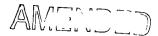


# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





# Form **990**

# **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

•		<del></del>	Service			to use a copy of this	return to satist	y state repo	rting requir	rements.	Inspe	ction
7 1	A Fo	or the 2		dar year, or tax year l		07/01		nd ending	06	/30	, 20 12	
انے	B Cr	neck if ap	pplicable	Name of organization C	ULVER E	DUCATIONAL FOUR	IDATION			D Employe	er identification	number
≅ [	☐ Ad	dress ch	hange	Doing Business As							35-0868071	
[	□ Na	ame char	nge	Number and street (or P	O box if ma	all is not delivered to stre	et address)	Room/suite		E Telephor	ne number	
<b>7</b> [	] Ini	tial returi	n 1	1300 Academy Road N	lo 159						574-842-8222	?
] Œ	□ Те	rminated		City or town, state or cou		IP + 4						
Ī		nended r		Culver, IN, 46511-129	1					G Gross re	ceipts \$	65,659,944
oo i	_		<del>1</del>	Name and address of pri		r John Buxton	<del></del>	<del>-</del>	H(a) is this s		for affiliates? Y	
U,	_ ^	pheanor		1300 Academy Road N						-	cluded? Y	_
$\infty$	. To			501(c)(3)	501(c) (	) <b>∢</b> (insert no )	4947(a)(1) or	527	4 '''		list (see instruc	
<u>ල</u>		ebsite: I	pt status		<u> </u>	) = (msert no) [	4947 (a)(1) OF 1	32/	₹	exemption		,
رب ا				v.culver.org Corporation Trust	Associat	tion ☐ Other ▶	I Vos	r of formation			of legal domicile	
4	Par				Associa	Cities P	Liea	i oi ioiinatioi	1054	IVI State	or legal dornicile	IN
0	L ell		Summa				ant notivitions	The Oak				
				scribe the organization		_						
	မွ			th cutting-edge acade								
	ğ			teams, its own Black		op and a summer p	rogram that tea	ches lead	ership to n	early 1400	children from	n all
	E			d on Schedule O, Stat				n(== (c))	<del></del>		<del></del>	
	١٥	2 (	Sheck this	s box ▶ ☐ If the orga	anization	discontinued its of	renations or di	sposed of	more than	125% 01	its net assets	<b>3.</b>
	æ	3 1	vumber o	or voting members of	tne gove	rning body (Hart Vi	Jine la)		<b>汤  · · ·</b>	3		32
	es	4 N	Number o	f independent voting	ı member	s of the governing	body (Part VI),	1116(1p) (	. · ·   Ç	4		32
	CUIDActivities & Governance			ber of individuals em			11 (Parti Vyline	2a) .		5		1,111
	\$ct	6 T	Fotal num	ber of volunteers (es	timates!	necessary) .		السيسييي	? <u>~</u>	6		1,033
46	<u> </u>	7a T	Total unre	lated business 📆	n Stoll	≧árt,VIII, column (C	) <b>()(612</b> (E)N	] <u>, (</u>	<u>.</u>	7a		4,184
J.	3	bΝ	Net unrela	ated business taxabl	E he only	from Form 990=1,	line 34			7b	<u>-</u>	0
6	- 1					2016			Prior Ye	ear	Current	Year
		8 (	Contributi	ons and grants (Part	Shill, illill	fil)			27	7,900,774		15,410,063
Δ	ᇍ	9 F	<sup>o</sup> rogram s	service revenue (Part	VIII_line	20/01/2			33	3,859,892		35,214,942
SFP	Revenue	10 li	nvestmer	service revenue (Part nt income (Part VIII,k	ATMUID.	Lines 3, 4, and 70	d)	· · L_		983,567		5,787,035
		11 (	Other reve	enue (Part VIII, colum	n CASTINE	es 5, 6d, 8c, 9c, 10	c, and 11e) .			1,973 <u>,75</u> 4		1,647,138
	.	12 T	Total reve	nue-add lines 8 thro	ough 11 (n	nust equal Part VIII,	, column (A), Iır	ne 12)	64	4,717,987		58,059,178
SCANNED	1.	13	Grants an	d similar amounts pa	aid (Part I	X, column (A), lines	s 1–3)		10	0,019,273		10,391,437
Z				ald to or for membe	-	• •				0		0
	"			ther compensation, e				5–10)	3.	1,416,087		33,345,557
$\widetilde{S}$	ši .			nal fundraising fees (						0		0
-	Expenses			draising expenses (Pa								1
	面].			enses (Part IX, colur					2	3,303,039	<del></del>	23,483,647
	- 1		•	enses. Add lines 13-				', . ⊢		1,738,399		67,220,641
	- 1			less expenses. Subtr	•	•				-20,412		-9,161,463
			.ovonuo	icos experises. Gubti	aut mio i	O HOTTIMO IZ	· · · · · ·		ginning of Cu		End of	
	Net Assets or Fund Balances	<b>20</b> T	Intal acco	ets (Part X, line 16)						3,079,093		97,715,303
	Bal			lities (Part X, line 26)				· ·  -		3,681,388		90,521,881
	Eg.			s or fund balances.				· ·  -		9,397,705		
	Par			ure Block	SUDITACT I	ine 21 iroin line 20	<u></u>	<del>· · · · · · · · · · · · · · · · · · · </del>	33;	3,337,703		07,193,422
	$\overline{}$									ha haat af -		
	true.	er penaiti correct.	es of perjur	y, I declare that I have exa eter Declaration of prepare	ımıneg tnıs ı r (other than	return, including accomp i officer) is based on all i	panying scriedules information of whi	ch preparer h	as any know	ne best of n ledge.	ny knowledge a	no belier, it is
			1	1311					<del></del>	<u> </u>	, ,,	<del></del>
	Sian		Sign	ture of officer	$- \alpha$	omp-			<u>_</u>	ate	-16	<del></del>
	Sign			/	_ `	, ,			De			
-	Here	•		nard Tompos, Assista	nt Treasur	rer/Controller						
			<u>'</u>	or print name and title		I Description of the second		l Davi			Torre	
	Paic	t	Print/Typ	pe preparer's name		Preparer's signature		Date	1	Check [		
		parer	·			L		!	<del></del> .	self-emp	oloyed	
•		Only	I	ame					Firm	n's EIN ▶		
			Firm's ac						Pho	one no		
	May	the IRS	S discuss	this return with the	preparer :	shown above? (see	e instructions)	<u> </u>	<u></u>	· · ·		es 🗌 No
	For P	aperwo	ork Reduc	tion Act Notice, see t	he separa	te instructions.		Cat No	11282Y		Form	1 <b>990</b> (2011)

	90 (2011)		Page
Part I			
	Check if Schedule O contains a response to any question in this Part III	· · · ·	[
1	Briefly describe the organization's mission.		
	Culver educates its students for leadership and responsible citizenship in society by developing and nurturing the w		
	individualmind, spirit, and bodythrough integrated programs that emphasize the cultivation of character. Culver of challenging programs in our classrooms and on the athletic fields and a strong sense of community. Culver creates of community culver creates of community.		
	(Continued on Schedule O, Statement 3)	pportun	ities
2	Did the organization undertake any significant program services during the year which were not listed on the		
		☐Yes	⊠ No
	If "Yes," describe these new services on Schedule O.		_
	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		☐ Yes	✓ No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 28,983,220 including grants of \$ 0 ) (Revenue \$ 21	3,267,124	1
	Secondary Education: Instruction for grades 9-12 ranging from the arts and music to science, math and Humanities a unique programs in Leadership, Wellness and a Servant Leadership project requirement for graduation. Instruction p 802 students for the year ended June 30, 2012.	s well as rovided	to
		•••••	
4b			<u>)</u> )
	Student Financial Aid The School provided financials assistance of \$9,496,644.00, both merit and need-based, to 378		9
	(winter) School students as of June 30, 2012. Financial aid also included \$894,793.00 in assistance for 358 Summer S	chool &	
	Camps students.		
	(Code: \ Evpenses \ agg agg agg and including grants of \ agg \ ag		<u>:</u> )
4c	(Code ) (Expenses \$ 8,488,494 including grants of \$ 0 ) (Revenue \$ Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as we extensive outdoor activities for 1392 campers ages 9 - 17.	ell as	
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	 
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	
4c	Elementary & Secondary Education. The Summer Camps program provided educational and leadership training as w	ell as	

704,241 )

Part I	V 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_	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>√</b>	
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		✓
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	✓	
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		✓
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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 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 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
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.	1.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	1	l
b	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	✓	
С	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		1
d		110		<del>                                     </del>
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	1	<del>                                     </del>
f		<del></del>	<del>-</del>	<del>                                     </del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del>		<del>'</del>
	Schedule D, Parts XI, XII, and XIII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1		ļ
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14 a		14a	Γ	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
_	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	l
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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			<del></del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<b>√</b>	<del> </del>
19	If "Yes," complete Schedule G, Part III	10		/
20 a		19		· /
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>                                     </del>
	in res to line zoa, old the organization attach a copy of its addited financial statements to this return?		n <u>Q</u> Qn	(2011)
		Forr	コラゼ	/ (2011)

Part l	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 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	<b>√</b>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		-
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		<b>√</b>
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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 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):	4.5	15.5g	,
a b	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a 28b	<b>√</b>	✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<b>\</b>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	<b>✓</b>	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	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	35b		<b>√</b>
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		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		C	n 990	10044

Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	· ·		
_			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-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4-		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	<b>V</b>	<del>                                     </del>
Za				
b	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1111 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?.	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		_	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<b>/</b>	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<b>√</b>	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	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	٥-		,
<b>h</b>	organization solicit any contributions that were not tax deductible?	6 <u>a</u>		<del></del>
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 00		
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	1	- '
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
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		<b>✓</b>
f	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?	7g	<b>✓</b>	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<b>✓</b>	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			· '
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		'
9	organization, have excess business holdings at any time during the year?	0		_
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		
10	Section 501(c)(7) organizations. Enter:			Γ.
а	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			
а	Gross income from members or shareholders			;
b	Gross income from other sources (Do not net amounts due or paid to other sources			1 :
	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		
b	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.	120		<del>            </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			ĺ
С	Enter the amount of reserves on hand			,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
_ b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		
		Forr	n 990	(2011)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response to any question in this Part VI	See ins	struct	ions.
<u>Secti</u>	on A. Governing Body and Management			T
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.		Yes	No
b 2	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 officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5	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? .	5		<b>√</b>
6 7a	Did the organization have members or stockholders?	6 7a		<b>√</b>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?	8a	<i>-</i>	
a b 9	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	,
Section	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9 UB C	ode l	\ <u>\</u>
36011	on B. Policies (This Section B requests information about policies not required by the internal never	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14 15	Did the organization have a written whistleblower policy?	13	<b>V</b>	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		<b>√</b>
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?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed IN  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(	(c)(3)s	only)
19	Own website Another's website Upon request  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of and financial statements available to the public during the tax year.			oolicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization. ► Richard J Tompos, (574)842-8222	of the	;	

-	·			
Part VII	Compensation of Officers, Directors,	Trustees, Key Employees, Hi	ghest Compensated Em	ployees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 no	any relate	d orga	anız			ompe	nsa	ted any curren	t officer, director	, or trustee.
				(0	-					
(A)	(B)	(do o		Pos		than c	nne	(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week	office	r and		rect	or/trust		compensation from	compensation from related	amount of other
	(describe	유효	Jns.	Officer	Ke)	em Hig	Former	the	organizations	compensation
	hours for	Individual trustee or director	Š	cer	Key employee	hest	mer	organization	(W-2/1099-MISC)	from the
	related organizations	of all	l ona		ρlo	ee co	'	(W-2/1099-MISC)		organization and related
	ın Schedule	_ rust	ᅙ		yee	npe				organizations
	O)	e	Institutional trustee			Highest compensated employee				
			-			-				
John J Bollman	_									
Trustee	3	<b>/</b> _			L.	<u> </u>	ļ	0	0	0
Kathryn R Booth	_						İ			
Trustee	6	<b>✓</b>	<u> </u>				<u> </u>	0	0	0
James W F Brooks										
Trustee	6	<u> </u>			_		ļ	0	0	0
George T DeVries III	_									
Trustee	3	/	ļ	_	ļ			0	0	0
James L Dunlap	_									
Trustee	3	✓		L	Ļ.	ļ	_	0	0	0
Peter A Fasseas	_									
Trustee	6	<b>✓</b>	$oxed{oxed}$	ļ	igspace	<u> </u>		0	0	0
James E Fellowes	_1									
Trustee	3	<b>✓</b>		<u> </u>	<u> </u>	ļ	<u> </u>	0	0	0
P Lamar Gable	_	ŀ			i			1		
Trustee	3	<b>✓</b>	<u> </u>			<u> </u>	<u> </u>	0	0	0
Richard A Jennings										
Trustee	3	<b>✓</b>	ļ		_	L	<u> </u>	0	0	0
Jud Q Little										
Trustee	3	<b>✓</b>	ļ	ļ	$oxed{oxed}$	ļ	$oldsymbol{\perp}$	0	0	0
Bernardo Quintana				1						
Trustee	3	<b>✓</b>	<u> </u>	ــــ	<u> </u>	↓	1	0	0	0
John Ruan III					1	1		i		
Trustee	4	<b>✓</b>		1_	_	<u> </u>	$\bot$		0	0
Franklin D Schurz Jr										
Trustee	3	<b>✓</b>	<u> </u>	$oxed{igspace}$	↓_	l	1		0	0
Robert C Vaughn										
Trustee	6	✓			1	1			<u>)                                    </u>	Form <b>990</b> (2011

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

				(0	>)			T		
(A) Name and Title	(B) Average hours per week	box, office	ot ch unles er and	Posi eck i s pei l a di	osition ck more than one person is both an a director/trustee)			(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	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
Dartanian Warr COL USAF Trustee	3	1						0	0	0
Michael R Wilcox		/						0	0	0
Trustee	3		$\vdash$	_		$\vdash$		<u> </u>		0
Miles D White Chairman	6	/		1				0	اه	0
James A Henderson		<u> </u>		•		-	$\vdash$	-		<u>_</u>
Chairman Emeritus	6	/		1				0	اه	0
Jeffrey P Adams		<del>  '</del>		Ť	_	-		ļ <u></u>	<u>-</u>	<u>~</u>
Treasurer	6	1		1				0	0	0
Dr Margaret E Thompson		<u> </u>	┢	<u> </u>			-	<u>_</u>		
Secretary	4	✓		1		ļ		0	o	0
Harry L Crisp II										
Vice President	3	✓		✓				0	0	
David M Culver										
Vice President	3	✓		✓				0	0	0
Craig J Duchossois Vice President	3	<b>✓</b>		✓				0	0	0
Jane D Eberly										
Vice President	3	/	<u> </u>	✓		<u> </u>	<u> </u>	0	0	0
Paul C Gignilliat			1							
Vice President	6	<b>✓</b>	1	✓	ļ	<u> </u>		0	0	
John D Zeglis										
Vice President	3	/	<u> </u>	✓	lacksquare	<u> </u>	_	0	0	0
Whitney Kolb Alvis										
Trustee	3	/	<u> </u>	$oxed{oxed}$	<u> </u>	-	<u> </u>		0	0
William H Brewer					1	1				
Trustee	3	1			]		<u></u>	0	0	0 Form <b>990</b> (2011)

Form **990** (2011)

Form **990** (2011)

Part VII	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (cor	tinuec	1)		
	(A) Name and title	(B) Average hours per	box,	untes	Pos eck s pe	rson	than o	an	(D) Reportable compensation	(E)  Reportable compensation from	om	Estin amo	F) mated unt of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC	)   	fron organ and r	her ensation the lization elated zations	ı
James S G Trustee	ault	3	1				,		o		0			0
Stanley A I	Mefford		- <del>`</del> -					-			<del>"</del>			
Trustee		3	1	_		_			0		0		_	0
Trustee	ardy Mitzell	6	1						0		0			0
Franz E Mo	orsches									<u> </u>				<u>~</u>
Trustee	<del></del>	3	1			<u> </u>			0		0			0
John N Bu Head of So		60	]		1				380,124		0		22:	3,711
Richard J					_									
	Treasurer/Controller	50	ļ	ļ	✓	_		_	115,120	<del></del>	0		6	1,199
Michael Ho	ogan f Development	50					1	i	127,780		0		59	9,763
Kevin M M	<del></del>	35	<b>-</b>	1			<u> </u>		127,700		*			<u> </u>
Chief Acad	demic Officer	50	ļ	ļ	_	<u> </u>	<b>✓</b>	_	111,347		0		3(	6,294
Kathleen J	**	50	ļ				1		114,419		0		A	9,522
Kelly Jord	aculty/Principal an	30	<del> </del> -				<del>'</del>			<del> </del>	-			5,322
Command	·	50	<u> </u>	<u> </u>			1	<u> </u>	105,625		0			9,021
Jeffry Kute										<b>\</b>			_	
	f Facilities b-total	50	<u> </u>	<u> </u>		<u> </u>	✓		1,058,723		0			5,7 <u>48</u> 5,258
	tal from continuation sheets to Part		n A					<b>•</b>	1,000,720					0,200
	tal (add lines 1b and 1c)							<b>&gt;</b>	1,058,723		0		47	5,258
	tal number of individuals (including bu portable compensation from the organ			nose	e lis	ted	abov	e) w	no received m	ore than \$100,	000 o	f		
	bortable compensation from the organ	ization P 6	·				_			<del></del>			Yes	No
	d the organization list any former of							emp	oloyee, or high	nest compens	ated		_	
	ployee on line 1a? If "Yes," complete											3		✓
	r any individual listed on line 1a, is the ganization and related organizations													
-	· · · · · · · · · · · · · · · · · · ·											4	7	
	d any person listed on line 1a receive of									zation or ındıvı	dual	_		
	services rendered to the organization	7 If "Yes,"	comp	iete	Sci	nea	uie J	tor s	sucn person	· · · ·		5		✓
	3. Independent Contractors  mplete this table for your five highest	compensa	ted in	dep	enc	lent	conti	ract	ors that receive	ed more than §	100.0	00 of		
	mpensation from the organization. Re													ax
	(A) Name and business add	dress							(B) Description of s	services	Co	(C) mpensa	ation	
Weigand (	Construction, 7808 Honeywell Drive, For	t Wayne, IN	4682	5				Ge	eneral Contracto	or			7,62	7,148
	lue Cross, PO Box 105113, Atlanta, GA		<u></u>					_	alth Care Admi					7,517
	Capital Allocation Group LLC, 800 Boyls h Inc, One American Square Suite 2610,							_	vestment Advisorable Advisorab	ors				9 <u>,904</u> 9,485
	cursions, 12807 McKınley Hwy, Mishawa			- JEO	=			_	ansportation se	rvices				6,723
<b>2</b> To	tal number of independent contracte	ors (includi	ing b											
rec	ceived more than \$100,000 of compen	sation from	i the c	orga	nıza	itior	1 <b>P</b>		5					

	Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a b c d e f	Federated campaigns	<u> </u>	0				
b	Membership dues		0				
C	Fundraising events		6,750			ĺ	
d	Related organizations	<del></del>	0				
е	Government grants (contributi		<u>0</u>				
f	All other contributions, gifts, gi					[	
	and similar amounts not included		15,403,313			Ì	
g	Noncash contributions included in I		1,627,136			J	
1 h	Total, Add lines 1a-1f.	· · · · · · · · · · · · · · · · · · ·	Business Code	15,410,063			
						_ [	÷ .
	Tuition & fees for students	•	611110	34,886,380	34,886,380	0	·
	amily Camp		611110	147,470	147,470	0	
	Student events/transportation		611110	181,092	181,092	0	
d						<del></del>	<del></del>
е	All						
f	All other program service r		<u> </u>	0	0	0]	·
3	Total. Add lines 2a-2f . Investment income (inclu			35,214,942		———	<del></del>
3	and other similar amounts)			4.700.044		47.004	4 042 0
_	•		<b>⊢</b>	1,766,211	0	-47,691 0	1,813,9
4	Income from investment of ta	· ·	· · · · · · · · · · · · · · · · · · ·	0	0	0	
5	Royalties	(i) Real	(II) Personal		<del>-</del>		
60	Cross ropts	···	<del></del>	İ		1	
6a	Gross rents	294,999			ļ	1	
b		113,177					
C	Rental income or (loss)  Net rental income or (loss)	181,822		404 022	20.000	0	
d 7a	\	Securities	(II) Other	181,822	20,800	- 0	161,02
) 'a	assets other than inventory					Ï	
Ь	Less cost or other basis	9,820,231	106,972			ľ	
	and sales expenses .	C 755 005	150 514				
	Gain or (loss)	5,755,865 4,064,366					
d	Net gain or (loss) .		-43,542	4.020.824	- 0		4,020,8
<b>"</b>	Net gain or (1035) .			4,020,024		<del>`</del>	4,020,0
8a	Gross income from fundra	isina					
00	events (not including \$	6,750					
	of contributions reported on				į		
	See Part IV, line 18	•	22,410				
b	Less. direct expenses .						
C	Net income or (loss) from t			16,767	Ì	0	16,70
9a	Gross income from gaming	-	events . P	10,707		<del>`</del>	10,7
""		· · · a	o				
Ь	Less direct expenses .			ļ	ł		
C	Net income or (loss) from			0	اه	- 0	
_	Gross sales of invent						
'''		a	2,769,196		1		
ь	Less: cost of goods sold	-					
	Net income or (loss) from:			1,193,629	704,241	16,875	472,5
<b>├</b> ─	Miscellaneous Revenu		Business Code	1,103,029	104,241	10,073	472,3
112	Avery Farm		611110	35,000	. 0	35,000	
L .	Vending machines		611110	7,360	0	33,000	7,3
1	vending machines Indiana State Computer Incer	 tivo	611110	22,996	0	0	22,9
d	All other revenue		011110	189,564	121,000	0	68,5
e	Total. Add lines 11a-11d		<u> </u>	254,920	121,000		08,3
. 5	Total revenue. See instru			58,059,178	36,060,983	4,184	6,583,9

#### 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 responsition include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D)
3b, 9b	o, 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	0	0		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	10,391,437	10,391,437		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	· · · · · · · · · · · · · · · · · · ·	
5	Compensation of current officers, directors, trustees, and key employees	506,524	115,875	236,149	154,500
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	85,000	42,500	21,250	21,250
7	Other salaries and wages	22,612,743	19,041,652	1,522,350	2,048,741
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,020,000	832,660	92,090	95,250
9	Other employee benefits	7,575,231	6,183,856	683,893	707,482
10	Payroll taxes	1,546,059	1,262,087	139,578	144,394
11	Fees for services (non-employees):	Í			
a	Management	0	0	0	
b	Legal	97,214	0	97,214	
C	Accounting	107,260	0	107,260	
d	Lobbying	0	0	0	(
e	Professional fundraising services. See Part IV, line 17 Investment management fees	1,305,229	0	1,305,229	
f	Other	881,046	433,217	420,522	27,307
9 12	Advertising and promotion	460,174	107,508	37,383	315,283
13	Office expenses	995,853	611,611	144,181	240,061
14	Information technology	1,315,275	660,727	327,274	327,274
15	Royalties	0	0	0	(
16	Occupancy	0	0	0	(
17	Travel	821,370	416,440	49,303	355,627
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	(
19	Conferences, conventions, and meetings .	211,056	165,681	45,375	(
20	Interest	1,335,885	1,265,885	70,000	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	6,062,225	5,744,565	317,660	
23	Insurance	469,410	444,813	24,597	
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	Utilities	2,586,843	2,451,292	135,551	
b	Food	1,877,180	1,573,267	303,913	(
С	Program-Instructional Support	2,323,862	1,478,308	376,413	469,141
d	Maintenance-Equipment rentals	1,303,274	1,211,749	83,353	8,172
е	All other expenses	1,330,491	861,655	241,679	227,157
25	Total functional expenses. Add lines 1 through 24e	67,220,641	55,296,785	6,782,217	5,141,639
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)				

Part	X Balance Sheet			
		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	2,955,168	1	1,079,095
2	Savings and temporary cash investments	415,914	2	497,190
3	Pledges and grants receivable, net	25,794,038	3	22,586,196
4	Accounts receivable, net	379,892	4	519,048
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of			
ŀ	Schedule L	0	5	(
e	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		_	
3	employees' beneficiary organizations (see instructions)	0	6	
7	Notes and loans receivable, net	5,704	7	(
ί   ε	Inventories for sale or use	1,704,936	8	1,748,076
9		1,423,342	9	1,203,458
10	a Land, buildings, and equipment cost or			
	other basis. Complete Part VI of Schedule D 10a 175,424,240			
	b Less: accumulated depreciation 10b 94,878,425	77,546,527		80,545,815
11		69,310,038		49,049,684
12	· · · · · · · · · · · · · · · · · · ·	233,660,295		235,691,221
13		0	13	
14		0	14	
15	· · · · · · · · · · · · · · · · · · ·	4,883,239		4,795,520
16		418,079,093	16	397,715,303
17		3,852,623	17	3,551,868
18		0	18	
19		10,881,382	19	11,196,53
20		38,300,000		38,300,000
2	· · · · · · · · · · · · · · · · · · ·	0	-21	
	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
[	Complete Part II of Schedule L	0	22	
	· · · · · · · · · · · · · · · · · · ·	0	23	
	, ,	4,738,368	24	
24		4,730,300	27	4,971,507
2	parties, and other liabilities not included on lines 17-24). Complete Part X	20,909,015		32,501,975
	of Schedule D	20,303,013	25	32,301,370
20		78,681,388		90,521,881
-   - '	Total liabilities. Add lines 17 through 25	70,001,000		00,021,00
ß	lines 27 through 29, and lines 33 and 34.			
i   27		93,924,906	27	66,434,906
Salina Dalairea		35,477,936		27,656,634
5 29	· · ·	209,994,863		213,101,882
5	Organizations that do not follow SFAS 117, check here ▶ ☐ and			
5	complete lines 30 through 34.		1	
S S S S S	Capital stock or trust principal, or current funds		30	
3	· · · · · · · · · · · · · · · · · · ·		31	
₹ 3:			32	
ਹੁੱ <b> </b> 3:		339,397,705	33	307,193,422
<b>,</b>			34	

За

3b

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

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

OMB No 1545-0047 2011 Open to Public

Name of the organization

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

CULV	ER EDUCATIONAL	FOUNDATION							35-08	68071	
Par	Reason f	or Public Cha	rity Status (All orga	nızation	s must c	omplete	this pa	rt.) See i	nstructio	ons.	
The o	rganization is not	a private founda	ition because it is: (Fo	r lines 1 t	hrough 1	1, check	only one	box.)			
			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3											
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). (Complete Part II.)										
8			n section 170(b)(1)(A		nolete Pa	ırt II.)					
	_		receives: (1) more that				m contri	butions	memhers	hin fees	and arnee
•			to its exempt funct								
			ent income and unrel								
	acquired by th	ie organization a	fter June 30, 1975. Se	ee <b>sectio</b>	n 509(a)(	<b>2).</b> (Com	olete Par	t III.)			
10	An organizatio	n organized and	operated exclusively	to test fo	r public s	safety. Se	e sectio	n 509(a)(	4).		
		_	nd operated exclusive							or to car	rry out the
			olicly supported organ								ee <b>section</b>
	<b>509(a)(3).</b> Che	ck the box that	describes the type of	supportin	ig organiz	zation and	d comple	te lines 1	1e throug	gh 11h.	
	a 🗌 Type I	b 🗆	Type II c	□ Type	III-Funct	ionally in	tegrated		d [	] Type II	I-Other
е	☐ By checking the	his box, I certify	that the organization	is not co	ntrolled o	lirectly or	indirectl	y by one	or more	disqualifi	ed persons
		•	ers and other than one	e or more	publicly	supporte	ed organ	izations c	lescribed	in section	on 509(a)(1)
	or section 509										
f			a written determinatio					-	I, or Typ		porting
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	iny of the	<b>)</b>		
			ndirectly controls, eithody of the supported							nd 11g(i)	Yes No
	(ii) A family m	ember of a pers	on described in (i) abo	ove?						11g(ii)	
			a person described in							11g(m)	
h			on about the support								
(1)	Name of supported organization	(II) EIN	(ui) Type of organization (described on lines 1-9	in col (i) li	organization sted in your	the organ	ou notify	organizat	s the		mount of pport
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the S ?		
			(see manachons)	Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)				-							
(E)				-				-	-		
	<del></del>										
Total				i		i					

Schedule	A (Form 990 or 990-EZ) 2011						Page <b>2</b>
Part l							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, pl	lease comple	te Part III.)	
	on A. Public Support		T	1			
	dar 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	
_	include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid		ł		,		
	to or expended on its behalf						
3	The value of services or facilities	<del></del>					
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on		1				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.	<del></del>	<u> </u>			<u> </u>	<u> </u>
	on B. Total Support	4-) 0007	(I-) 0000	(-) 0000	(4) 0010	(2) 2011	/f) Total
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4			<del> </del>		···	1
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar				}		
	sources						
9	Net income from unrelated business						
•	activities, whether or not the business			i	İ		
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)					ļ	
11	Total support. Add lines 7 through 10	<u></u>				40	
12	Gross receipts from related activities, etc	. (see instruct	ions)			12	an E01(a)(3)
13	First five years. If the Form 990 is for the			na, tnira, tourtr			
Cast	organization, check this box and stop he on C. Computation of Public Support			· · · · ·	<u> </u>		<u> </u>
	Public support percentage for 2011 (line	6 column (f) c	livided by line	11 column (fl)		14	%
14 15	Public support percentage for 2011 (line of Public support percentage from 2010 Sci	hedule A Part	II line 14	11, 001011111 (1),		15	%
16a	331/3% support test—2011. If the organi	zation did not	check the box	x on line 13, an	d line 14 is 33	1/3% or more, o	check this
	box and stop here. The organization qua	ilifies as a pub	olicly supported	d organization			🕨 🛚
b	331/3% support test-2010. If the organ	nization did n	ot check a bo	x on line 13 o	r 16a, and line	e 15 is 33½%	or more,
	check this box and stop here. The organ	ization qualifi	es as a publicly	y supported or	ganization		🕨 🗆
17a	10%-facts-and-circumstances test - 2	<b>011.</b> If the org	janization did r	not check a box	x on line 13, 10	3a, or 16b, and	l line 14 is
	10% or more, and if the organization me	ets the "facts	-and-circumst	ances" test, ch	eck this box a	nd stop here.	Explain in
	Part IV how the organization meets the "I	facts-and-circ	umstances" te			as a publicly s	supported
	organization						▶ _
b	10%-facts-and-circumstances test-2	<b>010.</b> If the org	ganization did i	not check a bo	x on line 13, 1	6a, 16b, or 17a	a, and line
	15 is 10% or more, and if the organiza	tion meets th	e "facts-and-o	circumstances"	test, check t	nis box and s	top nere.
	Explain in Part IV how the organization in supported organization	neets the "fac	ts-and-circum	stances" test.	rne organizatio	on quaimes as	
40	Private foundation. If the organization d		hoy on line 1	 3 16a 16h 17	a or 17b che	ck this box and	··· - ∟ Isee
18	Filvate touridation, it the organization of	ia not oneck a	, 20, 011 III 0 11	-,,, 11	_, _, _, ,, _,		

#### 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.)

Section	on A. Public Support						
Calen	dar 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 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	Gross receipts from activities that are not an					_	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities				!		
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		<del> </del>				
b	Amounts included on lines 2 and 3				İ		
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	-						
С 8	Add lines 7a and 7b Public support (Subtract line 7c from						
0	line 6.)					* -(-) +	
Secti	on B. Total Support		<u></u>	J		<u> </u>	L
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	(4)	\				×
_	Gross income from interest, dividends,						
	payments received on securities loans, rents,		1				
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						1
	section 511 taxes) from businesses				ļ		
	acquired after June 30, 1975				<u> </u>		
C	Add lines 10a and 10b						
11	Net income from unrelated business	•					
	activities not included in line 10b, whether			1			
	or not the business is regularly carried on					ļ	
12	Other income. Do not include gain or	1					
	loss from the sale of capital assets						1
	(Explain in Part IV.)						<del>                                     </del>
13	Total support. (Add lines 9, 10c, 11, and 12)					1	
4.4	and 12.)	he organization	n'e firet seco	nd third fourth	or fifth tax v	ear as a section	on 501(c)(3)
14	organization, check this box and stop he						
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2011 (line			13. column (fl)		15	%
16	Public support percentage from 2010 Sc						%
	ion D. Computation of Investment Ir			<del></del>			
17	Investment income percentage for 2011	(line 10c, colu	mn (f) divided	by line 13, colu	ımn (f))	17	%
18	Investment income percentage from 201	0 Schedule A.	, Part III, line 17	7		18	%
19a	331/3% support tests-2011. If the organ	nization did no	ot check the bo	ox on line 14, a	and line 15 is r	nore than 331/3	%, and line
	17 is not more than 331/3%, check this box	and stop here	e. The organizat	tion qualifies as	a publicly supp	orted organizat	tion . 🕨 🔲
b	331/3% support tests-2010. If the organ	zation did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nızatıon qualıfıe	s as a publicly s	supported orga	nization 🕨 🔲
20	Private foundation. If the organization of	lid not check a	a box on line 14	4. 19a. or 19b.	check this box	and see instru	uctions ▶ 🗍

schedule A (F	orm 990 or 990-E2) 2011	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
		•••••••
		•••••
		••
		<del></del>
<del>-</del>		
		•••••
<del></del>		
		•••••
		••••
		•

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

		that have filed Form 5768 (election und that have NOT filed Form 5768 (election			
		to Form 990, Part IV, line 5 (Proxy T			
	ection 501(c)(4), (5), or (6) orga		ax) 01 1 01111 330-E2	2,1 art v, mio 000 (1 10xy 1a	,
	of organization			Employer iden	tification number
CULV	ER EDUCATIONAL FOUNDA	ATION			35-0868071
Part		e organization is exempt und			organization.
1		he organization's direct and indire			
2	Political expenditures .			<b>&gt;</b> \$	
3	Volunteer hours			• • • • • • • • • • • • • • • • • • • •	
Dort	-B Complete if the	e organization is exempt und	er section 501/c	-1/31	
1		excise tax incurred by the organiza			
2		excise tax incurred by organization		1,000	
3		ed a section 4955 tax, did it file For			Yes No
4a	_				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(d	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section		
				_	·····
2	Enter the amount of the	filing organization's funds contrib	outed to other org	anizations for section	
_		vities			
3	lotal exempt function of line 17b	expenditures. Add lines 1 and 2	. Enter here and	on Form 1120-POL,	
4		n file Form 1120-POL for this year		-	Yes No
5		ses and employer identification nui			
5	organization made paymi	ents. For each organization listed,	enter the amount	paid from the filing organi	zation's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	I fund or a political action committe	ee (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Hamo	(0,7.22.33	(4, =	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If none, enter -0-
					i i i i i i i i i i i i i i i i i i i
(1)					
(2)					
(3)					
(4)			1		
(5)			]		ĺ

Pa	^	_	2

Pa	art II-A Complete if the organization is section 501(h)).	s exempt (	ınder section 50	01(c)(3) and filed	Form 5768 (ele	ction under
	Check ► ☐ if the filing organization belon name, address, EIN, expense	s, and sha	re of excess lobb	oying expenditur	es).	oup member's
<u>B</u>	Check ▶ ☐ If the filing organization check			rol" provisions a	pply.	
	Limits on Lobbyir (The term "expenditures" mean			)	(a) Filing organization's totals	(b) Affiliated group totals
1	1a Total lobbying expenditures to influence pu	blic opinion	(grass roots lobby	ring)		
	b Total lobbying expenditures to influence a l	egislative bo	ody (direct lobbying	g)		
	c Total lobbying expenditures (add lines 1a a	nd 1b) .				
	<b>d</b> Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add lir					
	f Lobbying nontaxable amount. Enter the columns.	e amount f	rom the following	table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amoun	t is:		
	Not over \$500,000	20% of the ar	nount on line 1e.			·
	Over \$500,000 but not over \$1,000,000	\$100 <u>,</u> 000 plus	15% of the excess	over \$500,000.		
			10% of the excess			,
			5 5% of the excess o	ver \$1,500,000.		
Over \$17,000,000 \$1,000,000.					_[	
g Grassroots nontaxable amount (enter 25% of line 1f)						
h Subtract line 1g from line 1a. If zero or less, enter -0-						
	Subtract line 1f from line 1c. If zero or less,		1 h or line 1: die		file Form 4720	
	j If there is an amount other than zero or reporting section 4911 tax for this year?			· · · · · ·		Yes No
	4-Year (Some organizations that made columns below. Se	a section !	Period Under Sec 501(h) election do ctions for lines 2a	not have to comp	plete all of the five	•
	Lobbying E	xpenditures	During 4-Year A	veraging Period	<del>                                     </del>	
	Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total
	2a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
_	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Part	I-B Complete if the organization is exempt under section 501(c)(3) and has NOT fit (election under section 501(h)).	led	Form	5768		
For ea	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(b)	
of the	Jack to the second section of	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		✓			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<b>✓</b>			
C	Media advertisements?		<b>√</b>			
d	Mailings to members, legislators, or the public?		<b>√</b>			
e	Publications, or published or broadcast statements?		1			
f	Direct contact with legislators, their staffs, government officials, or a legislative body?		<b>V</b>			
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		<b>V</b>			
., I	Other activities?	1	-			0
j	Total. Add lines 1c through 1i	·				<u>0</u>
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		/			
b	If "Yes," enter the amount of any tax incurred under section 4912				-	-
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .	,				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	(5), (	or se	ction		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2_	ـــــ	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3_	<u> </u>	<u> </u>
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members	٠.	_1_			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year	•	2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby					
-	and political expenditure next year?	•	4		<del></del>	
5	Taxable amount of lobbying and political expenditures (see instructions)	<u> </u>	5	_		
1. Als	Supplemental Information  lete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Fo, complete this part for any additional information.  Jule C, Part II-B, Line 1 - The School is a member of a number of associations such as the National Association.					line
	ols, Indiana Non-Public Education Association, and ISACS, which may use a portion of membership dues t					
	ers. Total dues paid to these organizations in Fiscal Year 2011-2012 was \$18,358. The portion of these due	s allo	ocated	to pos	sible	
lobby	ing activities is not determinable.					
						<b></b>

# SCHEDULE D (Form 990)

Department of the Treasury

### **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

Internal Revenue Service Name of the organization Employer identification number **CULVER EDUCATIONAL FOUNDATION** 35-0868071 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year . . . . Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation

easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements . . Total acreage restricted by conservation easements . . . . . . . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . . . . . . . . . . . . . Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 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:

Part							
3	Using the organization's acquisition, a collection items (check all that apply)	accession, and oth	her records, che	ck any of the	e follow	ring that are a	significant use of its
а	Public exhibition			n or exchang			
	✓ Scholarly research		e 🗌 Othe	er <u></u>			
C	Preservation for future generations						
4	Provide a description of the organizat XIV.	ion's collections a	and explain how	they further	the org	anization's exe	empt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part							
	line 9, or reported an amoun			g			
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intermediary				
b	If "Yes," explain the arrangement in Pa						Amount
					-	+	Amount
C	Beginning balance				1c		
d	Additions during the year				1d	<del></del>	<del></del>
e	Distributions during the year				1e	<del></del>	<del></del>
f	Ending balance						. 🗌 Yes 🗌 No
2a	Did the organization include an amount if "Naa." avalage the agreement in D		art X, ime Z i ? .				. L Tes L No
	If "Yes," explain the arrangement in Particle Endowment Funds. Complete Com	an XIV.	ation answered	t "Ves" to F	orm 90	00 Part IV lin	ne 10
r ar	V Endowment Funds. Compl	(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years ba	ck (e) Four years back
4.	Regioning of wear balance			<del></del>			
1a	Beginning of year balance	307,421,700	285,714,32		24,631	192,817,5	
b	Contributions	7,971,785	13,347,71	75,4	97,868	48,792,1	43
С	losses	0.704.000	24 750 02		DA AGE	22.005.2	,
		-9,721,362	24,758,93		84,465	-23,085,2	
d	Grants or scholarships	0		0	01	5,331,8	
е	Other expenditures for facilities and programs	15 175 000	14 000 45		74 047	0.042.2	
		15,175,000	14,996,45 1,402,81		18,683	9,842,2 825,7	
f	Administrative expenses	1,305,229 289,191,894			14,234	202,524,6	
g	End of year balance Provide the estimated percentage of the state of						<u>,, , , , , , , , , , , , , , , , , , ,</u>
2	Board designated or quasi-endowme			g, column (a	.)) Hold a	<b>33.</b>	
a b	Permanent endowment > 7		0_70				
C	Temporarily restricted endowment						
C	The percentages in lines 2a, 2b, and 2		nn%				
За	Are there endowment funds not in th	e possession of th	ne organization t	hat are held	and adi	ministered for	the
ou	organization by:	o possociali oi ii	10 01 gamzanon 1				Yes No
	(i) unrelated organizations						. 3a(i) ✓
	(ii) related organizations						. 3a(ii) ✓
b	If "Yes" to 3a(II), are the related organ		equired on Sche	dule R?			. 3b
4	Describe in Part XIV the intended use						·
Pari							
	Description of property	(a) Cost or ot	ther basis (b) Cos	t or other basis (other)		Accumulated epreciation	(d) Book value
1a	Land		0	1,863,057			1,863,057
b	Buildings		0	147,536,457		79,690,145	67,846,312
c	Leasehold improvements		0	0	_	0	0
d	Equipment		0	18,564,109		15,188,280	3,375,829
e	Other		0	7,460,617		0	7,460,617
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part X, colun		D(c).) .	•	80,545,815

Part VII Investments—Other Securities.	See Form 990, Part X, I	ine 12.	, ago 🗸
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market val	lue
(1) Financial derivatives	201,609,915	End-of-Year Market Value	
(2) Closely-held equity interests		End-of-Year Market Value	· · · · · · · · · · · · · · · · · · ·
(3) Other Other-Short term investment funds-Le		End-of-Year Market Value	
(A) Other-Short term investments - cash-othe	6,454,031	End-of-Year Market Value	· · · · · · · · · · · · · · · · · · ·
(B) Real Estate		End-of-Year Market Value	
(C) Miscellaneous other		End-of-Year Market Value	
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	235,691,221		
Part VIII Investments - Program Related	. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market val	lue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶		<u> </u>	
Part IX Other Assets. See Form 990, Pa			
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			<u></u>
(5)			
(6)			
_(7)			
(8)			
(9)			<del> </del>
(10)			
Total. (Column (b) must equal Form 990, Part X, co		<u> ▶   </u>	<del></del>
Part X Other Liabilities. See Form 990,		T	
1. (a) Description of liability	(b) Book value	-	8
(1) Federal income taxes	0		
(2) Accrued Pension Liability	13,109,522	<b>7</b> I	ţ
(3) Interest rate SWAP agreement	11,267,589	<b>1</b>	;
(4) Gift annuities	8,124,864		i
(5)		4	
(6)		4	ļ
(7)		4	
(8)		4	J
(9)		4	)
(10)		4	1
(11)		4	,
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	32,501,975		hat rangets the
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide		the organization's linancial statements t	nat reports the
organization's liability for uncertain tax positions un	1061 FIN 40 (ASC 740).		

chedule	e D (Form 990) 2011				Page 4
Part	XI Reconciliation of Change in Net Assets from Form 990 to Au	udited F	inancial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		[	1	58,059,178
2	Total expenses (Form 990, Part IX, column (A), line 25)		[	2	67,220,641
3	Excess or (deficit) for the year Subtract line 2 from line 1		[	3	-9,161,463
4	Net unrealized gains (losses) on investments			4	-9,053,335
5	Donated services and use of facilities		[	5	0
6	Investment expenses			6	0
7	Prior period adjustments			7	0
8	Other (Describe in Part XIV.)			8	-13,989,485
9	Total adjustments (net). Add lines 4 through 8			9	-23,042,820
10	Excess or (deficit) for the year per audited financial statements. Combine			10	-32,204,283
Part	XII Reconciliation of Revenue per Audited Financial Stateme			Ret	
1	Total revenue, gains, and other support per audited financial statements			- 1 - 2792	39,003,564
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
а	Net unrealized gains on investments	2a	-9,053,335		
b	Donated services and use of facilities	2b	0		
С	Recoveries of prior year grants		0	7.3	
d	Other (Describe in Part XIV.)		-11,696,666	┥ "	
е	Add lines 2a through 2d			26	
3	Subtract line 2e from line 1	i . i		3	59,753,565
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4-	_		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-1	nt .
b	Other (Describe in Part XIV.)		-1,694,387		
C	Add lines 4a and 4b			40	1,00.1,00.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5 0r B	
	XIII Reconciliation of Expenses per Audited Financial Statem			1	
1	Total expenses and losses per audited financial statements			<del>  '</del>	71,207,847
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2a	C	ه را	
a	Donated services and use of facilities	2b		H., .∄	**************************************
b	Prior year adjustments	2c		<del>(</del>   :::	· ·
C	Other losses	2d	15,683,872	;	1-
d	Add lines 2a through 2d			26	··· I
е 3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i . i			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	C		
a b	Other (Describe in Part XIV)	_	11,696,666	H ##3	
C	Add lines 4a and 4b			40	11,696,666
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18.) .		5	
Part	XIV Supplemental Information				
Comp Part V any a	lete this part to provide the descriptions required for Part II, lines 3, 5, and , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII dditional information.	I, lines 2d	d and 4b Also com	plet	e this part to provide
Sched	imiliar assets held as part of a collection for education, research or public exh	ubition ni	rnoses rather than	for s	ales or financial gain.
are no	recognized nor capitalized on the infancial statements.				
Schoo	dule D, Part III, Line 4 - The Culver Educational Foundation maintains a collecti	on of art	works including po	rtrait	ts, paintings,
	graphs, and sculptures donated to the school. The Art Collection is housed w				
throu	ghout campus on a rotating basis. The new Crisp Arts Center has two galleries	s showca	sing exhibits of the	Culv	ver collection. In
	on, the School has a stamp collection maintained for student education, which				
Schee	dule D, Part V, Line 4 - The School's endowment is used for support of financia	al aid, fac	ulty salaries, capita	l pro	jects, facilities
	enance, and academic and student projects.		,		

# Part XIV - Supplemental Information (Continued)

Schedule D, Part XI, Line 8 - The following are adjustments to net assets. \$4,544,350 for additional minimum pension liability, \$7,395,231 for loss on Present Value of Future Swap, \$1,571,037 loss on pledge write-offs, and \$478,867 loss for change in value of Charitable Annuities-Split Interest Agreements.
Amunes-spin merest Agreements.
Schedule D, Part XII, Line 2d - Financial aid grants are netted against tuition on the audited financials and equal \$10,391,437. Investment management fees of \$1,305,229 are netted against investment revenue on the audited financials and moved to expense on the 990, restoring that income.
Schedule D, Part XII, Line 4b - Cost of goods sold for auxiliary departments of \$1,575,567, rental expenses of \$113,177, and parent fundraiser expenses of \$5,643 were included in expenses on the audited financials but are offsets to revenue per the 990 form.
Schedule D, Part XIII, Line 2d - Cost of goods sold, \$1,575,567, and rental expenses, \$113,177, were expenses and not netted against sales on the audited financials. Parent fundraiser costs of \$5,643 were also an expense on the audited financials and netted against revenue on the 990. Additional expenses for changes in charitable annuities \$478,867, pledge write-offs \$1,571,037, present value of future SWAP 7,395,231 and the additional minimum pension liability \$4,544,350 are shown as adjustments to net assets on the 990.
Schedule D, Part XIII, Line 4b - Financial aid grants of \$10,391,437 and investment management fees of \$1,305,229 were net to revenue in the audited financials and were included in expenses on the 990.

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

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**CULVER EDUCATIONAL FOUNDATION** 

Employer identification number

35-0868071

'art	<u> </u>			
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		YES	NC
	bylaws, other governing instrument, or in a resolution of its governing body?	1	✓	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	1	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	<b>→</b>	
	The Culver Educational Foundation's admissions materials and applications for Winter School and Summer Camps include a statement of the School's non-discrimination policy. Human Resources includes a non-discrimination statement on all recruitment materials and advertisements for employment with the School.			
a b	Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially	4a	✓	
c	nondiscriminatory basis?	4b	✓	_
	with student admissions, programs, and scholarships?	4c	✓	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	<b>√</b>	
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		<b>/</b>
b	Admissions policies?	5b		_
С	Employment of faculty or administrative staff?	5c		/
d	Scholarships or other financial assistance?	5d		/
е	Educational policies?	5e		/
f	Use of facilities?	5f		/
9	Athletic programs?	5g		1
h	Other extracurricular activities?	5h		
			. ,	
а	Does the organization receive any financial aid or assistance from a governmental agency?	- 6a		/
b	Has the organization's right to such aid ever been revoked or suspended?	6b		<b>✓</b>
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7	/	

Schedule E (Form 990 or 990-EZ) (2011)						
Part II	Page 2  Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions).					
<b></b>						
••••••						
	<del></del>					

#### SCHEDULE F (Form 990)

#### Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV. line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 20**11** Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number **CULVER EDUCATIONAL FOUNDATION** 35-0868071 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total region (by type) (e.g., fundraising, program services, investments, a program service, describe specific type of service(s) in region expenditures for and investments offices in the employees, agents, and region independent in region grants to recipients located in the region) contractors in region (1) Central America and the Ca 0 0 Investments 207,646,392 (2) Europe (including Iceland 0 0 Investments 2,481,209 (3) Sub-Saharan Africa 0 0 1,251,593 Investments (4) Central America and the Ca 0 0 **Fundraising** Fund raising - Alumni a 2,519 (5) East Asia and the Pacific 0 0 Fundraising Fund raising - Alumni a 11,908 (6) Europe (including Iceland 0 Fund raising - Alumni a 6.260 0 Fundraising Fund raising - Alumni a (7) North America (including C 0 0 Fundraising 4,562 (8) South America 0 0 Fundraising Fund raising - Alumni a 5,007 (9) Central America and the Ca 0 0 Admissions travel, Alum 9,678 Program Services Admissions travel, Alum (10) East Asia and the Pacific 0 0 **Program Services** 35,724 (11) Europe (including Iceland 0 0 Program Services Admissions travel, Alum 18,780 Admissions travel. (12) Middle East and North Afri O 0 **Program Services** 5,769 Admissions travel, Alum (13) North America (including C 0 0 **Program Services** 48,809 (14) South America 0 **Program Services** Admissions travel, Alum 15,021 0 (15)(16)(17)

n

n

Sub-total . . . . .

Total from continuation sheets to Part I . . . . c Totals (add lines 3a and 3b)

За

211,543,231

Page 2	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 15, for any recipient who 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.	b) IRS code (c) Region (d) Purpose of cash grant cash grant (d) Purpose of (e) Amount of (f) Manner of (g) Amount of (h) Description (l) Method of valuation of valuation of non-cash assistance (g) Amount of (h) Description (l) Method of valuation of non-cash assistance (h) Method of valuation (l) Method of valuation of non-cash assistance (l) Method of valuation (					
d Other Assist	nd Other Assis	ne 15, for any re	n be duplicated	(b) IRS code section and EIN (if applicable)					

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anizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	or counsel has provided a section 501(c)(3) equivalency letter	
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(13)

(14)

(12)

(16)

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(12)

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. Schedule F (Form 990) 2011

Part III Grants al

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner or cash disbursement	(1) Amount of non-cash assistance	(g) Description of non-cash assistance	valuation (book, FMV, appraisal, other)

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	☑ No

Part V

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).
Schedule F	, Part I, Line 3 - The School separately tracks foreign expenditures in its records and accounting system.
	······································
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#### SCHEDULE 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CULV	ER EDUCATIONAL FOUNDATION						0868071
Par	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	ine 17.
1	Form 990-EZ filers are n Indicate whether the organization		through any	of the follo	-		
а	Mail solicitations		e [		on of non-govern	_	
b	Internet and email solicitatio	ns	f		on of government		
C	Phone solicitations		g 🗆	] Special 1	fundraising events	3	
d	In-person solicitations						
2a	Did the organization have a writ						
	or key employees listed in Form		-			-	
b	If "Yes," list the ten highest paid compensated at least \$5,000 by			draisers) p	ursuant to agreen	nents under which tr	ie fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	<del></del>		Yes	No			
1							
2							
3							
4	<del></del>		<del> </del>				
			<del> </del>	<u> </u>	<del>                                     </del>	<del></del>	
6	·- <del>-</del>						
7		!					
8							
9	<del></del>						
10							
Total			<u></u>				
3	List all states in which the organ registration or licensing.	inization is regi	stered or lic	censed to s	solicit contribution	ns or has been notifi	ed it is exempt from
			· <b></b>		••••		
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			<b></b>		•••••		
			•••••••				

Part II

Schedule G (Form 990 or 990-EZ) 2011

		gross receipts greater than				
i			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
4			Parent Golf Outing (event type)	arent Spring Mini-Auctio (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts Less. Charitable	14,990	14,170		29,160
۳ ا	2	contributions	6,750	0	<u> </u>	6,750
_	3	Gross income (line 1 minus line 2)	8,240	14,170		22,410
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	0		0
nses	6	Rent/facility costs	3,068			3,068
Direct Expenses	7	Food and beverages	0	0		0
Direc	8	Entertainment	2,075	500		2,575
	9	Other direct expenses .	0	o		0
	10 11	Direct expense summary. Ad Net income summary. Combi	ne line 3, column (d), a	nd line 10	<b>&gt;</b>	( 5,643 ) 16,767
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 99		red "Yes" to Form 990	U, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes			<u> </u>	
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .				N F de 2
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	
	7	Direct expense summary. Ad	d lines 2 through 5 in c	column (d)		( )
_	8	Net gaming income summary	. Combine line 1, colu	mn d, and line 7	<u></u> . <b>&gt;</b>	
	a Is		perate gaming activities			🗌 Yes 🗌 No
10		Vere any of the organization's g	_	d, suspended or termina		

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedul	ule G (Form 990 or 990-EZ) 2011		Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes Yes	□ No
13	Indicate the percentage of gaming activity operated in:		
а	The organization's facility		%
b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		· · · · · · · · · · · · · · · · · · ·
15a		Yes	□ No
b			
	Name ▶		·
	Address►		·
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a		] Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, Iir columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).	ne 2b, plete th	iis
<b>-</b>			
<b>-</b>			

# **SCHEDULE 1** (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

**%**□ (h) Purpose of grant or assistance Employer identification number to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. ✓ Yes 35-0868071 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (**p**) **CULVER EDUCATIONAL FOUNDATION** 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Partl Part II 8 (3) 4 <u>0</u> 9 8 **©** 9 5 Ξ (12) Ξ 2

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

Cat No 50055P

Schedule I (Form 990) (2011)

Page 2	(f) Description of non-cash assistance								itional information.	ny and the Culver Summer Schools ly information from SSS data. involvement annually before								Schedule I (Form 990) (2011)
in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	(e) Method of valuation (book, FMV, appraisal, other)								, line 2, and any other add	Academy, Culver Girls Acaden ncial need, determined by famil c performance and community								
mplete if the organiz	(d) Amount of non-cash assistance								on required in Part I	o attend Culver Military mmittees, or upon final eviews student academi	מיים ביים ביים מיים מיים מיים מיים מיים							
United States. Co	d. (c) Amount of cash grant								ovide the informati	ranted to students wh administrative staff co dent Life committee re	nancial Alu uepartine							
ndividuals in the l	nal space is neede (b) Number of recipients								lete this part to pr	ed financial aid are gretermined by faculty-and Foundation. A Stur	ved annually by the ri lest.						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Schedule I (Form 990) (2011) Part III Grants and Other Assistance to Individuals i	Part III can be duplicated if additional space is needed.  (a) Type of grant or assistance recipients	1 See Schedule I, Part IV, Statement 1							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 - Scholarships and need-based financial aid are granted to students who attend Culver Military Academy, Culver Girls Academy and the Culver Summer Schools and Camps. Scholarships are based upon merit, as determined by faculty-administrative staff committees, or upon financial need, determined by family information from SSS data. Detailed records are available at the Culver Educational Foundation. A Student Life committee reviews student academic performance and community involvement annually before	renewing ment scholarships. Financial need is reviewed annually by the Financial Ald Department Defore exterioring additions and awards, which are available upon request.							
Schedule I. Part III		1 See	2	က	4	5	9	7	Part IV	Schedu and Car Detailec	renewir							

#### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990.

► See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number

**CULVER EDUCATIONAL FOUNDATION** 35-0868071 **Questions Regarding Compensation** Ves Nο Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☑ Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence ☐ Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, 2 directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . . . 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Written employment contract ✓ Compensation committee ✓ Compensation survey or study ✓ Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? . . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: 5a 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 6 compensation contingent on the net earnings of: 6a The organization? . . . 6b If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

Note. The sum of columns (B)(i)-(iii) for each listed individual must eq	or eac	h listed individual mu	st equal the total am	ount of Form 990, Pa	ed individual must equal the total amount of Form 990, Part VIII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	1a, applicable columi	רוסייים (E) and (D) ו (D) and	for that individual.
		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	ĺ
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	(F) Compensarion reported as deferred in prior Form 990
John N Buxton	8	380,124	0	0	180,855	42,856	603,835	0
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Richard J Tompos	ε	115,120	0	0	8,563	52,636	176,319	0
2	€	0				0	0	0
Michael Hogan	8	127,780	0	0	6,553	50,210	187,543	0
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Kathleen J Lintner	ε	114,419	0	0	32,586	16,936	163,941	0
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Schedule J (Form 990) 2011

מחוממת כל מווו ממלכה	281
Part III Supplemental Information	
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II.	and 8, and for Part II.
Also complete this part for any additional information.	

provided housing owned by the School. Listed employees who received housing are. John N. Buxton - \$18,000 and Dr. Kevin MacNeil - \$9,000. The value of this housing is included in the Schedule J, Part I, Line 1a - The Culver Academies is a residential boarding school. As a requirement of employment, the Head of Schools and Academic Dean live on campus and are individual's non-taxable benefits.

Schedule J. Part I. Line 4 - John N. Buxton, Head of School's participates in the School's non-qualified plan, amounts were contributed to the Head of School's account in prior years and in F7 2012. Amounts are payable upon the Head of School's retirement.  Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of School's participates in the School's non-qualified testivement plan. Amounts are payable upon the series of the School's current non-qualified plan, amounts were contributed to the Head of School's account in prory years and in IY 2012, Amounts are payable upon Head of School's retirement.
Schedule J. Part I. Line 4 - John N. Buxton, Head of School's partorpates in the School's account in proryears and in FY 2012. Amounts are payable up that the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's account in proryears and in FY 2012. Amounts are payable up that of School's retirement.
Schedule J. Fart I. Line 4 - John N. Buxton, Head of Schools, participates in the School's plan in Fig. 2012, Under the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's account in prior years and in FY 2012, Amounts are payables of School's referement.  Head of School's referement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified retirement plan. Mr. Buxton did not contribute to the Head of School's account in prior years and in FY 2012. Amounts are pay head of School's retirement.
Schedule J, Part I, Line 4 - John M. Buxton, Head of School's participates in the School's non-qualified plan, amounts were contributed to the Head of School's account in prior years and in FY 2012. Amounts are Head of School's retirement.
Schedule J. Part I. Line 4 - John N. Buxton, Head of Schools, participates in the School's mon-qualified plan, amounts were contributed to the Head of School's account in prior years and in FY 2012. Amounts Head of School's retirement.
Schedule J, Part I, Line 4 - John N, Buxton, Head of School's participates in the School's sorticular factor account in prior years and in FY 2012. Amounts and of School's retirement.  Head of School's retirement.
School's nort Line 4 - John N. Buxton, Head of School's participates in the School's norqualified reliement plan. Wr. Buxton did not contribute to the Head of School's account in prior years and in FY 2012. At Head of School's retirement.  Head of School's retirement.
School's retirement.  Buston, Head of School's current non-qualified plan, amounts were contributed to the Head of School's account in prior years and in FY 2012.  Head of School's retirement.
School's retirement, and the School's current non-qualified plan, amounts were contributed to the Head of School's account in prior years and in FY 2 Head of School's retirement.  Head of School's retirement.
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Schedule J. Part I, Line 4 - John N. Buxton, Head of School's, participates in the School's non-qualified retirement plan. Mr. Buxton did not con 2012. Under the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's account in prior years and Head of School's retirement.
School's retirement plan. Mr. Buxton, Head of School's participates in the School's non-qualified retirement plan. Mr. Buxton did not a School's retirement.  Head of School's retirement.  Head of School's retirement.
School's retirement plan. Wr. Buxton, Head of Schools, participates in the School's non-qualified retirement plan. Wr. Buxton did 1 2012. Under the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's account in prior ye lead of School's retirement.
School's retirement.  Buxton, Head of School's current non-qualified plan, amounts were contributed to the Head of School's account in piros Head of School's retirement.
School's retirement.  Head of School's retirement.  Head of School's retirement.
Schedule J. Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified retirement plan. Amounts were contributed to the Head of School's account Head of School's retirement.  Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified retirement plan. Moder the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's accordad of School's retirement.  Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified retirement plan 2012. Under the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's a Head of School's a School's a School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified plan, amounts were contributed to the Head of School Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified retirem 2012. Under the terms of the School's current non-qualified plan, amounts were contributed to the Head of School's retirement.  Head of School's retirement.
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Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's ron-qualified plan, amounts were contributed to the Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's current non-qualified plan, amounts were contributed to the Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's non-qualified plan, amounts were contributed to to the dead of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's current non-qualified plan, amounts were contributed Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School's 2012. Under the terms of the School's current non-qualified plan, amounts were contributed of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the School 2012. Under the terms of the School's current non-qualified plan, amounts were contributed of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates in the S. 2012. Under the terms of the School's current non-qualified plan, amounts were conference of School's retirement.
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Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools, participates i Head of School's retirement.  Head of School's retirement.
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Schedule J, Part I, Line 4 - John N. Buxton, Head of Schools. 2012. Under the terms of the School's current non-qualified Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of Scholls. Under the terms of the School's current non-qualified of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head of S  2012. Under the terms of the School's current non-que  Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, Head 2012. Under the terms of the School's current nor Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton, He 2012. Under the terms of the School's current Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Buxton 2012. Under the terms of the School's cur Head of School's retirement.
Schedule J, Part I, Line 4 - John N. Bux 2012. Under the terms of the School's chead of School's retirement.
Schedule J, Part I, Line 4 - John N. 2012. Under the terms of the School Head of School's retirement.
Schedule J, Part I, Line 4 - John 2012. Under the terms of the Sci Head of School's retirement.
Schedule J, Part I, Line 4 - J 2012. Under the terms of the Head of School's retirement
Schedule J, Part I, Line 4 2012. Under the terms of Head of School's retirem
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Schedule J (Form 990) 2011

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

Department of the Treasury Internal Revenue Service

**Transactions With Interested Persons** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, OMB No 1545-0047

(10)

or Form 990-EZ, Part V, line 38a or 40b.

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

Name of the organization Employer identification number **CULVER EDUCATIONAL FOUNDATION** 35-0868071 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction No Yes (1) (2)(3)(4)(5)(6)Enter the amount of tax imposed on the organization managers or disqualified persons during the year 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved (g) Written (d) Balance due (e) In default? (b) Loan to or from (a) Name of interested person and purpose (c) Original by board or the organization? principal amount agreement? committee? Yes No Yes Yes No То From (1)(2)(3)(4)(5)(6)(7)(8) (9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the (c) Amount and type of assistance (a) Name of interested person organization (1)(2)(3)(4)(5)(6)(7) (8) (9)

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi reve	aring zatioi nues:
				Yes	No
(1) Pam Buxton	Family Member of an Offic	107,625	Employment Compensation		_✓
(2)					⊬
(3)					+-
(4) (5)				_	╁╌
(6)		<del></del>	<del></del>		+-
(7)					1
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(9)					
10) Part V Supplemental Information					
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#### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

2011

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

**CULVER EDUCATIONAL FOUNDATION** 

Employer identification number 35-0868071

Part	Types of Property							
-		(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o			
1	Art—Works of art	1	4	482,345	appraisal			
2	Art—Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods		ļ		1			
6	Cars and other vehicles							
7	Boats and planes	1	3	16,300	appraisal			
8	Intellectual property							
9	Securities - Publicly traded	<b>✓</b>	26	926,669	mean value o	date re	cd	
10	Securities—Closely held stock .							
11	Securities - Partnership, LLC,							
	or trust interests				1			
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation				1			
	contribution—Other				<u> </u>			
15	Real estate-Residential				<u> </u>			
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles				ļ			
19	Food inventory				<u> </u>			
20	Drugs and medical supplies				<u> </u>			
21	Taxidermy				<del> </del>			
22	Historical artifacts				<del> </del>			
23	Scientific specimens				<del> </del>			
24	Archeological artifacts	<u> </u>			<del> </del>			
25	Other (Horses)	<b>✓</b>	8		Donor appra			
26	Other (Equipment & Supplie)	<u> </u>	5	<del> </del>	Donor appra			
27	Other (Student & Alumni Act)	1	15		Donor receip			
28 29	Other ► (Parent preview auctic)  Number of Forms 8283 received	1 7	ganization during the tax y		Donor appra	ısaı		
29	which the organization completed				29			
	Which the organization completes	21 01111 020	b, rait iv, bones / tolliowis	agomone			Yes	No.
30a	During the year, did the organiza	tion room	o by contribution any prope	erty reported in Part I lines	c 1_28 that			
Jua	it must hold for at least three year	are from the	e date of the initial contribu	ution and which is not rea	ured to be	1		'
	used for exempt purposes for the					30a		1
b	If "Yes," describe the arrangemen		= :			000	$\vdash$	- <u>*</u>
31	Does the organization have a			es the review of any no	n-standard			'
<b>V</b> 1	contributions?				· · · ·	31		l.
32a	Does the organization hire or us			is to solicit, process, or se	ell noncash	<del></del>		<del> </del>
						32a	<b> </b>	
b	If "Yes," describe in Part II.							<del> </del>
33	If the organization did not report a	ın amount ii	n column (c) for a type of pro	operty for which column (a)	is checked.			'
	describe in Part II.		( )	. ,	,		i i	1

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

## Supplemental Information to Form 990 or 990-EZ

Employer identification number

OMB No 1545-0047 2011

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

**CULVER EDUCATIONAL FOUNDATION** 35-0868071 Form 990, Header, Line B - The School has amended the Form 990 in order to properly reflect the amount of deferred compensation related to the Head of Schools compensation arrangement. Form 990, Part VI, Section B, Line 11b - The Form 990 is prepared by the Accounting Office, and reviewed by the Controller with the Head of Schools before external review by the School's tax firm. The full 990 is sent to members of the Budget, Audit and Human Resources Committee for review prior to a presentation at the committee meeting. The 990 is reviewed in detail and approved for submission to the Internal Revenue Service by the Budget, Audit, and Human Resources Committee members. The full Board of Trustees has access to the form 990 and is provided a summary briefing prior to filing the 990 with the Internal Revenue Service. Form 990, Part VI. Section B, Line 12c - Each member of the Board of Trustees completes an annual Conflict of Interest statement disclosing any potential conflicts. Officers of the Board and administrative employees also complete an annual Conflict of Interest statement. Statements are reviewed and maintained in the Head of School's office. Any disclosure determined to be in violation of policy is addressed between the Head of Schools, the Chairman of the Board of Trustees, and the respective trustee, officer or employee. Form 990, Part VI. Section B. Line 15 - The Compensation Committee of the Board of Trustees reviews performance and determines compensation for the Head of Schools (CEO). The committee reviews compensation for the Head of Schools and school officers every May, with the most recent compensation review completed in May 2012. Compensation is based upon performance and peer school review, as supported by consultant recommendations and industry benchmarks. The committee documents the compensation deliberations and decisions in the minutes of the meeting. Form 990, Part VI, Section C, Line 19 - Governing documents, conflict of interest policies and financial statements are available upon request to the Controller or the Head of Schools of the Culver Educational Foundation. Copies of the documents are provided with state tax and corporate return filings, and are regularly included with filings for property tax exemption and grant proposals as needed. In addition, information is provided to approved investment managers, bank officers, and approved contractors as necessary or requested. Form 990, Part XI, Line 5 - The following items were additional changes to net assets. Unrealized losses of \$9,053,335.00, additional minimum pension liability of \$4,544,350.00, recorded loss-present value of future SWAP of \$7,395,231.00, pledge write-offs of \$1,571,037.00, and a loss of \$478,867.00 in change in value of charitable annuities.

#### Schedule O, Statement 1

Form 990

Page 1 Line Number CULVER EDUCATIONAL FOUNDATION 35-0868071

#### Reasonable Cause Explanations

#### Explanation

Extension filed and approved by the Internal Revenue Service. We required additional time for auditor review, tax preparation and review of new requirements for the 990.