C. RIVERA Treasurer	7	X		X				0.	0.	0.
MARYBETH MUELLER Director	2	X						0.	0.	0.
MIKE STOFFEY Director	2	X						0.	0.	0.
RICHARD A. TOERNE Vice President	4	X						0.	0.	0.
ALAN SEARS Director	5	X						0.	0.	0.
PAUL MULLIGAN Executive Direc	40				X			105,000.	0.	6,212.

Part VIII	Statement of Revenue
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Part IV 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	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	11,617,651.				
	g Noncash contribns included in lns 1a-1f:	\$					
h Total. Add lines 1a-1f			▶	11,617,651.			
PROGRAM SERVICE REVENUE			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			▶				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		▶	73,367.	73,367.		
	4 Income from investment of tax-exempt bond proceeds		▶				
	5 Royalties		▶				
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less rental expenses.					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less direct expenses	b				
		c Net income or (loss) from gaming activities	▶				
	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					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			▶			
12 Total revenue. See instructions			▶	11,691,018.	73,367.	0.	0

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,602,192.	10,602,192.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,212.	11,121.	22,242.	77,849.
6 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	241,960.	77,230.	82,112.	82,618.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,344.	4,799.	5,717.	8,828.
9 Other employee benefits	29,819.	7,364.	8,738.	13,717.
10 Payroll taxes	24,986.	6,205.	7,409.	11,372.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	46,783.		46,783.	
d Lobbying				
e Prof fundraising svcs. See Part IV, ln 17				
f Investment management fees				
g Other	8,000.	8,000.		
12 Advertising and promotion	61,214.	8,625.		52,589.
13 Office expenses	5,901.	526.	5,074.	301.
14 Information technology				
15 Royalties				
16 Occupancy	33,744.	11,248.	11,248.	11,248.
17 Travel	7,110.	6,604.	361.	145.
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	5,232.		5,232.	
23 Insurance	3,409.	151.	3,107.	151.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>Printing and Publications</u>	147,427.	9,230.	20,510.	117,687.
b <u>CREDIT CARD FEES</u>	131,216.	131,216.		
c <u>PROMOTIONAL</u>	57,013.	24,521.	1,500.	30,992.
d <u>PROFESSIONAL SERVICES-IT</u>	48,941.	45,893.	2,350.	698.
e <u>PROFESSIONAL SERVICES-DATABASE</u>	46,205.	46,030.		175.
f All other expenses	175,179.	70,213.	37,406.	67,560.
25 Total functional expenses. Add lines 1 through 24f	11,806,887.	11,071,168.	259,789.	475,930.
26 Joint costs. Check here <input type="checkbox"/> 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.				

BAA

Form 990 (2009)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing		1	
	2 Savings and temporary cash investments	11,561,895.	2	11,133,341.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	11,658.	4	137,337.
	5 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 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,263.		
	b Less: accumulated depreciation.	10b 19,664.	16,078.	10c 11,599.
	11 Investments — publicly-traded securities		11	13,639.
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,491.	15	2,489.
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,592,122.	16	11,298,405.	
LIABILITIES	17 Accounts payable and accrued expenses	23,956.	17	22,314.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	10,973,533.	25	10,797,329.
	26 Total liabilities. Add lines 17 through 25	10,997,489.	26	10,819,643.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	594,633.	27	478,762.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	594,633.	33	478,762.
	34 Total liabilities and net assets/fund balances	11,592,122.	34	11,298,405.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

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?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b		

BAA

Form 990 (2009)

Part II 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
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	9,641,271.	12768211.	13191832.	11093617.	11617651.	58,312,582.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
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.						0.
4 Total. Add lines 1-through 3	9,641,271.	12768211.	13191832.	11093617.	11617651.	58,312,582.
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)						0.
6 Public support. Subtract line 5 from line 4						58,312,582.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9,641,271.	12768211.	13191832.	11093617.	11617651.	58,312,582.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	118,546.	313,755.	545,801.	371,124.	73,367.	1,422,593.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10						59,735,175.
12 Gross receipts from related activities, etc. (see instructions)					12	0.

13 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) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.6 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.5 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 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. ☐

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

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include "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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 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)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (add lns 9, 10c, 11, and 12)						

14 **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) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

b **33-1/3% support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

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

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

This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- Complete if the organization answered 'Yes' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009**Open to Public
Inspection**CATHOLIC TUITION ORGANIZATION OF DIOCESE
OF PHOENIX

Employer identification number

86-0937587

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if 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)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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 Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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:

a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		31,263.	19,664.	11,599.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 11,599.

BAA

Schedule D (Form 990) 2009

Part VII	Investments—Other Securities See Form 990, Part X, line 12.	N/A
-----------------	--	-----

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12) ▶		

Part VIII	Investments—Program Related (See Form 990, Part X, line 13)	N/A
------------------	--	-----

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year 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)	N/A
----------------	---	-----

[illegible]

Part X	Other Liabilities (See Form 990, Part X, line 25)
---------------	--

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED EXPENSES	5,494.
ACCRUED VACATION PAYABLE	8,640.
Rounding	1.
SCHOLARSHIPS PAYABLE	8,897,391.
SCHOLARSHIPS PAYABLE-CORP	1,885,803.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	10,797,329.

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	11,691,018.
2	Total expenses (Form 990, Part IX, column (A), line 25)	11,806,887.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-115,869.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-115,869.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	11,691,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,691,018.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments 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	11,691,018.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,806,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
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	11,806,887.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments 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 expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,806,887.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X - FIN 48 Footnote

Effective July 1, 2009, the Organization adopted the provisions of Financial

Accounting Standards Board ("FASB") ASC 740-10 (formerly FIN 48, Accounting for

Uncertainty in Income Taxes"), which prescribes a recognition threshold and

measurement process for financial statement recognition and measurement of a tax

position taken or expected to be taken in a tax return.

Part XIV	Supplemental Information (continued)
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SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2009

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

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

CATHOLIC TUITION ORGANIZATION OF DIOCESE

86-0937587

Part I General Information on Grants and Assistance

1 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?

☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form

990, Part IV, line 21 for any 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

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
ANNUNCIATION CATHOLIC SCHOOL 32648 N. CAVE CREEK RD CAVE CREEK, AZ 85331	30-0513833		64,140.	0.			STUDENT SCHOLARSHIPS
BLESSED SACRAMENT 11300 N 64TH STREET SCOTTSDALE, AZ 85254	37-1575917		43,451.	0.			STUDENT SCHOLARSHIPS
BOURGADE CATHOLIC HIGH SCHOOL 4602 N 31ST AVENUE PHOENIX, AZ 85017	26-2785451		448,005.	0.			STUDENT SCHOLARSHIPS
CHRIST THE KING 1551 E DANA AVENUE MESA, AZ 85204	30-0513890		175,626.	0.			STUDENT SCHOLARSHIPS
MOST HOLY TRINITY 535 E ALICE AVENUE PHOENIX, AZ 85020	35-2350490		138,772.	0.			STUDENT SCHOLARSHIPS
NOTRE DAME PREPARATORY 9701 E BELL ROAD SCOTTSDALE, AZ 85260	26-2785863		296,155.	0.			STUDENT SCHOLARSHIPS
OLD LADY OF MOUNT CARMEL 2115 S RURAL ROAD TEMPE, AZ 85282	36-4643600		244,725.	0.			STUDENT SCHOLARSHIPS
OUR LADY OF GUADALUPE PO BOX 856 QUEEN CREEK, AZ 85142	36-4643825		37,059.	0.			STUDENT SCHOLARSHIPS

2 Enter total number of section 501(c)(3) and government organizations

40

3 Enter total number of other organizations

0

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

TEEA3901L 02/10/10

Schedule I (Form 990) 2009

Part I, Line 2 - Grantmaker's Description of How Grants are Used (continued)

Monies collected from corporate tax credit contributions are directed towards students entering their first year of private education, whether as new kindergarten students or as public school transfer students. To be financially qualified to receive an award, the family's income may not exceed 185 percent of the income limit required to qualify for the Federal free and reduced lunch program.

Arizona state law requires that a minimum of 90 percent of contributions received be distributed in the form of tuition grants/scholarships. CTODP is proud to have distributed 91% of contributions received in fiscal year end 2010 to Catholic school students in the form of direct tuition assistance.

Additional information about CTODP is available at www.catholictuition.org.

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CATHOLIC TUITION ORGANIZATION OF DIOCESE		86-0937587					
Part I Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
OUR LADY OF JOY 36811 N PIMA ROAD CAREFREE, AZ 85377	36-4644261		48,795.				STUDENT SCHOLARSHIPS
OUR LADY OF PERPETUAL HELP-GLEND 7521 N 57TH AVENUE GLENDAL, AZ 85301	35-2350718		117,985.				STUDENT SCHOLARSHIPS
OUR LADY OF PERPETUAL HELP-SCOTT 3801 N MILLER ROAD SCOTTSDALE, AZ 85251	94-3455995		314,020.				STUDENT SCHOLARSHIPS
OUR LADY OF THE LAKE 1975 DAYTONA DRIVE LAKE HAVASU CITY, AZ 86403	32-0267687		27,965.				STUDENT SCHOLARSHIPS
POPE JOHN XXIII CATHOLIC SCHOOL 16235 N 60TH STREET SCOTTSDALE, AZ 85254	35-2351339		170,450.				STUDENT SCHOLARSHIPS
QUEEN OF PEACE 109 N MAC DONALD STREET MESA, AZ 85201	86-0223974		121,720.				STUDENT SCHOLARSHIPS
SACRED HEART SCHOOL 131 N SUMMIT AVENUE PRESCOTT, AZ 86301	37-1575862		369,693.				STUDENT SCHOLARSHIPS
SAINT AGNES 2311 E PALM LANE PHOENIX, AZ 85006	30-0514530		180,100.				STUDENT SCHOLARSHIPS
SAINT CATHERINE OF SIENA 6600 S CENTRAL AVENUE PHOENIX, AZ 85042	30-0514550		264,560.				STUDENT SCHOLARSHIPS
SAINT DANIEL THE PROPHET SCHOOL 1030 N HAYDEN ROAD SCOTTSDALE, AZ 85257	30-0515551		124,582.				STUDENT SCHOLARSHIPS

SCHEDULE I-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CATHOLIC TUITION ORGANIZATION OF DIOCESE		86-0937587					
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
SAINT FRANCIS XAVIER SCHOOL 4715 N CENTRAL AVENUE PHOENIX, AZ 85012	38-3792643		293,655.				STUDENT SCHOLARSHIPS
SAINT GREGORY 3440 N 18TH AVENUE PHOENIX, AZ 85015	86-0223974		247,535.				STUDENT SCHOLARSHIPS
SAINT JEROME SCHOOL 10815 N 35TH AVENUE PHOENIX, AZ 85029	32-0267198		135,695.				STUDENT SCHOLARSHIPS
SAINT JOHN BOSCO 16035 S 48TH STREET PHOENIX, AZ 85048	35-2350484		247,358.				STUDENT SCHOLARSHIPS
SAINT JOHN VIANNEY 539 LA PASADA BOULEVARD GOODYEAR, AZ 85338	90-0429155		173,825.				STUDENT SCHOLARSHIPS
SAINT JOSEPH MONTESSORI SCHOOL 2715 E STATE ROUTE 89A COTTONWOOD, AZ 86326	30-0514895		154,364.				STUDENT SCHOLARSHIPS
SAINT LOUIS THE KING 4331 W MARYLAND AVENUE GLENDALE, AZ 85301	38-3792534		202,560.				STUDENT SCHOLARSHIPS
SAINT MARIA GORETTI 6261 N GRANITE REEF ROAD SCOTTSDALE, AZ 85250	36-4643819		54,522.				STUDENT SCHOLARSHIPS
SAINT MARY-BASHA CATHOLIC SCHOOL 200 W GALVESTON CHANDLER, AZ 85225	30-0513969		329,634.				STUDENT SCHOLARSHIPS
SAINT MARY'S CATHOLIC HIGH SCHOOL 2525 N 3RD STREET PHOENIX, AZ 85004	26-2791598		645,275.				STUDENT SCHOLARSHIPS

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization		Employer identification number					
CATHOLIC TUITION ORGANIZATION OF DIOCESE		86-0937587					
Part I Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)							
(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
SAINT MATTHEW SCHOOL 2038 W VAN BUREN AVENUE PHOENIX, AZ 85009	35-2350775		327,740.				STUDENT SCHOLARSHIPS
SAINT MICHAEL INDIAN SCHOOL PO BOX 650 LUPTON ROAD ST MICHAELS, AZ 86511	86-0101517		154,625.				STUDENT SCHOLARSHIPS
SAINT PETER INDIAN MISSION SCHOOL 1500 N ST PETER ROAD BAPCHULE, AZ 85121	86-0271006		217,355.				STUDENT SCHOLARSHIPS
SAINT THERESA 5001 E THOMAS ROAD PHOENIX, AZ 85018	30-0515085		238,315.				STUDENT SCHOLARSHIPS
SAINT THOMAS AQUINAS 13720 W THOMAS ROAD AVONDALE, AZ 85392	86-0337499		293,560.				STUDENT SCHOLARSHIPS
SAINT THOMAS THE APOSTLE SCHOOL 4510 N 24TH STREET PHOENIX, AZ 85016	36-4643961		253,416.				STUDENT SCHOLARSHIPS
SAINT TIMOTHY CATHOLIC SCHOOL 2520 S ALMA SCHOOL MESA, AZ 85210	32-0267724		203,067.				STUDENT SCHOLARSHIPS
SAINT VINCENT DE PAUL 3130 N 51ST AVENUE PHOENIX, AZ 85031	30-0515209		245,250.				STUDENT SCHOLARSHIPS
SAINTS SIMON & JUDE SCHOOL 6351 N 27TH AVENUE PHOENIX, AZ 85017	94-3457074		244,060.				STUDENT SCHOLARSHIPS
SAN FRANCISCO DE ASIS 320 N HUMPHREYS FLAGSTAFF, AZ 86001	30-0515246		203,702.				STUDENT SCHOLARSHIPS

**Department of the Treasury
Internal Revenue Service**

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Name of the organization

Name of the organization
CATHOLIC TUITION ORGANIZATION OF DIOCESE

Employer identification number

86-0937587

Part I	Continuation of Grants and Other Assistance
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[illegible]

Department of the Treasury
Internal Revenue Service

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

2009

Open to Public Inspection

Employer identification number
86-0937587

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

Total	▶ \$			
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

Part IV	Business Transactions Involving Interested Persons.
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Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Schedule J (Form 990 or 990-EZ) 2009

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

**Open to Public
Inspection**

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.

Name of the organization **CATHOLIC TUITION ORGANIZATION OF DIOCESE
OF PHOENIX**

Employer identification number
86-0937587

Form 990, Part IV, Line 27-Grants

Grants (Scholarships) to Directors/Employees: All families with registered students

in a Diocese of Phoenix Catholic School, including dependents and/or relatives of

Board/Staff members, are welcome to apply to CTODP for scholarship support. All

applications and tax forms are mailed by the applicant directly to a third-party

vendor, Financial Aid Independent Review (FAIR), located out of state. Individual

applications are not handled, reviewed, or processed by the Board/Staff of CTODP for

the determination of any awards. Individual award decisions are made by FAIR based

on FAIR's determination of a family's ability to pay tuition. The CTODP Staff

executes the program, and CTODP Board of Directors oversees the process and monitors

the allocations of funding by school, but not by individual families. At no time do

Board/Staff members have influence on the individual award of a particular

applicant. The process is specifically and intentionally designed to be

"arms-length" for CTODP not just for dependents or relatives of Board/Staff members

but for every

applicant.

FAIR Methodology: Tuition assistance is awarded by CTODP based on financial need.

Applications are processed by Financial Aid Independent Review (FAIR) of Eagan,

Minnesota. FAIR provides a third-party review of all applicants. Scholarships are

based on calculated financial need of the applicant; thus tax forms are required.

The application requires families to provide information about income and living

expenses. FAIR methodology incorporates income, expenses, net worth, discretionary

income, tuition and the amount of discretionary income available for tuition to

calculate family need. Instead of providing a standard allowance based on household

income and size, FAIR takes a different approach by using actual expenses as

Name of the organization **CATHOLIC TUITION ORGANIZATION OF DIOCESE
OF PHOENIX**

Employer identification number
86-0937587

provided by the family, and determining a family's ability to pay tuition.

Form 990, Part III, Line 1 - Organization Mission

The Catholic Tuition Organization of the Diocese of Phoenix (CTODP) focuses all its activities on raising tax-credit funds so that low-income students with severe financial need may attend diocesan Catholic schools and develop into young adults of character and competence equipped to serve the community.

Form 990, Part III, Line 4a - Program Service Accomplishments

The Catholic Tuition Organization of the Diocese of Phoenix collected state tax credit/charitable contributions of up to \$1,000 for married couples and \$500 for single filers during the twelve month period July 1, 2009 through June 30, 2010 to raise \$9,713,015 in tax credit revenues from 13,997 individuals. Additionally, qualified corporations (those which file their taxes as "C-corporations") and insurance companies that pay premium taxes to Arizona contributed an additional \$1,895,732 in tax credit/charitable contributions thanks to Arizona's private education corporate tax credit.

These two tax credits allow Arizona taxpayers--individuals and corporations--to effectively "redirect" their dollars to provide scholarships to qualified lower-income students with severe financial need.

Form 990, Part VI, Line 11 - Form 990 Review Process

The executive director and the executive committee of the board of directors review the 990 prior to submission. Any questions arising from this review are directed to the external accountant for clarification.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Conflict of interest policy is reviewed annually by officers and governing board. Members are required to sign a conflict of interest statement.

Name of the organization CATHOLIC TUITION ORGANIZATION OF DIOCESE
OF PHOENIX

Employer identification number
86-0937587

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

Comparability data is utilized. The Diocese of Phoenix Human Resource pay grade levels are considered. Arizona State University Lodestar Center non-profit salary report is also utilized. Salary for the executive director is recommended by the executive committee and submitted to the full board of directors for approval. Salary for all other employees is recommended by the executive director to the executive committee for approval.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees

Salary for key employees is recommended by the executive director to the executive committee for approval.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents are made available upon request to the executive director.

Name of the organization

Employer identification number

86-0937587

BAA

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
	CATHOLIC TUITION ORGANIZATION OF DIOCESE OF PHOENIX	
	Number, street, and room or suite number If a P O box, see instructions	
	Ann Michele Couch, CPA, PC 2633 East Indian School Road, Suite 430	
File by the extended due date for filing the return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions	For IRS use only
	Phoenix, AZ 85016	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **EXECUTIVE DIRECTOR**

Telephone No **602-218-6542** FAX No. **602-218-6623**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 5/15, 20 11.
- 5 For calendar year _____, or other tax year beginning 7/01, 20 09, and ending 6/30, 20 10
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension Audited financial statements have been recently completed. Additional time is required to complete the return and obtain Board of Directors review of return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature _____ Title **President** Date _____