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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning $\mathrm{JUL}1$, 2010	ding J	UN 30, 2011	
В	Check if applicable	C Name of organization CATHOLIC SCHOOL FOUNDATION OF THE		D Employer identif	cation number
	Addres	S DIOCECE OF CIOUN CIMN			
	Name change			23-7	030715
F	∏initial retum ∏Termin	Number and street (or P 0 box if mail is not delivered to street address) Ro	om/suite	E Telephone numbe) 255–7933
F	ated Amend			G Gross receipts \$	3,333,112.
F	retum Applica tion			H(a) Is this a group r	
<u> </u>	pendin		KLESS	for affiliates? H(b) Are all affiliates ind	Yes X No
T-	Гах-ехе	empt status: X 501(c)(3) 501(c) ()	527		list. (see instructions)
		e: ► N/A			n number ► 0928
		organization X Corporation			A State of legal domicile IA
		Summary	1 - 100, 0		otate of regar definition ====
		Briefly describe the organization's mission or most significant activities. ${\color{red}{\rm SUPPOR}}$	RT CA	THOLIC SCHO	OLS.
ر ۱۳۱۲ Governance	2	Check this box If the organization discontinued its operations or disposed	d of more	than 25% of its not as	ee et e
ئالاي s& Govern	1	Number of voting members of the governing body (Part VI, line 1a)	or more	3	10
√ ຜູ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
ල ජ ග	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	7
MAK	i .	Total number of volunteers (estimate if necessary)		6	0
₹₹	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Σĕ	1	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
<u> </u>	, b	ver difference business taxable income from Form 990-1, line 34		Prior Year	
<u> </u>	ا ۵	Contributions and grants (Part VIII. Inc. 1h)		264,236.	Current Year 186,735.
₹	1	Contributions and grants (Part VIII, line 1h)	-	0.	0.
るのを Revenue	1	Program service revenue (Part VIII, line 2g)	-	225,393.	391,569.
<u> </u>		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		<20,196.	
-6	1	Other revenue (Part VIII, column (A), Intes 5,,6d, 8c, 9c, 10c, and 11e)	-	469,433.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			557,763.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		207,618.	228,766.
	14	Benefits paid to or for members (Part 4X, columnia), ine 4)	-	0.	0.
ses		Salaries, other compensation, employee benefits (Partix column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part-IX, column (A) fine 11e)). 	0.	0.
Ä			<u>'- </u>	73,596.	70 000
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			78,000.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		281,214.	306,766.
<u>_ s</u>	19	Revenue less expenses. Subtract line 18 from line 12		188,219.	250,997.
Net Assets or Fund Balances	000			inning of Current Year	End of Year
Sse Bak	20	Total assets (Part X, line 16)		20,283,522.	22,550,550.
et/	21	Total liabilities (Part X, line 26)	<u>-</u>	12,291,329.	13,267,916.
		Net assets or fund balances. Subtract line 21 from line 20		7,992,193.	9,282,634.
		Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it is
true	, correct	, and complete Decigration of propare (other than officer) is based on all information of which	i preparer l	has any knowledge	
Sig	,	Signature of officer		Date Date	<u></u>
Her		▶ REV MSGR R MARK DUCHAINE, SECRETARY/TRE	ASURI	ER	
1161	`	Type or print name and title	1110 0111		
		Print/Type preparer's name Preparer's signature,	D	ate , Check	PTIN
Paid	.	PATTY ALBENESIUS Patty albenesus	d		-
	1	Firm's name KING, REINSCH, PROSSER & CO. L.L.		Firm's EIN	-
-		Firm's address 522 4TH STREET, SUITE 200		THIII S EIN	
036	Jiny	SIOUX CITY, IA 51101		Phone no 7	12-258-5550
Man	l	S discuss this return with the preparer shown above? (see instructions)	<u>-</u>	FRURE NO 7	X Yes No
		S discuss this return with the preparer shown above (see instructions)			Form 990 (2010)

CATHOLIC	50	THOOF	FOUNDATION	OF	THE
DIOCECE	$^{\circ}$	CTOIL	CTMV		

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: SUPPORT CATHOLIC HIGH SCHOOLS AND GRADE SCHOOLS IN THE DIOCESE OF	
	SIOUX CITY.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	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?	No
	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
4	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:) (Expenses \$ 228,766 • Including grants of \$ 228,766 •) (Revenue \$)
	THE FOUNDATION AWARDED \$228,766 IN GRANTS TO THE CATHOLIC HIGH SCHOOL	S
	AND GRADE SCHOOLS IN THE DIOCESE OF SIOUX CITY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/Librarios V	— ′
_		
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 228,766.	
2220	Form 990 (2010)

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	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u></u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ū	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide	-ٽ-		
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	<u> </u>	-	<u></u>
10	-	10	х	
	If "Yes," complete Schedule D, Part V		11	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-		Х
	Part VI	11a		
b		۱		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	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	l	v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			17
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_		
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٠,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		_ X _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			١,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			١,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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, Parts III and IV	16_		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ <u>X</u> _
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,"	1		
	complete Schedule G, Part III	19		_X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		_X
ь	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
		Form	aan /	2010)

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	ļ		
	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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	İ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1,7
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ŀ		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			w
	Schedule K If "No", go to line 25	24a		<u> </u>
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
	Schedule L, Part I	25b		<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	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			Х
	Schedule L, Part III	27		Α
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):	20-		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			•
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form '	9 90 (2	2010)

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY 23-7030715 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See instructions for 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? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 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? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 7с to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

a is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X 14a

13a

12b

13b

Form 990 (2010)

Form 990 (2010)

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY 23-7030715 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the 7a governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done X 13 Does the organization have a written whistleblower policy? 13 X 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? 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. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ___ Another's website X Upon request ___ Own website 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.

Form 990 (2010)

032006 12-21-10

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

51105-1055

THE ORGANIZATION - (712)255-7933 1821 JACKSON STREET, SIOUX CITY, IA

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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.

PRESIDENT 1.00 X X 0. 26,004. 9,040. JAMES BRIDE 0. 0. 0. 0. 0. 0. 0. DIRECTOR 1.00 X 0. 0. 0. RICK KNEIP 0. 0. 0. 0. 0. 0.	Check this box if neither the organization	nor any related	orga	aniza	ation	cor	mpe.	nsa	ted any current officer, of	director, or trustee.	
hours per week (describe hours for related organizations in Schedule O) b g land	(A)	(B)			(0	C)			(D)	(E)	(F)
Week (describe hours for related organizations in Schedule O) BISHOP R WALKER NICKLESS PRESIDENT 1.00 X X X X X X X X X	Name and Title									· '	
Compensation for related organizations in Schedule O)		1	(c	(check		neck all that apply		ly)			
Organizations Form		,	ctor							,	
Organizations Form		1 '	or diffe			ĺ	pg.		organization		
Organizations Form		1	Stee	aste			pensa	1	(W-2/1099-MISC)	(** 2 1033 111100)	
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Form 990 (2010)

DIOCESE	$\cap \mathbf{E}$	CILLIA	CTMV	
DIOCESE	Or.	STOOL		

	(A) Section A. Officers, Directors, Tru	(B)			((C)		031	(D)	(E)		(F)
	Name and title	Average hours per	(c		Pos all		app	ly)	Reportable compensation	Reportable compensation		Estim amou	nt of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustice	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	lated ations com 9-MISC) fi org		er isation the zation lated ations
										i			
				_									
				-									-
	ub-total stal from continuation sheets to Part VI	I, Section A	L	l	·		>	<u> </u>	0.	120,25	0.	28,	589. 0.
d To	otal (add lines 1b and 1c) tal number of individuals (including but n		ose	liste	ed at	oove	e) wh	no re	0 . eceived more than \$100	120,25 ,000 in reportable		28,	589.
cc	mpensation from the organization				_							Ye	s No
lın	d the organization list any former officer, e 1a ⁹	uch individual										3	х
an	or any individual listed on line 1a, is the suid related organizations greater than \$150	0,000 <i>? If "Yes,</i>	" со	mple	ete S	Sche	edule	J f	or such individual	_		4	X
re	d any person listed on line 1a receive or a ndered to the organization? If "Yes," com							elate	ed organization or indivi	dual for services		5	x
1 Co	n B. Independent Contractors omplete this table for your five highest coloroganization NONE	mpensated inc	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	tion from	<u> </u>
	e organization NONE (A) Name and business	address							(B) Description of s	ervices	Co	(C) ompensa	tion
													
_												·	
								_			.		
2 To	otal number of independent contractors (i	including but a	ot lu	mite	d to	tho	se lie	ted	above) who received m	ore than			••••
	00,000 in compensation from the organi)					orm 99 (2 (2010)

ran		i Statement of Neve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
am a	С	Fundraising events .	1c	118,232.				
ar ar	d	Related organizations	. 1d					
Ş.E	е	Government grants (contribu	tions) 1e					
er s	f	All other contributions, gifts, gra	nts, and					
혈		similar amounts not included abo	ove 1f	68,503.				
E B	g	Noncash contributions included in line	s 1a-1f \$					
Oa	h	Total. Add lines 1a-1f		•	186,735.		·····	
				Business Code				
<u>i</u>	2 a							
Program Service Revenue	b							
S el	С			-				
Re a	d							
Š	e					_		
"	f	All other program service rev	enue					
		Total. Add lines 2a-2f					•	
	3	Investment income (including	dividends, inter		125,743.			125 742
		other similar amounts)		oroceeds	125,743.			125,743.
	4	Income from investment of ta	ex-exempt bond p	proceeds				
	5	Royalties	(ı) Real	(u) Domonal		· · · · · · · · · · · · · · · · · · ·		
	6 a	Gross Rents	(i) Real	(II) Personal				
		Less: rental expenses		1				
		Rental income or (loss)						
		Net rental income or (loss)	L	•				
		Gross amount from sales of	(i) Securities	(II) Other	···			
		assets other than inventory	2993499.					
	ь	Less: cost or other basis						
	_	and sales expenses	2727673.					
	С	Gain or (loss)	265,826.					
		Net gain or (loss)			265,826.			265,826.
		Gross income from fundraising	ng events (not		· · · · · · · · · · · · · · · · · · ·			
Other Revenue		including \$118,2	232 • of					
ev ev		contributions reported on line						
<u>ا</u> ا		Part IV, line 18	а					
Ě	b	Less: direct expenses	b	47,676.				
	C	Net income or (loss) from fun	draising events		<20,541.	>		<20,541.>
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
		Less direct expenses	b	L				
		Net income or (loss) from gar	_	,			···	
1	0 a	Gross sales of inventory, less	returns	1				
		and allowances	а	1				
		Less: cost of goods sold	b					
-	С	Net income or (loss) from sale		▶				
-		Miscellaneous Revenu	ne	Business Code				
ן ו	1 a			-				
	b							
	C	All obbon rounds::-		ļ				
	đ	All other revenue						
		Total. Add lines 11a-11d Total revenue. See instructions			557,763.	0.	0.	371,028.
032009	2	THE TEACHER OF HISTOCHOUS			331,103.	<u></u>	<u> </u>	Form 990 (2010)

Part IX Statement of Functional Expenses

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

7b, Bb, 9b, and 10b of Part VIII. 1 Grafts and other assistance to governments and organizations in the U.S. See Part IV, line 21 2 Grants and other assistance to powernments, the U.S. See Part IV, line 21 3 Grants and other assistance to powernments, organizations, and individuals in the U.S. See Part IV, line 51 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers and session 4585(R)(N) and persons described as section 4		All other organizations must com	<u> </u>			
organizations in the U.S. See Part IV, line 21 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 outsade the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of included above, it disqualified persons (as officed under section 4958(r)(3)(8) 7 Other salaries and vages Penson plan contributions (include section 401(k) and section 493(b) employer contributions) Other employee benefits Penson plan contributions (include section 401(k) and section 493(b) employer contributions) 10 Payroll taxes Penson plan contributions Accounting Contributions Contributio			(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
2 Grants and other assistance to individuals in the LUS See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of uncluded above, to discussified persons (as defined under section 4588(I)(1)) and persons described in section 458(I)(1)) and persons described in section 458(I)(1) and persons and key employees 8 Panson plan contributions (include section 401(k)) and section 438(I) (1) and section 438(I) (1) and persons 438(I) and persons 438	1	Grants and other assistance to governments and				
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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(c)(3)(8) 7 Other enables and wapee 8 Pension plan contributions (include section 401(k) and section 403(k) amployer contributions) 9 Cher employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbying Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other 13 Office expenses 140 - 140		the U.S See Part IV, line 22				
See Part IV, Inves 15 and 16 Benefits pact to or for members Compensation of current officers, directors, trustees, and key employees Compensation on uncluded above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and person described in section 4958(f)(1)) and section 405(f)(1) and 505(f)(1) and 50	3	Grants and other assistance to governments,	•			
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10		and section 403(b) employer contributions)				
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f Investment management fees 33,033. 33,033. g Other	d	Lobbying				
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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 19 Conferences, conventions, and meetings 20 Interest 21 Payments of affiliates 22 Depreciation, depletion, and amortization insurance 24 Office expenses itemize expenses not covered above (List miscellaneous expenses in line 241 if line 241 amount, list line 24f expenses on Schedule 0) 2a	f	Investment management fees	33,033.		33,033.	·
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 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses in the 24f if time 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c d d e f All other expenses 5 Total functional expenses. Add lines 1 through 24f 306 , 766 . 228 , 766 . 78 , 000 . 0 26 Joint costs. Check here ▶ if following SOP 95-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	g	Other				
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 interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c c d d e f All other expenses 5 Total functional expenses. Add lines 1 through 24f 306,766 228,766 78,000 0 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	12	Advertising and promotion				
15 Royalties	13	Office expenses	91.		91.	****
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses Itemize expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 2	14	Information technology				
17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 18	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c c d d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306, 766 - 228, 766 · 78,000 · 0 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	16	Occupancy				
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 (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c c d d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306, 766. 228, 766. 78,000. 0	17	Travel	449.		449.	
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 (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c c d d e e f All other expenses 5 Total functional expenses. Add lines 1 through 24f 25 Total functional expenses. Add lines 1 through 24f 26 Jaint costs. Check here ▶ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 241 if line 241 amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c d d e f All other expenses 5 Total functional expenses. Add lines 1 through 24f 306,766 2228,766 78,000 0 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c c d d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306,766 . 228,766 . 78,000 . 0 26 Joint costs. Check here ▶	19	Conferences, conventions, and meetings	891.		891.	
Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c d e f All other expenses Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	20	Interest .				······
Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0)	21	· •				
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c d e f All other expenses Total functional expenses. Add lines 1 through 24f 306,766. 228,766. 78,000. 0 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a						
above (List miscellaneous expenses in line 24f if line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) a b c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Jaint costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a					· · · · · · · · · · · · · · · · · · ·	
b c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	24	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
c d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Infollowing SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a						
d e f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306, 766. 228, 766. 78,000. 0 26 Joint costs. Check here Infollowing SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	ь	1				
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306, 766. 228, 766. 78,000. 0 26 Joint costs. Check here Infollowing SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a	_	1	· -			
f All other expenses 25 Total functional expenses. Add lines 1 through 24f 306, 766. 228, 766. 78,000. 0 26 Joint costs. Check here						
Total functional expenses. Add lines 1 through 24f 306, 766. 228, 766. 78,000. 0 26 Joint costs. Check here						
26 Joint costs. Check here If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a			206 766	220 766	70 000	0.
98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a			300,700.	220,100.	70,000.	<u> </u>
solicitation	26	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

	rt X	Balance Sheet			7030713 Page II
<u> </u>	<u> </u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	67,624.	_1	86,152.
	2	Savings and temporary cash investments	56,436.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
ţ	7	Notes and loans receivable, net	114,758.	7	78,794.
Assets	8	Inventories for sale or use	111/750.	8	707751.
⋖	1 _		1,542.	9	26,709.
	9	Prepaid expenses and deferred charges	1,342.	9	20,103.
	iva	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D	1		
	i	Less: accumulated depreciation 10b	16,328,151.	10c	17 062 555
	11	Investments - publicly traded securities	10,320,131.	11	17,962,555.
	12	Investments - other securities. See Part IV, line 11		12	<u> </u>
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	2 715 011	14	4 306 340
	15	Other assets. See Part IV, line 11	3,715,011.	15	4,396,340.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,283,522.	16	22,550,550.
	17	Accounts payable and accrued expenses	11,441.	17_	27,583.
	18	Grants payable .		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
jab	l	highest compensated employees, and disqualified persons. Complete Part II			
_	ŀ	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	12,279,888.	25	13,240,333.
	26	Total liabilities. Add lines 17 through 25	12,291,329.	26	13,267,916.
		Organizations that follow SFAS 117, check here X and complete			
es		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	2,835,927.	27	3,337,173.
3ali	28	Temporarily restricted net assets	118,271.	28	3,337,173. 903,776.
של	29	Permanently restricted net assets	5,037,995.	29	5,041,685.
Ē		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	7,992,193.	33	9,282,634.
	34	Total liabilities and net assets/fund balances	20,283,522.	34	22,550,550.

Form **990** (2010)

Form	1 990 (2010) DIOCESE OF SIOUX CITY	23-70.	<u> 30 / 15</u>	<u>Pa</u>	ge 12
Pa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>63.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			66.
3	Revenue less expenses. Subtract line 2 from line 1	3			97.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,992		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,039		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,282	2,6	34.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X 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 Sir	ngle Audıt			
	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 requ	red audit			
	or guidte, explain why in Schedule O and describe any steps taken to undergo such audits		36		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

CATHOLIC SCHOOL FOUNDATION OF THE

Employer identification number 23-7030715

			DICEDI	OI DIOOM CI	<u> </u>						7030	<u>, 13</u>	
Parl	: [Reason	for Public Char	rity Status (All organi	zations mu	st comple	te this par	t.) See ins	tructions.				
The or	gan	zation is not a	a private foundation	because it is. (For lines	1 through	11, check	only one b	oox.)					
1 [A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з [A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		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:											
5		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). (Compl	ete Part II.)									
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	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). (Comple	ete Part II.)									
8 [A community	trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 [An organizati	on that normally red	eives: (1) more than 33	1/3% of its	support f	rom contr	ibutions, n	nembersh	p fees, and	d gross re	ceipts	from
		activities rela	ited to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	e than 33 °	1/3% of its	support f	rom gross	ınvest	ment
		income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the orga	anization at	fter June 3	0, 197	' 5.
_		See section	509(a)(2). (Complete	e Part III.)									
10 📮		An organizati	ion organized and o	perated exclusively to te	st for publ	ıc safety. S	See secti o	on 509(a)(4	4).				
11 [An organizati	ion organized and o	perated exclusively for ti	he benefit (of, to perfo	orm the fu	nctions of,	, or to carr	y out the p	ourposes o	of one	or
		more publicly	y supported organiz	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Chec	ck the box	that	
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
_		a 💹 Type I	ı b∟	_i Type II	с 🔲 Тур	e III · Func	tionally in	tegrated		d	Type III - 0	Other	
e L		By checking	this box, I certify the	at the organization is not	controlled	directly o	r indirectly	y by one o	r more dis	qualified p	ersons oth	ier tha	n
		foundation m	nanagers and other	than one or more publicl	y supporte	d organiza	ations des	cribed in s	section 50	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a wri	tten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				_
			rganization, check t			•							ш
g		-		organization accepted ar									
				directly controls, either a	lone or tog	ether with	persons of	described	ın (II) and (îii) below,		Yes	No
		-	- •	upported organization?							11g(i)		 -
		· ·	•	n described in (i) above?							11g(ii)		
			controlled entity of a person described in (i) or (ii) above?									<u> </u>	
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
			τ	(ui) Type of	<u></u>		I		()	45-			
(i) N		of supported	(ii) EIN	(III) Type of organization	r ,	organization	, ,	,	(vi) Is organizati	on in col	(vii) An		f
	orga	nization		(described on lines 1-9	in col (i) listed in your governing document?				(ı) organız U S	ed in the	sup	port	
				above or IRC section (see instructions))		No			Yes	No			
				(see manuchums))	Yes	INO	Yes	No	res	NO			
								 		 -			
			-	<u> </u>	 	 				++			
			1										
Cotal				1	1	1			1				

032021 12-21-10

Form 990 or 990-EZ.

16350213 766225 2182

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	312,951.	334,863.	197,864.	264,236.	186,735.	1296649.	
2	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities	,						
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	312,951.	334,863.	197,864.	264,236.	186,735.	1296649.	
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)		W// 1				124,503.	
6	Public support. Subtract line 5 from line 4						1172146.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	312,951.	334,863.	197,864.	264,236.	186,735.	1296649.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	144,364.	165,904.	126,999.	124,232.	125,743.	687,242.	
9	Net income from unrelated business					1		
	activities, whether or not the							
	business is regularly carned on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)							
11	Total support. Add lines 7 through 10						1983891.	
12	Gross receipts from related activities,	, etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stop							
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>	
14	Public support percentage for 2010 (-	olumn (f))		14	59.08 %	
15	Public support percentage from 2009	•				15	63.24 %	
16a	16a 33 1/3% support test - 2010. 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							
t	b 33 1/3% support test - 2009. 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 qual		• • •				▶	
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac				•	rt IV how the organ	ization	
	meets the "facts-and-circumstances"	•	•		_		▶∟	
t	10% -facts-and-circumstances tes							
	more, and if the organization meets t						, r	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t				
					Sche	edule A (Form 990	or 990-EZ) 2010	

032022 12-21-10

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						· · ·	
3								
	are not an unrelated trade or bus- iness under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to 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.					1		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons							
ı	of Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	c Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	ction B. Total Support			·				
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009		(e) 2010	(f) Total
9	Amounts from line 6							
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ı	b Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975					 -		
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support (Add lines 9, 10c, 11, and 12)	the erecei==*:	o first cooperat Alice	d fourth or fifth t	l voor oo o casata	L = 0.4	(0)/3) 02====	Zotion.
14	First five years. If the Form 990 is fo check this box and stop here	me organization:	a iliat, s u cono, inir	a, iouitri, or mith t	an year as a section	ו טכ ווע	(c)(c) organi	Lation,
<u>Sc</u>	ction C. Computation of Publ	ic Support Pe	rcentage	· · · · · · · · · · · · · · · · · · ·				
				column (ft)	· · · · · · · · · · · · · · · · · · ·	15		0.6
15		, ,,,	•	Joidinin (I))		16		<u>%</u> %
16 Se	ction D. Computation of Inve					110		
				ne 13 column (fi)		17		%
17 18	Investment income percentage for	•	• • • • • • • • • • • • • • • • • • • •	ie 13, column (ijj		18		
	a 33 1/3% support tests - 2010. If the			on line 14, and line	e 15 is more than :		% and line	
19	more than 33 1/3%, check this box a	_					,, and me	
		<u>-</u>	- '				an 33 1/3%	and
	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization			•			-	▶ □
							A /Form 90	000 F7 0040

032023 12-21-10

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule A (Form 990 or 990-EZ) 2010 DIOCESE OF SIOUX CITY	23-7030715 Page 4
Part IV Supplemental Information. Complete this part to provide the explanations required by Par and Part III, line 12. Also complete this part for any additional information. (See instructions).	
SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED:	
PERMANENTLY RESTRICTED ESTATE GIFT	
DATE: 06/30/07 AMOUNT: 15651.	
UNRESTRICTED ESTATE GIFT	
DATE: 06/30/07 AMOUNT: 746408.	
UNRESTRICTED ESTATE GIFT	
DATE: 09/13/07 AMOUNT: 15332.	
PERMANENTLY RESTRICTED ESTATE GIFT	
DATE: 02/27/09 AMOUNT: 5729.	

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY

Employer identification number 23-7030715

Pa			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year .		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
,	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		£4
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	
	listed in the National Register .		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	- '	
	violations, and enforcement of the conservation easements i	•	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	````
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Da.	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
Fai	Complete if the organization answered "Yes" to Form		tilei oliillai Assets.
10	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
ıa	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		ince of public service, provide, in Fart XIV,
b	If the organization elected, as permitted under SFAS 116 (AS		t and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in futilierance of pu	blic service, provide the following amounts
	(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 tre	easures, or other similar assets for financia	al gain provide
Æ	the following amounts required to be reported under SFAS 1	•	a gam, provide
•	Revenues included in Form 990, Part VIII, line 1	10 y 100 000/ relating to these items.	> \$
a b	Assets included in Form 990, Part X		* \$
b	Assets molecular Form 500, Fart A	•	· •

Schedule D (Form 990) 2010

032051 12-20-10

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

	CATHOLIC	C SCHOOL F	OUNDATION	OF THE	•	
Sche	dule D (Form 990) 2010 DIOCESE	OF SIOUX	CITY		23-70	30715 Page 2
Par	t III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Similar Asse	ts (continued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant use of its	collection items
	(check all that apply):					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other			
С	Preservation for future generations					
4	Provide a description of the organization's co	llections and explain	n how they further t	ne organization's ex	empt purpose in Par	t XIV.
5	During the year, did the organization solicit or	receive donations	of art, historical trea	sures, or other simila	ar assets	_
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?		Yes No
Par	Escrow and Custodial Arrang reported an amount on Form 990, Par	-	ete if the organizatio	n answered "Yes" to	o Form 990, Part IV,	line 9, or
	Is the organization an agent, trustee, custodia		liary for contribution	s or other assets no	et included	 -
	on Form 990, Part X?				[Yes No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			
_	in red, explain the arrangement in rate //r	and complete me to	no ming table.			Amount
С	Beginning balance				1c	
	Additions during the year			•	1d	
e	Distributions during the year	•		•	1e	
f	Ending balance				11	
	Did the organization include an amount on Fo	orm 990. Part X. line	21?			Yes No
	If "Yes," explain the arrangement in Part XIV.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-·· ·			
Par		the organization an	swered "Yes" to For	rm 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	4,943,402.	4,441,151.	5,232,051.	[
	Contributions	3,690.	5,479.	, ,		
-	Net investment earnings, gains, and losses	936,590.	496,772.	<642,208.		
ď	Grants or scholarships			, , , , , , , , , , , , , , , , , , ,	,	'''
	Other expenditures for facilities					
•	and programs	57,110.		148,692.		
f	Administrative expenses		 -	,		
	End of year balance	5,826,572.	4 943 402.	4,441,151.		, , , , , , , , , , , , , , , , , , , ,
2	Provide the estimated percentage of the year		s:		<u> </u>	
	Board designated or quasi-endowment	.00	%			
	Permanent endowment ► 100.00	%	 -			
		 %				
	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organization	
	by:	J			-	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations		•			3a(ii) X
ь	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?		•	3b
4	Describe in Part XIV the intended uses of the					<u> </u>
Par						
(A 717	Description of investment	(a) Cost or o		or other (c) A	Accumulated	(d) Book value
	2223,6323, 33, 33, 33, 33, 33, 33, 33, 33, 33,	basis (investr		1	epreciation	
1a	Land			<u> </u>	·· ·· · · ·	
	Buildings					
	Leasehold improvements					

Schedule D (Form 990) 2010

d Equipmente Other

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

0.

DIOCESE OF STOUX CITY

Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuat st or end-of-year mark	
1) Financial derivatives				
2) Closely-held equity interests			<u></u>	
3) Other				
(A)				<u> </u>
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)			-	
(1)	_ 		······································	······································
Fotal. (Col (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>		
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.	(c) Method of valuat	lon:
(a) Description of investment type	(b) Book value	Co	st or end-of-year mark	
(1)				
(2)				, · · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)	_		•	
(7)			_	
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			····	
Part IX Other Assets. See Form 990, Part X, III				(b) Book value
COLL ON TIME THOUSAND	a) Description			71,548.
(1) CSV OF LIFE INSURANCE (2) CHARITABLE GIFT ANNUITIE	10			4,312.
	۵۱			62,098
	F THE DIOCE	SE OF SIOUX C	ITY (CC)	4,258,382.
	F THE DIOCE	DE OF BIOON C	111 (CC)	4,230,302
(5)				
(6)				
(7)				
(8)	······································			
(9) (10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I	ling 15)		•	4,396,340.
Part X Other Liabilities. See Form 990, Part				270507020
1. (a) Description of liability	74, 11110 201	(b) Amount		
(1) Federal income taxes		· · · · · · · · · · · · · · · · · · ·		
(2) FUNDS HELD FOR OTHERS		13,240,333.		
(3)				
(4)				
(5)	······································			
(6)	· = -			
(7)				
(8)				
(9)				
(10)				
/4 4 \				
Total, (Column (b) must equal Form 990. Part X. col (B)	line 25.)	13,240,333.		
Total. (Column (b) must equal Form 990, Part X, col (B) I FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnot 2. FIN 48 (ASC 740)	te to the organization's financia	al statements that reports the organ	zation's liability for uncertain	tax positions under
032053 12-20-10				dule D (Form 990) 2010

		CATHOLIC SCHOOL FOUNDATION OF THE			
		(Form 990) 2010 DIOCESE OF SIOUX CITY			-7030715 Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Audited Fina	incial S	tateme	
1		evenue (Form 990, Part VIII, column (A), line 12)	1		557,763.
2		expenses (Form 990, Part IX, column (A), line 25)	2	_	306,766.
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1	3		250,997.
4	Net u	realized gains (losses) on investments	4		341,547.
5	Donat	ed services and use of facilities	_ 5	-	
6	Invest	ment expenses	6		
7	•	eriod adjustments .	7		607 007
8		(Describe in Part XIV.)	_8		697,897.
9		djustments (net). Add lines 4 through 8	9		1,039,444.
0		s or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	or Dotu	1,290,441.
		Reconciliation of Revenue per Audited Financial Statements With Rev	enue p		1,621,351.
1		evenue, gains, and other support per audited financial statements		1	1,021,331.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	/1 5	47	
		realized gains on investments 2a 3	9,5	01	
			9,3	01.	
		eries of prior year grants	97,8	97	
			51,0		1 048 945
		nes 2a through 2d		2e 3	1,048,945.
3		ict line 2e from line 1		3	372,400.
4		nts included on Form 990, Part VIII, line 12, but not on line 1: ment expenses not included on Form 990, Part VIII, line 7b 4a	33.0	33.	
		ment expenses not included on Form 990, Part VIII, line 7b 4a (Describe in Part XIV.) 4b	33,0 47,6	76.>	
		nes 4a and 4b	11/0	4c	<14,643.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	557,763.
		Reconciliation of Expenses per Audited Financial Statements With Exp	enses		
<u></u> 1		expenses and losses per audited financial statements		1	330,910.
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
		ed services and use of facilities	9,5	01.	1
		ear adjustments 2b	· · ·		
	Other	_ 			
d	Other	(Describe in Part XIV.)	47,6	76.	
		nes 2a through 2d		2e	57,177.
3	Subtr	act line 2e from line 1		3	273,733.
4	Amou	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	33,0	33.	
Ь	Other	(Describe in Part XIV.)			
С	Add I	nes 4a and 4b		4c	33,033.
		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	306,766.
Par	t XIV	Supplemental Information			
Comp	olete tr	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, III	nes 1b and	d 2b; Part V, line 4; Part
		t XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to p			
PAF	TY V	, LINE 4: SUPPORT OF CATHOLIC SCHOOLS IN THE DI	OCES	E OF S	SIOUX
CIT	'Y •				
					
. » r	.m v	I IINE O OMHED AD THOMMENMO.			
AF	(.T. X	I, LINE 8 - OTHER ADJUSTMENTS:			
יזזי	י אור	THE THURDDON THE NEW ACCOMO OF DIOCECE OF CIOUS	CTMV		607 007
∠H.Ł	MGE	IN INTEREST IN NET ASSETS OF DIOCESE OF SIOUX	CITY		697,897.
					
	nm v	TT. LINE 2D - OTHER ADJUSTMENTS:			

CHANGE IN INTEREST IN NET ASSETS OF THE DIOCESE OF SIOUX

Schedule D (Form 990) 2010

032054 12-20-10

Schedule D (Form 990) 2010

SCHEDULĘ G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

2010

Open To Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CATHOLIC SCHOOL FOUNDATION OF THE

Employer identification number 23-7030715

DIOCESE	OF SIOUX CITY				23-7030	/15
Part I Fundraising Activities required to complete this par	Complete if the organization answ t.	vered "\	'es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the follow	ing acti	vities.	Check all that apply		
				overnment grants		
	F			=		
b Internet and email solicitations				nment grants		
c Phone solicitations	g L Specia	ıl fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of	or oral agreement with any individua	al (includ	ding o	fficers, directors, trus	stees or	
key employees listed in Form 990, P						☐ No
b If "Yes," list the ten highest paid indi						he
		oudin i	ugio	Citionico dilaci Willon	the farialation is to	
compensated at least \$5,000 by the	organization.					
		/iii	Did		(v) Amount paid	4.5.4
(i) Name and address of individual	(ii) Activity	(iii) fundi	aiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	have c	trol of	from activity	fundraiser	organization
		contrib	utions?		listed in col. (i)	
		Yes	No			
					····	
		 				
		-				
<u> </u>						
		<u> </u>				
Total			•			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt from re	egistration
or noorioning.						
±2**4*2						
	·					
				<u> </u>		
				- -		
	-	_				
						<u>_</u>
						-
				·		

032081 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

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

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule G (Form 990 or 990 EZ) 2010 DIOCESE OF SIOUX CITY

23-7030715 Page 2

Pa	irt i	Fundraising Events. Complete if the of fundraising event contributions and gr				
			(a) Event #1 BISHOPS DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	145,367.			145,367.
	2	Less: Chantable contributions	118,232.			118,232.
	3	Gross income (line 1 minus line 2)	27,135.			27,135.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment Other direct expenses	47,676.			47,676.
		Direct expense summary. Add lines 4 through		<u></u>	•	(47,676;
	10 11	Net income summary Combine line 3, colum				<20,541.
Pa			answered "Yes" to Form	990. Part IV. line 19. or r	reported more than	120/0120
L		\$15,000 on Form 990-EZ, line 6a.			•	
		1	(1)	(b) Pull tabs/instant	(·) Oth	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
œ	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		•	(
	8	Net gaming income summary Combine line	1, column d, and line 7		>	
9	En	ter the state(s) in which the organization opera	ites gaming activities:			
а	ls t	the organization licensed to operate gaming ac	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
						
	_					
		ere any of the organization's gaming licenses r	·			Yes No
b	o If "	Yes," explain:				
	_					
	_					
0320	82 0	1-13-11			Schedule G (Fo	rm 990 or 990-EZ) 2010

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule G (Form 990 or 990-EZ) 2010 DIO	CESE OF SIOUX CITY	23-7030715 Page 3
11 Does the organization operate gaming activ		Yes No
12 Is the organization a grantor, beneficiary or	trustee of a trust or a member of a partnership or other entity formed	d
to administer charitable gaming?		Yes No
13 Indicate the percentage of gaming activity	operated in:	
a The organization's facility		13a %
b An outside facility		13b %
	who prepares the organization's gaming/special events books and re	ecords:
Name ▶		
Address >		
15a Does the organization have a contract with	a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue of gaming revenue retained by the third par	ue received by the organization ►\$ and the a	amount
c If "Yes," enter name and address of the thir		
Name ▶		
Address >		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$	···	
Description of services provided		
Director/officer Emp	oloyee Independent contractor	
bilestorronicei	mosperaent contractor	
17 Mandatory distributions		
a Is the organization required under state law	to make charitable distributions from the gaming proceeds to	
retain the state gaming license?		Yes No
b Enter the amount of distributions required u	inder state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during		
	olete this part to provide the explanations required by Part I, line 2b,	
lines 9, 96, 106, 156, 15c, 16, and	17b, as applicable. Also complete this part to provide any additional	Information (see instructions).
	···	
032083 01-13-11		ule G (Form 990 or 990-EZ) 2010
350213 766225 2182	29 2010.05050 CATHOLIC SCHOOL FOUN	NDATION 2182 1
3JUZI3 100ZZJ ZIUZ	SOLO.02020 CHINOTIC BCHOOL FOOL	1DUITON 51051

2 Employer identification number 23-7030715 Open to Public OMB No 1545-0047 SSISTANCE TO DIOCESAN ASSISTANCE TO DIOCESAN ASSISTANCE TO DIOCESAN SSISTANCE TO DIOCESAN ASSISTANCE TO DIOCESAN ASSISTANCE TO DIOCESAN Inspection (h) Purpose of grant or assistance ROVIDE FINANCIAL ROVIDE FINANCIAL ROVIDE FINANCIAL PROVIDE FINANCIAL ROVIDE FINANCIAL PROVIDE FINANCIAL X Yes 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 SCHOOL. SCHOOL. SCHOOL CHOOL. SCHOOL SCHOOL recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö 。 ö 。 ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. (d) Amount of cash grant 7,301. 543 14,723 4,638 20,853 5,102 18 THE OF (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable SCHOOL FOUNDATION 501 (C) (3) Enter total number of section 501(c)(3) and government organizations DIOCESE OF SIOUX CITY 42-0680477 42-0680476 27-0057741 42-0757414 41-0812927 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations CATHOLIC 1 (a) Name and address of organization BISHOP GARRIGAN CATHOLIC SCHOOLS SACRED HEART CATHOLIC SCHOOL ST. JOHN THE BAPTIST SCHOOL ST. EDMOND CATHOLIC SCHOOLS 304 S SUMMIT P.O. BOX 258 KUEMPER CATHOLIC SCHOOLS or government BANCROFT, IA 50517-0258 DANBURY CATHOLIC SCHOOL FORT DODGE, IA 50501 Name of the organization CARROLL, IA 51401 DANBURY, IA 51019 1111 MARSHALL ST ALGONA, IA 50511 BOONE, IA 50036 Department of the Treasury 1224 N MCCOY ST Internal Revenue Service 116 S EAST ST 501 N 22ND ST 602 PEACH ST SCHEDULE 1 (Form 990) Parti Part # N

Schedule 1 (Form 990) (2010)

31

THE	
OF	
FOUNDATION	CITY
CATHOLIC SCHOOL	DIOCESE OF SIOUX

Schedule I (Form 990) DIOCESE O	OF SIOUX C	CITY				2	3-7030715 Page 1
Part # Continuation of Grants and Other Assistance to Governments a	Assistance to Go	vernments and Organ	nizations in the Un	iited States (Sche	nd Organizations in the United States (Schedule I (Form 990), Part II.)	rt 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
SPALDING CATHOLIC SCHOOLS P.O. BOX 168 GRANVILLE, IA 51022-0168	42-0866655	501 (C) (3)	10,345.	.0			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
ST. MARY GRADE SCHOOL 303 3RD AVE N HUMBOLDT, IA 50548	42-0680236	501 (C) (3)	7,077.	0.			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
GEHLEN CATHOLIC SCHOOLS 709 PLYMOUTH ST NE LEMARS, IA 51031	42-0733467	501 (C) (3)	12,964.	0.			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
POCAHONTAS CATHOLIC SCHOOLS 305 SW 3RD POCAHONTAS, IA 50574	42-0933282	501 (C) (3)	5,389.	0.			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
ST. CATHERINE - ST. MARY SCHOOLS 321 FULTON ST REMSEN, IA 51050	42-0698236	501 (C) (3)	11,572.	0.	:		PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
ST. PATRICK SCHOOL 1020 4TH AVE SHELDON, IA 51201	42-0716354	501 (C) (3)	6,583.	0.			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
BISHOP HEELAN CATHOLIC SCHOOLS 1018 GRANDVIEW BLVD SIOUX CITY, IA 51105	42-0698209	501 (C) (3)	73,860.	.0			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL,
SACRED HEART CATHOLIC SCHOOL 1111 4TH AVE W P.O. BOX 817 SPENCER, IA 51301-0817	42-0716354	501 (C) (3)	6,947.	.0			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL.
ST. MARY'S HIGH/ELEMENTARY SCHOOL 304 SENECA ST STORM LAKE, IA 50588 LHA	42-0681063	501 (C) (3)	11,566.	.0			PROVIDE FINANCIAL ASSISTANCE TO DIOCESAN SCHOOL. Schedule I (Form 990)

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY

Schedule I (Form 990)

Page 1

23-7030715

Schedule I (Form 990) ASSISTANCE TO DIOCESAN ASSISTANCE TO DIOCESAN (h) Purpose of grant or assistance PROVIDE FINANCIAL PROVIDE FINANCIAL SCHOOL. SCHOOL. (g) Description of non-cash assistance Part # Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 (e) Amount of non-cash assistance (d) Amount of cash grant 5,336. 5,967 (c) IRC section if applicable 501 (C) (3) 42-0725197 501 (C) (3) 42-0680465 (P) EIN (a) Name and address of organization or government EMMETSBURG CATHOLIC SCHOOL 1903 SOUTH BROADWAY STREET ST. ROSE CATHOLIC SCHOOL EMMETSBURG, IA 50536 DENISON, IA 51442 1012 2ND AVE S LHA

032241 12-21-10

Page 2

23-7030715

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. DIOCESE OF SIOUX CITY Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) THE BUDGET INCLUDES Part 1V Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: THE CATHOLIC SCHOOL FOUNDATION ESTABLISHES AN GRANT AWARDS ARE ALLOCATED AMONG THE PARTICIPATING DIOCESAN SCHOOLS BASED BUDGET VARIANCES ARE MONITORED ON A MONTHLY REIMBURSEMENT CLAIMS ARE AUDITED BY THE SUBSTANTIALLY ALL OF THE THE EDUCATION AND STEWARDSHIP DEPARTMENTS AND REVIEWED BY THE FINANCE GRANTS ARE REIMBURSEMENT GRANTS AND SCHOOLS ARE REQUIRED TO SUBMIT THE FINANCE OFFICE AND BIANNUALLY BY THE GOVERNING BOARD. (d) Amount of non-cash assistance ANNUAL BUDGET THAT IS APPROVED BY THE GOVERNING BOARD. (c) Amount of cash grant ON ENROLLMENT OR APPROVED WRITTEN PROPOSALS. (b) Number of recipients DOCUMENTATION OF EXPENSES INCURRED. GRANTS TO DIOCESAN SCHOOLS. (a) Type of grant or assistance BASIS BY 032102 01-13-11

Schedule (Form 990) 2010 DIOCESE OF SIOUX CITY Part IV Supplemental Information	23-7	030715	Page 2
Part IV Supplemental Information			
OFFICE PRIOR TO PROCESSING THE REIMBURSEMENTS. UNEXPENDED	GRANT	FUNDS	
CANNOT BE CARRIED FORWARD INTO THE NEXT FISCAL YEAR.			
			<u>_</u>
			
		<u>-</u>	<u></u>
			
			
	<u>, , , , , , , , , , , , , , , , , , , </u>		
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	Sahadi	ule I (Form 9	200) 2010

16350213 766225 2182

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

,

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY

Employer identification number 23-7030715

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED I	ЗУ ТНЕ
DIRECTOR OF FINANCE AND THE DIRECTOR OF ADMINISTRATION AND F	ISCAL AFFAIRS.
FORM 990, PART VI, SECTION B, LINE 12C: POTENTIAL CONFLICTS O	OF INTEREST
ARE BROUGHT TO THE BOARD ON A TIMELY BASIS.	
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENT	rs and
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST	Γ.
FORM 990, PART VII, LINE 1A, (B)	
AVERAGE HOURS PER WEEK FOR RELATED ORGANIZATIONS	
THE DIOCESE OF SIOUX CITY IS A RELATED ORGANIZATION AND THE P	COLLOWING
DIRECTORS ARE EMPLOYEES OF THE DIOCESE AND WORK ON AVERAGE 40	HOURS PER
WEEK.	
BISHOP R WALKER NICKLESS	
MSGR R MARK DUCHAINE, VICAR GENERAL	
DAN RYAN, SUPERINTENDENT OF THE SCHOOLS OF THE DIOCESE OF SIG	OUX CITY
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	341,547.
CHANGE IN INTEREST IN NET ASSETS OF DIOCESE OF SIOUX CITY	697,897.
TOTAL TO FORM 990, PART XI, LINE 5	1,039,444.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O ((Form 990 or 990-EZ) (2010)
LIM FOI Faperwork neutronia Activation, see the instructions for Form 300 of 300-E. Schedule O	, o 830 O. 830-EZJ (2010)

Schedule O (Form 990 or 9	990-EZ) (2010)		Page 2
Name of the organization	990-EZ)(2010) CATHOLIC SCHOOL FOUNDATION	OF THE	Employer identification number
tarne of the organization	DIOCESE OF SIOUX CITY		Employer identification number 23-7030715
	DIOCEDE OF BIOOK CITY		23 7030713
		·	
		<u> </u>	
			
			
			
			
		·	-

(g) Section 512(b)(13) controlled ŝ 2010 Open to Public Inspection **Employer identification number** OMB No 1545-0047 entty? Direct controlling Yes 23-7030715 entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling entity End-of-year assets e status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total Income Related Organizations and Unrelated Partnerships Exempt Code section Ð ► See separate instructions. Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) SCHOOL FOUNDATION OF THE THE DIOCESE OF SIOUX CITY ▶ Attach to Form 990. IS INCLUDED IN THE GROUP EXEMPTION NUMBER 0928 Primary activity Primary activity Ð DIOCESE OF SIOUX CITY CATHOLIC - 42-0680296 Name, address, and EIN Name, address, and EIN of related organization of disregarded entity SIOUX CITY, IA 51105 DIOCESE OF SIOUX CITY 1821 JACKSON STREET Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part # part :

37

Schedule R (Form 990) 2010

31

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

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule R (Form 990) 2010 DIOCESE OF SIOUX CITY

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

Page 2

23-7030715

Percentage ownership Code V-UBI General or Percentage amount in box partner/ 20 of Schedule K-1 (Form 1065) Yes No Schedule R (Form 990) 2010 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.) Ξ 3 Share of end-of-year assets \equiv Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e Direct controlling entity Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) <u>ပ</u> e Primary activity Direct controlling entity € (c)
Legal
domicile
(state or
foreign
country) Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

。 31 Page 3

CATHOLIC SCHOOL FOUNDATION OF THE DIOCESE OF SIOUX CITY

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	In Parts II·IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to other organization(s)				10		×
c Gift, grant, or capital contribution from other organization(s)				10		×
d Loans or loan guarantees to or for other organization(s)				19		×
e Loans or loan guarantees by other organization(s)				1e		×

f Sale of assets to other organization(s)				=		×
g Purchase of assets from other organization(s)				2		×
				Ę		×
i Lease of facilities, equipment, or other assets to other organization(s)				11		×
j Lease of facilities, equipment, or other assets from other organization(s)				1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ıızatıon(s)			¥	1	×
1 Performance of services or membership or fundraising solicitations by other organization(s)	ıızatıon(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets				£	×	
n Sharing of paid employees				1	×	
]
 Reimbursement paid to other organization for expenses 				10		×
p Reimbursement paid by other organization for expenses				10		×
q Other transfer of cash or property to other organization(s)				19		×
r 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 w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
160						
(3)						
(4)						
(5)						
(9)						
32163 12-21-10	39		Schedule R (Form 990) 2010	4 (Form	990) 2	910

23-7030715 Page 4

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule R (Form 990) 2010 DIOCESE OF SIOUX CITY

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue).

40

CATHOLIC SCHOOL FOUNDATION OF THE

Schedule F	R (Form 990) 2010	DIOCESE	OF SIOUX CITY	<u>.</u>	23-7030715	Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation				
•	Complete this part to pro-	ovide additional info	mation for responses to questi	ons on Schedule R (see instruc	tions).	
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Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		ı	X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
Do not co	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previously fi	led Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6 months for a cor	poration
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	sfers .	Associated With C	ertain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he ele	ctronic filing of this	form,
visit www	irs.gov/efile and click on e-file for Charities & Nonprofits	1				
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).			
A corpora	ition required to file Form 990-T and requesting an autor	natic 6-mo	onth extension · check this box and com	plete		
Part I only	1				3	▶ □
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exter	ision of time	
Type or	Name of exempt organization			Emp	loyer identification	n number
print	CATHOLIC SCHOOL FOUNDATION	OF T	HE			
-	DIOCESE OF SIOUX CITY			2	3-7030715	
File by the due date for filing your	Number, street, and room or suite no. If a P.O box, s 1821 JACKSON STREET	ee instruc	tions.			,
retum See instructions	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
	SIOUX CITY, IA 51105-1055					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Application	on	Return	Application			Return
ls For		Code	is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-BL 02 Form 1041-A						08
Form 990		01	Form 4720			09
Form 990		04	Form 5227			10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	-T (trust other than above)	06	Form 8870			12
	THE ORGANIZATION					
• The bo	ooks are in the care of > 1821 JACKSON ST	TREET	- SIOUX CITY, IA 51	105	-1055	
	one No. ► (712)255-7933		FAX No. ▶		•.	
	organization does not have an office or place of business	s in the Un				•
	s for a Group Return, enter the organization's four digit			s is fo	r the whole aroup.	check this
box ► [If it is for part of the group, check this box	1				
	quest an automatic 3-month (6 months for a corporation				CIS THE EXTENSION	3 101.
	FEBRUARY 15, 2012, to file the exemp				The extension	
· ·	or the organization's return for:	. organiza	non reterm for the organization marries a	2010.	THE EXCEPTION	
▶ [calendar year or					
		an	dending JUN 30, 2011			
, ,	text your beginning	,,	d onling		_ '	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	ıl retur	n	
	Change in accounting period					
	g					
3a If th	us application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any			
	refundable credits. See instructions	o. 0000, 0	mer me termanie (a., 1866 arry	3a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	mated tax payments made. Include any prior year overp			3ь	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa					
by u	using EFTPS (Electronic Federal Tax Payment System)	See ınstru	ctions.	3с	\$	0.
	If you are going to make an electronic fund withdrawal v		orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	structions.
LHA F	or Paperwork Reduction Act Notice, see Instructions	.			Form 8868 (F	Rev. 1-2011)