

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

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

OMB No 1545-0047 Open to Public Inspection

			••		
	the 2	O11 calendar year, or tax year beginning and er	nding		
B Chec	ck if icable	C Name of organization		D Employer identific	cation number
	ddress	MONGTONOD I ADDEDDIN MILITERS CONTRACTOR			
L]cl	hange ame	MONSIGNOR LAFFERTY TUITION FOUNDATION		20 5	427022
L	hange ittal	Doing Business As			437032
	etum	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	loom/suite	E Telephone number	
Jat	ermin- ted mended	1821 JACKSON STREET			) 255-7933
Llre	tum pplica-	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,056,140.
tiontri	on ending	SIOUX CITY, IA 51105	CC	H(a) Is this a group re	
-		F Name and address of principal officer:MOST REV R W NICKLE	55	for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		ot status: X 501(c)(3) 501(c) ( ) (Insert no ) 4947(a)(1) or	527		list. (see instructions)
		► N/A	<del></del>	H(c) Group exemption	
		panization X Corporation Trust Association Other	L Year	of formation 2006 N	State of legal domicile IA
Part	I S	ummary	OT TOT		
ĕļ.	<b>1</b> Bri	efly describe the organization's mission or most significant activities. $\overline{ ext{THE}}$ $\overline{ ext{SG}}$	OFICI	TATION, COL.	LECTION,
ernance		MINISTRATION AND DISTRIBUTION OF VOLUNT			
E.   2	2 Ch	eck this box 🕨 📖 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	
<u>මූ</u> :	<b>3 N</b> u	mber of voting members of the governing body (Part VI, line 1a)		. 3	13
જું  4	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)	••	4	10
c® i	<b>5</b> Tot	tal number of individuals employed in calendar year 2011 (Part V, line 2a)		. 5	0
(출) (	6 To	tal number of volunteers (estimate if necessary)	-	6	0
Abenine Leg	7 a To	tal unrelated business revenue from Part VIII, column (C), line 12		. <b>7a</b>	0.
<u> </u>	<b>b</b> Ne	t unrelated business taxable income from Form 990-T, line 34		. 7b	0.
$\cap$			<u> </u>	Prior Year	Current Year
ا لِهَا	3 Co	ntributions and grants (Part VIII, line 1h)	ļ	1,996,538.	1,935,575.
	9 Pro	ogram service revenue (Part VIII, line 2g)	L	0.	<u> </u>
2 1	0 Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		27,715.	24,358.
SCHANNED	1 Otl	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	<u> </u>
00 1	2 To	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,024,253.	1,959,933.
1	<b>3</b> Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)	L	1,873,308.	1,841,527.
1	<b>4</b> Be	nefits paid to or for members (Part IX, column (A), line 4)		0.	0.
တ္က 1	<b>5</b> Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	6a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	<b>b</b> To	tal fundraising expenses (Part IX, column (D), line 25)   40,93	8.		
<sup>₩</sup>   1	7 Otl	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		115,774.	108,376.
1	<b>8</b> To	tal expenses. Add lines 13-17 (must equal Part IX, column;(A); line 25)		1,989,082.	1,949,903.
- 1			~ ( )   <u> </u>	35,171.	10,030.
ces			) Be	ginning of Current Year	End of Year
Net Assets or Fund Balances	<b>0</b> To	tal assets (Part X, line 16)	in	1,983,781.	1,991,811.
%® 2	1 To	tal liabilities (Part X, line 26)	ñζ.	4,152.	2,152.
호텔 2	2 Ne	t assets or fund balances. Subtract line 21 from line 20		1,979,629.	1,989,659.
Part		Signature Block	TO SERVICE SALES		
Under p	oenaltre	s of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of m	y knowledge and belief, it is
true, co	rrect, a	nd complete Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge	
		x + R. Nalter Mickeless		x 10 Aug	wt 2012_
Sign		Signature of officer		Date ' J	
Here		MOST REV R W NICKLESS			
		Type or print name and title			
	Pi	rint/Type preparer's name Preparer's signature /	, • [	Date Check	PTIN
Paid		ATTY BLANKENSHIP POLICY BANKINSH	un l	8/8/12 If self-employed	P00701965
Prepar		rm's name KING, REINSCH, PROSSER & CO. L.L	/P.	Firm's EIN	42-0941961
Use On		rm's address 522 4TH STREET, SUITE 200	<del>,</del>		
	·   ·	SIOUX CITY, IA 51101		Phone no 7	12-258-5550
May th	ne IRS	discuss this return with the preparer shown above? (see instructions)		<del></del>	X Yes No
132001			ns.		Form <b>990</b> (2011)

Form 990 (2011) MONSIGNOR LA

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ļ
	public office? If "Yes," complete Schedule C, Part I	3_		X
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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
	Schedule D, Part III	8		_^
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			x
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
11				
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			İ
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ĺ
	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	ļ		
	Schedule D, Parts XI, XII, and XIII	12a	X	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	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		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			х
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	15		х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	13		<del></del>
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		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<del></del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		_ <del></del>
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			aan /	2011)

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Pa	tt iv Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			x
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,		X	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		ŀ
	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	05-		Х
_	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Λ_
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	į		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		х
	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	00		х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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):	00-		Х
а.		28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	^
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		Λ
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		Х
	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
00	Schedule N, Part II	32_		-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity?	34	х	
05.	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		-25	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	256		х
20	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		Х
07	If "Yes," complete Schedule R, Part V, line 2.	30		<del></del>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O	_ 30		

Form **990** (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
	1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .			
b	Enter the number of Forms w-2d included in line 1a. Enter -0-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<del> </del>
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		ĺ	
	mod for the database year enemy with a final track year evenes by the teres.	i l	į :	1
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<del> </del>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	•	Х
	If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule O	3b	<del>                                     </del>	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	<u> </u>	<u> </u>
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
<b>h</b>	If "Yes," enter the name of the foreign country:	70		
J	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	ĺ .	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Ĺ	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		ĺ	
	to file Form 8282?	7c		X
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_	ŀ	1
^	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		ļ, <del></del>
9	Sponsoring organizations maintaining donor advised funds.	_	į ·	1
a	Did the organization make any taxable distributions under section 4966?	9a 9b		<del> </del>
10	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	30		-
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			
11	Section 501(c)(12) organizations. Enter:		1	
а	Gross income from members or shareholders	!		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	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		į	
С	Enter the amount of reserves on hand	<b> </b>		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b_		<u></u>
		Form	990	(2011)

20-5437032 MONSIGNOR LAFFERTY TUITION FOUNDATION Form 990 (2011) 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 No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 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 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Nο Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete 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. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 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 taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request

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

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DIANE DONNELLY - (712)255-7933

1821 JACKSON STREET, SIOUX CITY, 51105

Form 990 (2011)

# Part VII 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

Check this boy if patther the organization not any related organization compensated any cultrent officer, director, or trustee

- 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.

Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average hours per week	offic	not c , unle	Pos heck ss pe	nore	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustæ	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JIM AUEN	1 00								•	•
BOARD MEMBER	1.00	X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(2) MATT GRETEMAN	1 00	3,5			ĺ				•	0
BOARD MEMBER	1.00	X				<del> </del>		0.	0.	0.
(3) SHERRY NILLES	1 00	v						0.	0.	^
BOARD MEMBER	1.00	X		-	-	$\vdash$		U •	0.	0.
(4) RON OLBERDING	1.00	Х						0.	0.	0.
BOARD MEMBER	1.00	Λ	-			├			- 0.	
(5) SR. RUTH SCHOCK, OSF	1.00	Х						0.	0.	0 .
BOARD MEMBER	1.00	4			<u> </u>	├		V •	0.	
(6) REV. MERLIN SCHRAD BOARD MEMBER	1.00	Х						0.	0.	0.
(7) RICK KNEIP	1.00					├				
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) DAN RYAN			-							
BOARD MEMBER	1.00	Х			ļ			0.	88,277.	11,306.
(9) DAWN PROSSER										
BOARD MEMBER	1.00	Х		1				0.	0.	0.
(10) DIANE ELBERT										
BOARD MEMBER	1.00	Х						0.	0.	0 .
(11) TIM HANCOCK			Г							
BOARD MEMBER	1.00	X						0.	0.	0.
(12) MOST REV R WALKER NICKLESS										
PRESIDENT	1.00			Х		<u> </u>	<u></u>	0.	26,004.	8,900.
(13) REV. MSGR. R MARK DUCHAINE					ŀ			_		
BOARD MEMBER	1.00			X			<u></u>	0.	25,500.	8,900.
				]	]	ļ				
		ļ	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
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122007 01-22 12				L	L	Ц				Form <b>990</b> (2011)

Form 990 (2011)

1/1260808 766225 2188

Pai	1 VII Section A. Officers, Directors, Tr		mple	oyee			High	est	Compensated Employ	ees (continued)				
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average hours per				more	than		Reportable	Reportable			timate	
		week					ıs bot or/trus		compensation from	compensation from related	1		ount other	oī
		(describe	cto						the	organization			pensa	tion
		hours for	trustee or director				pg		organization	(W-2/1099-MI			om th	
		related organizations	Ste	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)		Ì	_	anızat	
		in Schedule	E E	tonal	١.	Key employee	ag de la						i relat Inizati	
		O)	Individual t	nst	Officer	(ey err	Hghe Sign	Forme				orgo	, iii Luti	0,13
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											1			
		L	١	<u> </u>	<u> </u>	1	Ļ	<u> </u>	0.	139,7	Q 1	2	<u> 1</u>	06.
	Sub-total  Total from continuation about to Bort V	 Il Coetion A	•						0.	139,1	0.	۷.	<i>,</i> 1	0.
	Total from continuation sheets to Part V  Total (add lines 1b and 1c)	ii, Section A							0.	139,7		2	9.1	06.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bove	e) w	10 re	<del></del>					
	compensation from the organization						-,			,				0
									<del></del>				Yes	No
3	Did the organization list any former officer	, director, or tri	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s					-						3		X
4	For any individual listed on line 1a, is the si									the organization				v
_	and related organizations greater than \$15			-							}	4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		elat	ed organization or indivi	dual for services	,	5		Х
Sec	tion B. Independent Contractors	<u>ipiete Scriedui</u>	e <u>J</u> 1	or s	ucn	pers	son			·		5_1		
1	Complete this table for your five highest co	mpensated in	den	ende	ent o	ont	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	-	-											
	(A)								(B)			(C		
	Name and business	address	N	ON	E				Description of s	ervices	C	ompei	nsatio	n
								$\dashv$						
								+						
								1						
2	Total number of independent contractors (	including but r	not li	mite	d to	tho	se li	sted	above) who received m	ore than				
	\$100,000 of compensation from the organ	zation -				. (	0							
												Form 9	ነ በወር	1110

Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1 a	Federated campaigns	1a					
e i	b	Membership dues	1b					
S, E	С	Fundraising events	. 1c					
를 를	d	Related organizations .	1d					
Contributions, Giffs, Grants and Other Similar Amounts	е	Government grants (contribut	ions) 1e					
ţi	f	All other contributions, gifts, gran	ts, and					
ᄚ		similar amounts not included abo	ve . If $1$ ,	935,575.				
E D	g	Noncash contributions included in lines	1a-1f \$	96,267.	1 005 555			
<u>۾ ڻ</u>	<u>h</u>	Total. Add lines 1a-1f		1	1,935,575.			
				Business Code				
ice	2 a							
E g	þ			· -				
Program Service Revenue	C							<del>                                     </del>
Paga	d							
P	•	All other program service reve	enile	· -				
		Total. Add lines 2a-2f		<b>•</b>			······································	
$\neg$	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	24,578.			24,578.
	4	Income from investment of ta	x-exempt bond p	proceeds >				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	L	<u> </u>				
		Net rental income or (loss)	· · · · ·	<u> </u>	-			
ŀ	7 a	Gross amount from sales of	(i) Securities	(II) Other				
Į		assets other than inventory	43,310.	52,677.				
	þ	Less: cost or other basis	12 580	52,618.				
1	_	and sales expenses	<279.	> 59.				
		Gain or (loss)  Net gain or (loss)	1213.	<u> </u>	<220.			<220.3
		Gross income from fundraisin	a events (not		-220			
Other Revenue	0 0	including \$						
e e		contributions reported on line						
<u>بر</u>		Part IV, line 18	a					
풀	b	Less: direct expenses	ь					
٦	c	Net income or (loss) from fund	draising events	<u> </u>				<u> </u>
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а		<u> </u>			
		Less: direct expenses	. b		-			
		Net income or (loss) from gan		<u> </u>				-
- }	10 a	Gross sales of inventory, less						
	_	and allowances	. a					
		Less: cost of goods sold	. b		-			
ł	с	Net income or (loss) from sale		Business Code				
ŀ	44 -	Miscellaneous Revenu		Business Code	[ 			
	11 a							
	b							
	c c	All other revenue				<del>                                     </del>		
	e e	Total. Add lines 11a-11d		<b></b>				
	12	Total revenue. See instructions			1,959,933.	0.	0	24,358.
13200 01-23	9					<u> </u>		Form <b>990</b> (2011)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in this (A)	s Part IX (B)	(C)	(D)
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				··· ··································
2	Grants and other assistance to individuals in	1 041 527	1 0/1 527		
_	the United States. See Part IV, line 22	1,841,527.	1,841,527.	- mine militari minaratar Ital	h h'this day no h
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			į.	
_	United States. 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	j			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)			· ·	<del></del>
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management			<del></del>	
b	Legal	30,177.		30,177.	
C	Accounting	30,177.	<del></del>	30,177.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			<del>- /-/- /- /- /- /- /- /- /- /- /- /- /- </del>	<del></del>
f	Investment management fees	43,839.	<del></del>	20,897.	22 942
_ g	Other	14,661.		20,057.	22,942. 14,661. 3,335.
12	Advertising and promotion	6,145.		2,810.	3,335
13	Office expenses	0,143.		2,010.	373331
14	Information technology			<del></del>	
15 16	Occupancy				
17	Travel	1,021.	····	1,021.	<del></del>
18		1/021.			<del></del>
10	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials  Conferences, conventions, and meetings	343.		343.	
20	Interest	343.			
20 21	Payments to affiliates .				<del></del>
21 22	Depreciation, depletion, and amortization				
23	Insurance	<del></del>			
23 24	Other expenses Itemize expenses not covered				***************************************
-~	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP FEE	9,000.		9,000.	
b					
C					
d				2 100	
е	All other expenses	3,190.	1 041 505	3,190.	40.000
25	Total functional expenses. Add lines 1 through 24e	1,949,903.	1,841,527.	67,438.	40,938.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	16,479.	1	5,336.
2	Savings and temporary cash investments	1,963,871.	2	1,967,670.
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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	<u> </u>	8	·
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	<u></u>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	3,431.	15	18,805
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,983,781.	16	1,991,811
17	Accounts payable and accrued expenses	4,152.	17	2,152
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees,			
	highest compensated employees, and disqualified persons. Complete Part II			
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third	****		
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	4,152.	26	2,152
120	Organizations that follow SFAS 117, check here   X and complete			
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,979,629.	27	1,989,659
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
25	Organizations that do not follow SFAS 117, check here			
1	complete lines 30 through 34.			
20	Capital stock or trust principal, or current funds		30	
30	Paid-in or capital surplus, or land, building, or equipment fund		31	
31	Retained earnings, endowment, accumulated income, or other funds	-	32	
32	netained earnings, endowment, accumulated income, or other funds	1,979,629.	33	1,989,659
33	Total net assets or fund balances	1 1.9/9.027.	33.5	1,202,002

Form **990** (2011)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3a

3b

1 4 7 6 0 9 0 0 0 7 6 6 7 7 5 7 1 8 8

Act and OMB Circular A-133?

1

# SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

itemai neve	illue Service	Att	ach to Form 990 or Fo	rm 990-EZ	P See:	separate i	listi uctio	115.	<u>_</u>	*****		
lame of	the organization			mii z m z /	ON 1501		T ( NT			identification 0-5437		nber
Doub I	- Bosson f		OR LAFFERTY ty Status (All organize					ructions		<u>J-3437</u>	032	
Part I	<u> </u>			•				Tuctions	·			
			pecause it is: (For lines 1									
1			s, or association of churc		ibea in se	caon 170(	D)(1)(M)(I)	•				
2			0(b)(1)(A)(ii). (Attach Scl		- costion	470/h\/1\/	A\/iii\					
3			al service organization operated in conjunction v					(5)/1)/A)	(iii) Enter t	he hospital'	s nam	_
4 📖			perated in conjunction	with a nosi	Jilai descii	ined iii <b>se</b> i	JUN 1701	(0)(1)(A)	(iii). Litter t	ile Hospital	JIICHII	<b>-</b> ,
	city, and state		penefit of a college or un		and or on	aratad by	o governo	nontal u	nit describe	ed in		
5 📖				liversity ow	vited of op	erated by	a govenn	ileiltai u	III describi	eu in		
		(b)(1)(A)(iv). (Comple				- 470/L\/4	VA\6.3					
6		_	ent or governmental unit					6 41		ماطيي	nbod u	_
7 <u>X</u>	-		eives a substantial part o	of its supp	ort from a	governme	ntar unit o	r irom u	ne generai į	public desci	ID <del>e</del> a II	
		<b>b)(1)(A)(vi).</b> (Complet		·	D4 II \							
8	•		ection 170(b)(1)(A)(vi). (								soloto :	from
9			eives: (1) more than 33 1									
			ctions - subject to certa									
			exable income (less sect	ion 511 tax	x) from bus	sinesses a	cquirea b	y the or	ganization a	aiter June 3	0, 197	J.
—		<b>509(a)(2).</b> (Complete	•	- A. &	f-4 C		- E00/s\/A	13				
!! ├┤			erated exclusively to tes						um i aut tha	numana a	f one	<b>.</b> r
וו נו			perated exclusively for the									JI
			tions described in section				). See <b>Sec</b>	tion so	alaylay. One	eck lile box	liiai	
	<del></del> -	· · · ·	organization and comple			tionally int	ograted		d	Type III - C	Yther	
	a ∐ Type l		- 71									_
e			t the organization is not									* 1
_			nan one or more publicly						009(a)(1) 01	Section 303	(a)(z).	
f	_		ten determination from t	ine ins tha	it it is a Ty	pe i, Type	ii, or type	* 111				
		rganization, check th					£41 £.11.	•			٠	
g			rganization accepted an								Yes	No
			rectly controls, either al	one or tog	etner with	persons o	escribed i	in (ii) and	u (III) Delow,	I	163	140
	•	• •	upported organization?	•	•		•	-	•	11g(i)		
	• •	•	n described in (i) above?						•	11g(ii)		
	• •	-	person described in (i) o			•	•		•	11g(iii)	L	
h	Provide the fo	ollowing information	about the supported org	ganization(	(S).							
	<del></del>	· · · · · · · · · · · · · · · · · · ·	(iii) Type of	k		(-) Did		(vi	) is the			
	e of supported	(ii) EIN	l , , , , , ,	En ant (1) he		(v) Did you	on in oal	organiz	ation in col	(vii) An		T
orç	janization		(described on lines 1-9	governing	document?	(i) of your	support?	(i) orga	nized in the I J S ?	Sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(300 11311 40110110)/	163	140	103	110	105	<del>                                     </del>			
		<u> </u>						<del> </del>				
				<del>                                     </del>			<u> </u>	<del> </del> -				
				<del> </del>								
		1										
	··			<del> </del>	<del> </del>		<del></del>					
				<del> </del>	<del> </del>			<del> </del>				

132021 01-24-12 Schedule A (Form 990 or 990-EZ) 2011

3188

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not						00=6116		
	include any "unusual grants.")	1329416.	1731127.	1963460.	1996538.	1935575.	8956116.		
2	Tax revenues levied for the organ-								
	ization'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	1000116	1.001100	1060460	1006530	1005575	0056116		
4	Total. Add lines 1 through 3	1329416.	1731127.	1963460.	1996538.	1935575.	8956116.		
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,						7 900		
	column (f)	1.1.· · · · · · · · · · · · · · · · · ·	**************************************	······································	-44		7,900. 8948216.		
	Public support. Subtract line 5 from line 4				1		0740210.		
	etion B. Total Support	(=) 0007	(F) 2009	(c) 2009	(d) 2010	(e) 2011	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2007 1329416.	(b) 2008 1731127.	1963460.	1996538.	1935575.	8956116.		
	Amounts from line 4	1327410.	1/3112/-	13031001	13303301	13000,00	0,0000000000000000000000000000000000000		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	44,523.	13,883.	37,722.	28,189.	24,578.	148,895.		
_	and income from similar sources  Net income from unrelated business	44,323.	13,003.	3171226	20/1036	21/3/30			
9			'						
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part IV.)								
11	Total support. Add lines 7 through 10						9105011.		
	Gross receipts from related activities	etc. (see instructi	ons)			12			
	First five years. If the Form 990 is fo			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop						<b>▶</b>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage			,- ,- ,- ·· · · · · · · · · · · · · · ·			
14	Public support percentage for 2011 (	line 6, column (f) d	ivided by line 11, o	column (f)) .	•	14	_98.28 <u>%</u>		
	Public support percentage from 2010					15	%		
16a	33 1/3% support test - 2011. If the				14 is 33 1/3% or r	nore, check this bo	ox and		
	stop here. The organization qualifies					-	. <b>&gt;</b> X		
t	33 1/3% support test - 2010. If the				l line 15 is 33 1/3%	6 or more, check t	nis box		
	and stop here. The organization qua						▶		
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac					rt IV how the organ	nization		
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
t	b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets t						•		
	organization meets the "facts-and-cir								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 165, 17a, or 17					
					Sche	edule A (Form 990	01 990-62) 2011		

 $l_{tt}$ 

# Schedule A (Form 990 or 990·EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you	u checked the box on li	ne 9 of Part I or if the organi	zation failed to qualify under Part	II. If the organization fails to

Section A. Public Support	low, please com	piete r art it.j	<del></del>		<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not		1	l		1	1
Include any "unusual grants.")			1			
2 Gross receipts from admissions,						1
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the		į				
organization's tax-exempt purpose				<del> </del>	<del> </del>	<del> </del>
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
Iness under section 513			ļ	<u> </u>		
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						1
the organization without charge			ľ			
6 Total. Add lines 1 through 5						
To the second se				†	<u> </u>	
7a Amounts included on lines 1, 2, and			1			1
3 received from disqualified persons		+		<del> </del>	<del> </del>	<del></del>
b 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		<u> </u>		<u> </u>		
c Add lines 7a and 7b				<u> </u>	<del></del>	<del></del>
8 Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	1		
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on		1				
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						<del></del>
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<u>~</u>					<del></del>	
c Add lines 10a and 10b	<del></del>	<del> </del>		<del> </del>	<del></del>	<b></b>
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain		1				
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization	's first, second, thu	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organ	nization,
check this box and stop here	3			•		▶□
Section C. Computation of Public	c Support Po	ercentage				
15 Public support percentage for 2011 (lir			column (fl)	-	15	
16 Public support percentage from 2010				•	16	(
Section D. Computation of Inves						
17 Investment income percentage for 201					17	
				•	18	
<ul><li>18 Investment income percentage from 20</li><li>19a 33 1/3% support tests - 2011. If the companion of the companion o</li></ul>				a 15 is more than		
						. 1, 13 1101
more than 33 1/3%, check this box an		=				
b 33 1/3% support tests - 2010. If the c						
line 18 is not more than 33 1/3%, chec		•				n . 🟲 📙
20 Private foundation. If the organization	did not check a	a box on line 14, 19	a, or 19b, check t			▶∟_
132023 01-24-12				Sc	hedule A (Form 9	990 or 990-EZ) 20 <sup>-</sup>

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	MONSIGNOR LAFFERTY TUITION FOUNDATION	20-5437032
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
_	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 advisors in writing that grant funds can be used	·· —
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	
	Impermissible private benefit?	Yes No
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of an historical	ally important land area
	Protection of natural habitat  Preservation of a certified h	
	Preservation of open space	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.	
		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 structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the orga	nization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(	(B)(ı)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense state	ement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	rganization's accounting for
-	conservation easements.	
Pa	Till Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.	
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and	
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	_
	(i) Revenues included in Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	<b>▶</b> \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>\$</b>
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

132053 01-23-12

	dule D (Form 990) 2011 MONSIGNOR LAFFERTY TUITION					5437032	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audite	a Finan		ement		022
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,959	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		1,949	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		10	,030.
4	Net unrealized gains (losses) on investments			4		. <u> </u>	
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10 Date:	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statement	_	th Reve	10 nue per F	Return		,030.
1	Total revenue, gains, and other support per audited financial statements	110 111		ildo poi i		1,960	.153.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•			, 133.
		2a					
a	Net unrealized gains on investments	2b			1		
b	Donated services and use of facilities	2c	<del></del>		-		
C	Recoveries of prior year grants		· · · · · · · · · · · · · · · · · · ·	220.	-		
d	Other (Describe in Part XIV.)	2d			<b>⊣</b> )		220
e	Add lines 2a through 2d				2e	1,959	022
3	Subtract line 2e from line 1			•••	3	1,939	, , , , , .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
Ь	Other (Describe in Part XIV.)	4b			1.		Λ
c	Add lines 4a and 4b				4c	1,959	933
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  * XIII Reconciliation of Expenses per Audited Financial Stateme	nte W	ith Eync	nege no			,,,,,,
		SIILO VV	IIII Expe	ilises pei	Teta	1,950	123
1	Total expenses and losses per audited financial statements		•	••	<b> </b>	1,750	,123.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0-					
a	Donated services and use of facilities	2a 2b		<del></del>	-		
b	Prior year adjustments	2b 2c			1 1		
9	Other losses	2d		220.	-		
d	Other (Describe in Part XIV.) Add lines 2a through 2d	20		220	2e		220.
е 3	Subtract line 2e from line 1			• •	3	1,949	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	•	•			17515	,,,,,,,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			1		
	Other (Describe in Part XIV.)	4b			1 1		
	Add lines 4a and 4b	40	<del></del>		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			•	5	1,949	
	*XIV Supplemental Information				1.0.1		,
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	lines 1a	and 4: Pa	art IV. lines 1	b and 2	Pb: Part V. line	4: Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl						7,1 011
/s,	5 2, 1 at 74, 1110 0, 1 at 741, 11100 20 at 6 70, at 6 1 at 7411, 11100 20 at 6 10.7100 00 11pr	1010 11110	part to pre	,,,,,, ac	onio.		
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:						
<u>LOS</u>	SS ON SALE OF INVESTMENTS						
					_	- <del></del>	
PAI	RT XIII, LINE 2D - OTHER ADJUSTMENTS:						
							·
LOS	SS ON SALE OF INVESTMENTS						
				<del></del>			

132054 01-23-12

_	
EDULE	.m 990)
SCH	Fo

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

OMB No 1545-0047

S

Department of the Treasury Internal Revenue Service		Сошріє	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.	n answered "Yes" to Fo ► Attach to Form 990.	' to Form 990, Par m 990.	t IV, line 21 or 22.			Upen to Public , Inspection
Name of the organization	ION MONSIGNOR LAFFERTY	LAFFERTY	TUITION FO	FOUNDATION				Employer ider	Employer identification number 20-5437032
Part   General Ir	General Information on Grants and Assistance	nd Assistance							
1 Does the organi: criteria used to a	Does the organization maintain records to substantiate the amount of to criteria used to award the grants or assistance?	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	_	X Yes
2 Describe in Part Part # Grants an	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  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	ocedures for monite Governments and	oring the use of grant Organizations in the	funds in the Unite e United States. C	d States. Somplete if the orga	anization answered "\	res to Form 990, Part	IV, line 21, for	any
recipient t	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	55,000. Check this	box if no one recipier	t received more th	lan \$5,000. Part II	can be duplicated if	additional space is nee		•
1 (a) Name and are or go	1 (a) Name and address of organization or government	(p) 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
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in the	he line 1 table				<b>A A</b>	
LHA For Paperwor	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s, see the Instruct	ions for Form 990.					Schedule	Schedule I (Form 990) (2011)

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132101 01-27-12

132102 01-27-12

Schedule I (Form 990) (2011)

Sched	ule l (i	Form 990) 2011 <b>Supplemen</b> 1		MONSIGNOR	LAFF	ERTY	TUITION	FOU	NDATION	20-5437032	Page 2
Part	IA	Supplement	tal Info	rmation							
ע כוע	CII	₽₽₽₽₽₹₩₽	បាយជា	CALCULATIO	N OF	արբ	₽₽₽₽	משתנ	ראא מממע	титс	
1PA	30	PPORTING	THE	CALCULATIO	N OF	Inc	RECOMME	עטבט	AWARD ANO	ONID.	
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No

Schedule I (Form 990) 2011

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990.

Employer identification number

	MONSIGNOR LA	FFERTY	TUITION	FOUNDATION	20-5	437	032	
Par								
L.T		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribi			s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art · Fractional interests .							
4	Books and publications		ini wi	···				
5	Clothing and household goods							
6	Cars and other vehicles	_						
7	Boats and planes							
8	Intellectual property		1.0	42 500	ELTS VARVES		C T T T T	
9	Securities - Publicly traded .	Х	10	43,590.	FAIR MARKET	· VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other				-	-		
15	Real estate · Residential	-						
16	Real estate - Commercial							
17	Real estate • Other		· · · · · · · · · · · · · · · · · · ·	<u>-</u>				
18	Collectibles		·					
19	Food inventory							
20 21	Drugs and medical supplies .							
22	Taxidermy							
23	Scientific specimens	<b></b>						
24	Archeological artifacts					-		
25	Other (GRAIN)	X	16	52,618.	SELLING PRI	CE		
26	Other ( )			· · · · · · · · · · · · · · · · · · ·			-	
27	Other ( )			·				
28	Other (							
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for o	contributions				
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29				
						<b></b>	Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
	the entire holding period?					30a	, , . <del></del>	X
b	If "Yes," describe the arrangement in Part II.							ĺ
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	outions?	31	X	<u> </u>
32a	Does the organization hire or use third parties	or related o	rganızatıons to sol	icit, process, or sell noncash	1			
	contributions?	•	•			32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is cl	necked,			
	describe in Part II.		<del></del>			<u> </u>		<u> </u>
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	(2011)

132141 01-23-12

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

2011
Open to Public Inspection

Internal Revenue Service

Name of the organization

MONSIGNOR LAFFERTY TUITION FOUNDATION

Employer identification number 20-5437032

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALLOCATE AT LEAST 90% OF ANNUAL REVENUE FOR TUITION GRANTS TO ELIGIBLE

STUDENTS WHO RESIDE IN IOWA TO ALLOW EACH STUDENT TO ATTEND ANY

OUALIFIED SCHOOL OF THEIR PARENTS' CHOICE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE DIRECTOR OF FINANCE AND THE DIRECTOR OF ADMINISTRATION AND FISCAL AFFAIRS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY

COVERS OFFICERS, EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS.

CONFLICTS OF INTEREST ARE TO BE DISCLOSED TO THE BOARD CHAIR AS SOON AS

THEY ARE KNOWN. IN THE EVENT THAT IT IS UNCLEAR WHETHER A CONFLICT OF

INTEREST EXISTS, THE CHAIR SHALL MAKE THE DETERMINATION. PERSONS WITH A

CONFLICT OF INTEREST SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF

INTEREST AND SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE

MEETING. A PERSON WHO HAS A CONFLICT OF INTEREST MAY NOT VOTE ON THE

MATTER.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND POLICIES OF THE MONSIGNOR LAFFERTY TUITION FOUNDATIONS ARE AVAILABLE AT THE CENTRAL CATHOLIC OFFICE OF THE DIOCESE OF SIOUX CITY DURING NORMAL OFFICE HOURS.

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) (2011)

Schedule O (Form 990 or 9	90-EZ) (2011)						Page 2
Name of the organization		LAFFERTY	TUITION	FOUNDATION	<b>V</b>	Employer identification 20-5437032	n number
			_				
		-					
	-						
	· · · · · · · · · · · · · · · · · · ·	- <u>-</u>	· · · · · ·				
		<del></del>					
		·					

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2011 Open to Public Inspection

Employer identification number 20-5437032

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) MONSIGNOR LAFFERTY TUITION FOUNDATION

Part

Direct controlling Identification of Related Tax-Exempt Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets e Total income Œ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

3

2(b)(13)  led 	No		;	×					
(g) Section 512(b)(13) controlled entity?	Yes					.,			
(t) Direct controlling entity									
(e) Public charity status (if section	501(c)(3))								
(d) Exempt Code section									_
(c) Legal domicile (state or foreign country)									
<b>(b)</b> Primary activity		THE DIOCESE OF SIOUX CITY	IS INCLUDED IN THE GROUP	EXEMPTION NUMBER 0928					
(a) Name, address, and EIN of related organization		DIOCESE OF SIOUX CITY - 42-0680296	1821 JACKSON STREET	SIOUX CITY IA 51105					

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

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Schedule R (Form 990) 2011

Percentage ownership Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule Partner/ Yes No Yes No Schedule R (Form 990) 2011 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 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.) 20-5437032 6 Share of end-of-year assets  $\boldsymbol{\epsilon}$ Share of total Income ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e <u>6</u> Direct controlling entity Share of total income চ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত Schedule R (Form 990) 2011 MONSIGNOR LAFFERTY TUITION FOUNDATION ê 31 Primary activity Direct controlling entity € (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization ø 132162 01-23-12 Part III Part ₩

Page 3

Yes No

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	-
	s with one or more re	lated organizations listed	ın Parts II-IV?		+	;	•
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>-</u>	$\dagger$	× :	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>6</b>	_	×	•
c Gift, grant, or capital contribution from related organization(s)				10	_	×	
d Loans or loan guarantees to or for related organization(s)				P		×	
e Loans or loan guarantees by related organization(s)				1e		×	
					,,,,,		
f Sale of assets to related organization(s)				=		×	
g Purchase of assets from related organization(s)				19	1	×	
h Exchange of assets with related organization(s)				두	$\dashv$	×	
i Lease of facilities, equipment, or other assets to related organization(s)				=	$\top$	×	
i Lease of facilities. equipment: or other assets from related organization(s)				<u>;</u>		×	
in.	ted organization(s)			1k		×	
Performance of services or membership or fundraising solicitations by relations	ınization(s)			=	×		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s) uoi			٤	×		
n Sharing of paid employees with related organization(s)				4	$\dagger$	×	
						>	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				9	1	× :	
<ul> <li>P Reimbursement paid by related organization(s) for expenses</li> </ul>				4	-	×	
<ul> <li>Qther transfer of cash or property to related organization(s)</li> </ul>				10	<del>( ),                                   </del>	×	
r Other transfer of cash or property from related organization(s)				-	$\dashv$	×	
s for informat	who must complete the	is line, including covered	ion 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)							
(2)							
9							
(4)							
(5)							
(9)					ļ		
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Schedule R (Form 990) 2011 MONSIGNOR LAFFERTY TUITION FOUNDATION

Part Vf 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) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) Percentage ownership			_		170	Schedule R (Form 990) 2011
G) Teral or naging inthe?	_					Forn
ZO Ger	 		 	_		E E
(h) (i) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k						Schedu
(h) spropor- cations?		 				
Olspi Alloca						
(g) Share of end-of-year assets						
(f) Share of total Income						
(e) Are all partners sec 501(c)(3) args 7 4) Yes No		 				
Predominant income par (related, unrelated, excluded from tax, under section 512-514)						
Pre ende						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
Prim						
(a) Name, address, and EIN of entity						

Schedule R	(Form 990) 2011	MONSIGNOR	LAFFERTY	TUITION	FOUNDATION	20-5437032 Page
Part VII	(Form 990) 2011  Supplemental Info	rmation				
<u></u>	Complete this part to pro	ovide additional inform	ation for response	es to questions o	on Schedule R /see instri	ictions)
	Complete this part to pre	THE ACCITIONAL INFORM	ation to response	es to questions t	or concadio is face man	30(10)137.
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Schedule R (Form 990) 2011

## Form **8868**

(Rev. January, 2012)

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

<ul><li>If you a</li></ul>	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			$\triangleright$ $(X)$	
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	tension, e	complete only Part II (on page 2 of	this form)	).		
Do not o	complete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed Fo	orm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tin	ne to file (	6 months for a c	orporation	
	to file Form 990-T), or an additional (not automatic) 3-mo					•	
	file any of the forms listed in Part I or Part II with the ex-				•		
	Benefit Contracts, which must be sent to the IRS in pap						
	Jirs.gov/efile and click on e-file for Chanties & Nonprofits		(See Metrocione). For more details	)	otromo ming or tr	113 101111	
Part I			submit original (no copies ne	eded)			
	ation required to file Form 990-T and requesting an autor						
Part I only		nade o me	Shill extension - check this box and t	Complete			
			70044				
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	s, and t	rusts must use Form 7004 to reques	t an exte	nsion of time		
Type or	or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print							
	MONSIGNOR LAFFERTY TUITION FOUNDATION X			X	<u> </u>		
File by the due date for				Social se	Social security number (SSN)		
filing your	□   1821 JACKSON STREET						
retum See instructions							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
		Return	Application			Detum	
Application			Application			Return	
Is For			Is For			Code	
Form 990			Form 990-T (corporation)			07	
Form 990-BL			Form 1041-A			08	
Form 990-EZ		01	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990	-T (trust other than above)	06	Form 8870	·		12	
	DIANE DONNELLY	**	GTOWN GITTING TO	-110-			
	poks are in the care of $\triangleright$ 1821 JACKSON ST	LKEET		21102	·		
-	one No. ► (712)255–7933		FAX No. ▶				
	organization does not have an office or place of business				1	<b>▶</b>	
● lfthisi	s for a Group Return, enter the organization's four digit						
box ▶ [	. If it is for part of the group, check this box				ers the extension	ıs for	
1 I re							
	AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension						
is fo	or the organization's return for:						
▶[	$\overline{\mathbf{X}}$ calendar year $2011$ or						
▶[	tax year beginning	, an	d ending		•		
		-	<del></del>		-		
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return							
	Change in accounting period						
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any		T		
	nonrefundable credits. See instructions.				<b>\$</b>	0 -	
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
						0 -	
-	estimated tax payments made include any prior year overpayment allowed as a credit.  3b \$  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,				Ψ		
	•	•	' '	3.		0 -	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$		
	If you are going to make an electronic fund withdrawal w			rm 8879-			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		torm <b>8868</b> (F	Rev. 1-2012)	