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# 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 Internal Revenue Service

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

	Ì	2012
	وُهُ	Open to Public
		, 2013
Employ	er Ideni	ification Number
23-	7288	039
Telepho		
630-	-898	-2998
Gross re	eceipts	\$ 3.048.145.
ıp retun	n for aff	\$ 3,048,145. iliates <sup>2</sup>   Yes   X No
		structions) Yes No
n a list	(see ins	structions)
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Year		Current Year
18,1	51.	17,443.
15,7	10.	78,046.
2,4	41.	95,489.
<u>49,0</u>	00.	82,802.
- ^	120	4 425
5,0	28.	4,425.
54,0		87,227.
51,5		8,262.
Curren		End of Year
32, <u>1</u>	<u>.66.</u>	825,303.
	0.	0.
32,1	66.	825,303.
wledge	and be	lief, it is true, correct, and
		•

Ā	For the	2012 calen	dar year, or tax	year beginn	ing 6/01		, 2012, a	and ending	5/3	31	,	2013
В	Check if	applicable	C					<del>-</del>				ation Number
	Add	ress change	THE AUROR	A CATHOI	IC EDUCA	TION FO	OUNDATION	N		23-	728803	39
	Nan	ne change	P.O. BOX	234						E Telepho		
	Initia	al return	AURORA, I	L 60507						630	-898-2	2998
	Terr	nınated										
	Ame	ended return								G Gross r	eceipts \$	3,048,145.
	$\vdash$	lication pending	F Name and add	ress of principal	officer DAV	ID VERD	EYEN	H	(a) Is this a	group retur		
	٠٠ ب	, ,	SAME AS C		2111		212	н	(b) Are all	affiliates incl attach a list	uded?	
T	Tax-ex	empt status	X 501(c)(3)	501(c) (	) <b>⋖</b> (inse	ert no )	4947(a)(1) or	527	If 'No,'	attach a list	(see instru	ctions) — —
J		site: N/			, (	,	1 10 11 (11)(17) 11	———	(c) Group (	exemption ni	ımber ►	
K		of organization	X Corporation	Trust	Association	Other ►	I ve	ear of Formation	··			al domicile IL
	art I	Summar			7.5500.04.017		1= 10	car or r ormation	. 1772		rate or rega	ar domicine III
<u>L•</u>			be the organiza	ation's mission	on or most sig	inificant ac	tivities DD	OVIDED	ETNAN	CTAT S	IIDDOD	т то
-	l ,		EDUCATIO		-	-	·					
Activities & Governance	<u> </u>		GRADE SC									
2			EDUCATIO									77467
Š	2 0	Check this bo	ox ►   if the	organization	discontinue	its operat	ions or dispo	sed of more	e than 2	5% of its	net asse	ets
ු ඊ	3 1		oting members								3	10
9	4 1	lumber of in	dependent voti	ng members	of the govern	ning body (	Part VI, line	1b)			4	10
	5 ]		of individuals			r 2012 (Pa	rt V, line 2a)				5	0
2 4	6 ]		r of volunteers	•							6	12
Activities & G	( 7a ]		ed business rev								7 a	0.
<b>)</b> _	БГ	vet unrelated	d business taxa	ble income fi	rom Form-99	0-1, line 34	1 W 1 1 1 1	1			7 b	0.
2		N				MEVE		၁၉၁	P	rior Year		Current Year
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Sevenue	10		ncome (Part VII le (Part VIII, co				d 110)	SE I	<u> </u>	-15,7	10.	78,046.
_	'' \		e – add lines 8					a 12)	<u> </u>	2,4	141	95,489.
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Expenses	I lba		fundraising fee			-						
Ž.	b	Total fundrais	sing expenses	(Part IX, colu	ımn (D), line	25) 🟲						
	1 17 (	Other expens	ses (Part IX, co	lumn (A), lın	es 11a-11d, '	11f-24e)				5,0	28.	4,425.
	18	Total expens	es Add lines 1	3-17 (must e	qual Part IX,	column (A	), line 25)			54,0	28.	87,227.
	19 F	Revenue less	s expenses Su	btract line 18	from line 12					-51,5	87.	8,262.
8	92			- <del></del> -					Beginnir	ng of Currer	t Year	End of Year
8	m i		(Part X, line 16	•						732,1	.66.	825,303.
Net		Total liabilitie	es (Part X, line	26)							0.	0.
Z,	<sup>⊒</sup> 22 ľ	Net assets or	r fund balances	Subtract lin	ne 21 from lin	e 20				732,1	166.	825,303.
Р	art II	Signatui	re Block						•			
				amined this retur	n, including accor	mpanying sche	dules and statem	ents, and to the	e best of m	y knowledge	and belief,	it is true, correct, and
cor	nplete Dec	laration of prepa	arer (other than offic	er) is based on a	Il information of v	vhich preparer	tas any knowled	ge				
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	ign	Signatu	ure of officer	-					Da	te		•
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		Print/Type (	preparer's name		Preparer's signa	ture Z	1Hell	Date	/.	Check	f P	TIN
Pa	aid	PAUL	H. WIELAND	), CPA	PAUL H.	WIELANI	O, CPA	1/3/	13	self-employ	ed P	00326532
Pı	repare		e	ND & COM	PANY, IN	C., CPA	\S				•	
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			BATAV		0510					Phone no	(630)	
Ma	ay the IF	S discuss th	nis return with t			<sup>7</sup> (see inst	ructions)				(555)	X Yes No
_			Reduction Act I					TEFA	.0113L 12	/18/12		Form <b>990</b> (2012)
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rm <b>990</b> (2012) THE A	URORA CATHOL	IC EDUCATION FOUNDATION	23-728	8039	F	aç
	_	ce Accomplishments				
		sponse to any question in this Part III				
Briefly describe the org		1.				
SEE SCHEDULE O	<b></b>					_
	<b></b>	<del></del>				
Did the organization und	dortaka any sianifiaan	t program services during the year which were not listed	Lon the name			
Form 990 or 990-EZ?	acitake any significan	it program services during the year which were not listed	on the prior	□ v <sub></sub>	Ū	
If 'Yes,' describe these	new senuces on S	chadula O		∐ Yes	X	ĺ
·		make significant changes in how it conducts, any pr	roaram convoce?	□ v <sub>aa</sub>	(V)	
If 'Yes,' describe these	e changes on Sched	lule O.		∐ Yes	X	1
Describe the organization Section 501(c)(3) and 50 others, the total expense	tion's program servi 01(c)(4) organization: ises, and revenue, i	ce accomplishments for each of its three largest pross and section 4947(a)(1) trusts are required to report the fany, for each program service reported.	gram services, as mea amount of grants and a	asured by allocations	expen to	se
		82, 802. including grants of \$ 82,				
		TO CATHOLIC EDUCATION PROVIDED				
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DIRECTORS.	<b></b>					- <b>-</b>
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<b>b</b> (Code) (E	Expenses \$	including grants of \$	) (Revenue \$_			
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d Other program service	is (Describe in Sch	edule ()			·	 
d Other program services (Expenses \$			venue \$			

	,		Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III .	5		<u>x</u>
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	:	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	_	Х
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		X
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.	· ,	بالمحتمد	
а	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		х
t	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	11 b		Х
c	: Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		X
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
e	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
t	o 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		х
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		х
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		х
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		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	o If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1° If 'Yes,' complete Schedule I, Parts I and II	21	Х	
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		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
t	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
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		х
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)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, 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		
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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  .	38	х	
BAA		Forn	1 990	(2012)

	m 990 (2012) THE AURORA CATHOLIC EDUCATION FOUNDATION 23-7288	039	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1 a	_0		
Į	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
(	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		<u> </u> ]
2 :	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	ments, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	0 2 b		'
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 :	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
1	b if 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4:	a 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)?  b If 'Yes,' enter the name of the foreign country.	4 a		<u>_x</u>
'	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a		$\frac{x}{x}$
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<del> </del>	<del>  ^</del>
	· · · · · · · · · · · · · · · · · · ·	100		├
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
- 1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
i	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?	7 a	ļ	X
1	<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<del>  ^</del>
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file		-	<del></del> -
	Form 8282?	7 c		X
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
- 1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8		<u> </u>		<del>                                     </del>
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
	<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			$\top$
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	7	[	
	a is the organization licensed to issue qualified health plans in more than one state?	. 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	c Enter the amount of reserves on hand		1	
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del>                                     </del>	<del>  x</del>

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

Form 990 (2012) THE AURORA CATHOLIC EDUCATION FOUNDATION 23-7288039 Page 6 Part VI . Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management No Yes 1 a 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 1 a -3 b Enter the number of voting members included in line 1a, above, who are independent 1 h 10 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 X 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? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or other persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8 a b Each committee with authority to act on behalf of the governing body? 8ь X Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х 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 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13  $\overline{\mathbf{X}}$ 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done

SEE SCHEDULE 0 Schedule O how this is done 120 13 Did the organization have a written whistleblower policy? 13 Х X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15 a X b Other officers of key employees of the organization 15<sub>b</sub> If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions )

	taxable entity during the year?	16 a	
١	o 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 taken steps to safeguard the		
	organization's exempt status with respect to such arrangements?	16 b	
Sec	ction C. Disclosure		
17	List the states with which a copy of this Form 990 is required to be filed ► IL		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only inspection. Indicate how you make these available. Check all that apply	/) availabl	e for p
	Own website		

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

SEE SCHEDULE O

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

ALAN SCHULER 1141 TRASK ROAD AURORA IL 60505 630-898-2998

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Form 990 (2012)

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Form <b>990</b> (2012)	THE	AUKUKA	CATHOLIC	LDUCATION	FOUNDATION

23-7288039

Page 7

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

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

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

- 1 a 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

<u> </u>				(C	;)					·
(A) Name and Title	(B) Average hours per week (list	one bo	ix, uπ	not o	check	more to n is both r/truste	h an e)	n Reportable compensation from	(E)  Reportable compensor from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) DAVID_VERDEYEN	2									
PRESIDENT	0	X		Х				0.	0.	0.
VICE PRESIDENT	2	x		х				0.	0.	0.
(3) FR. TIMOTHY DRAPER	11									
DIRECTOR	0	_ x_						0.	0.	0.
(4) ALAN SCHULER	2									
TREASURER	0	X	Щ	Х			_	0.	0.	0.
(5) JOHN BOCKMAN	1									
DIRECTOR	0_	<u>X</u> _	Щ				_	0.	0.	0.
(6) PETER HETTINGER	1_1	·			1					
DIRECTOR	0	_X_						0.	0.	0.
(7) KAREN WOLLWERT DIRECTOR	$\left\{-\frac{1}{0}-\frac{1}{0}\right\}$	Х						0.	0.	0.
(8) FR, JEROME LEAKE	1	_^		$\dashv$				0.		<u> </u>
DIRECTOR	<del> </del>	x						0.	0.	0.
(9) LISA ROSCOE	2									<u></u>
SECRETARY	1	x		Х				0.	0.	0.
(10) JOHN BONK	1									
DIRECTOR		_ x_						0.	0.	0.
(11)	<b>-</b> -									
(12)		-								
(13)				-						
(14)	<del> </del>									

Rankviis Section A. Onicers, Directors, Trus		<u>ney</u>	EM	_	_	es, a	anc	Hignest Con	pensated Emp	ioyees (cont)
(A) Name and title	Average hours per	offic	unles er an	ss pe	more rson firecto	than o	ee)	(D) Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)										
<u>(16)</u>		-								
(17)									<del></del>	
<u>(18)</u>	<del>-</del>			-	-					
(19)		-								
(20)		-								
(21)								-		
(22)	<del> </del>	-								
(23)										
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	1 A	•			·		<b>* * *</b>	0. 0. 0.	0. 0. 0.	0. 0. 0.
2 Total number of individuals (including but not limited t from the organization ► 0	o those I	ısted	abov	/e) v	who	receiv	ved	more than \$100,00	0 of reportable com	
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	ındıvıdı	ıal	_							Yes No 3 X
4 For any individual listed on line 1a, is the sum of ithe organization and related organizations greater such individual	eportab than \$1	le co 50,00	mpe 007	nsa If '}	ition 'es'	and comp	oth olet	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper comple	satio	n fro	om : lule	any <i>J fo</i>	unre r suc	late h p	ed organization or erson	individual	5 X
Section B. Independent Contractors	ated ind	0000	dont		ntra	ctors	tha	t recoved more t	han \$100 000 of	
Complete this table for your five highest compensation from the organization Report compens     (A)	ation for	the c	alen	dar	year	endi	ng v	with or within the or		(C)
Name and business addre	ess							Description	of services	Compensation
2 Total number of independent contractors (including bu \$100,000 in compensation from the organization)		ited to	o tho	se I	liste	d abo	ve)	who received more	than	
BAA		TEEAC	0108L	01/2	24/13					Form <b>990</b> (2012)

		Check if Schedule O	contains	a respo	onse to any questi	on in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns		1 a					
200		Membership dues		1 b					į
FIS		Fundraising events		1 c					
S. E		Related organizations		1 d					,
S S	е	Government grants (contributi	ons)	1 e					
돌뜀	f	All other contributions, gifts, q similar amounts not included	grants, and						
풀일		Noncash contributions included		1f \$	17,443.				
유	_	Total. Add lines 1a-1f	u III III5 14.	''. Ş_	-	17,443.			
쀨		TOTAL TITLE TO THE TE			Business Code	17,443.			
풉	2 a							-	
<u>ج</u>	b	, <del></del> <del></del>							
E	c								
#SE	d								
<u>₹</u>	е								
ğ	f	All other program service	ce revenu	ie _					
_		Total. Add lines 2a-2f	<del></del>		<b>•</b>				
	3	Investment income (incother similar amounts)	luding div	ridends,	, interest and	76,075.			76,075.
	4	Income from investmen	it of tax-e	xempt 1	bond proceeds >	70,073.			70,073.
	5	Royalties		,					
			(i) R	eal	(II) Personal			-	
	6 a	Gross rents							
		Less. rental expenses							
		Rental income or (loss)					_		
	d	Net rental income or (lo			<b>▶</b>			,	
	7 a	Gross amount from sales of assets other than inventory	(i) Secu		(II) Other				
		_	2,954	621.			,		
	b	Less: cost or other basis and sales expenses	2,952	656					
	c	: Gain or (loss)		, 971 .					
	d	Net gain or (loss)		, , ,	<b>•</b>	1,971.	· · · · · · · · · · · · · · · · · · ·		1,971.
ш	8 a	Gross income from fund	draising e	vents		, , , , ,			
OTHER REVENUE		(not including \$	J 1	1.3					
9		of contributions reporte See Part IV, line 18	a on line	•					
띂	h	Less. direct expenses		a b					
ఠ		: Net income or (loss) from	om fundra	_	L				
				-				-	
	<i>J</i> <b>a</b>	Gross income from gan See Part IV, line 19	illig activ	a					
		Less: direct expenses		b	L				
	C	: Net income or (loss) fro	om gamın	g activi	ties •				
1	10a	Gross sales of inventor and allowances	y, less re	turns					
ļ		Less cost of goods sol		a b					
		: Net income or (loss) from		_	L			<del></del>	
		Miscellaneous Reven			Business Code				
	11 a								
ļ	b								
	c								
		All other revenue		L					
		Total. Add lines 11a-11			•				
BAA		Total revenue. See inst	uctions		TEE	95,489. 12/17/12	0.	0.	78,046. Form <b>990</b> (2012)
_, ~					, , ,				1 OIIII 330 (2012)

## Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con			omplete column (A).							
Check if Schedule O contains a response to any question in this Part IX.											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	82,802.	82,802.								
2	Grants and other assistance to individuals in the United States. See Part IV, line 22		•								
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members	·									
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	-									
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees)				1811						
	Management										
	Legal										
	: Accounting	2 200		3,300.							
		3,300.		3,300.							
	Lobbying										
	Professional fundraising services See Part IV, line 17										
	Investment management fees										
_	Other (If line 11g amt exceeds 10% of line 25, col- umn (A) amt, list line 11g expenses on Sch 0) Advertising and promotion										
13	,				<del></del> _						
14	Information technology										
	Royalties										
15	-										
16	Occupancy										
	Travel				<u> </u>						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
	Conferences, conventions, and meetings Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
-	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.)										
	MISCELLANEOUS	585.		585.							
ı	PRINTING AND PUBLICATIONS	540.		540.							
	;										
	] 										
	e All other expenses										
	Total functional expenses. Add lines 1 through 24e	87,227.	82,802.	4,425.	0.						
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** Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 190,231 156,268 1 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less: accumulated depreciation 10 c 11 Investments - publicly traded securities 11 575,898 635,072 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 15 Other assets, See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 732,166 16 825,303 17 Accounts payable and accrued expenses 17 18 Grants payable 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 25 26 Total liabilities. Add lines 17 through 25 26 0 0. Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 68,122 27 56,970. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 664,044 768,333 õ Organizations that do not follow SFAS 117 (ASC 958), check here ▶ П and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

BAA

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

825, 303. Form **990** (2012)

825,303.

33

34

732,166.

732,166.

LOU	11 990 (2012) THE AURORA CATHOLIC EDUCATION FOUNDATION	Z3-12880.	39	Pag	ge 12
Pa	rtXI≨ Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		95,4	89.
2	Total expenses (must equal Part IX, column (A), line 25)	2		87,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7:	32,1	66.
5	Net unrealized gains (losses) on investments	5		84,8	75.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8:	 25,3	03.
Pa	rt XII Financial Statements and Reporting	- , - ,			
	Check if Schedule O contains a response to any question in this Part XII				П
		_ <del></del> _		Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		_		5.10
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		76億		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both.	eviewed on a	6	1 1	
	Separate basis Consolidated basis Both consolidated and separate basis				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate	. 9	F	
	basis, consolidated basis, or both   X Separate basis Consolidated basis Both consolidated and separate basis			<u> </u>	;
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		-	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		зы		(0010)
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## **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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection Employer identification number

Schedule A (Form 990 or 990-EZ) 2012

	AURORA CATHOLIC								<u> 288039</u>			
Part i	<del></del>		(All organizations					See ii	nstruct	ions.		
The org	janization is not a priva	ite foundation because	e it is. (For lines 1 thro	ugh 11,	check o	nly one	box )					
1	A church, convention	of churches or assoc	ciation of churches des	cribed in	section	170(b)	(1)(A)(i)					
2	A school described in	n section 170(b)(1)(A)	section 170(b)(1)(A)(ii). (Attach Schedule E)									
3 [	A hospital or a coope	spital or a cooperative hospital service organization described in section 170(bX1XAXiii).										
4	A medical research of	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	) <sup>,</sup>										
5 [	An organization opera	ted for the benefit of a management	college or university own	ed or ope	erated by	a gove	nmenta	unit des	scribed in	section		
6 [			government or governmental unit described in section 170(b)(1)(A)(v).									
7 [	岗 in section 170(b)(1)(	<b>A)(vi).</b> (Complete Par				ental un	it or fron	n the ger	neral pub	lic described	t	
8 [			<b>'0(b)(1)(A)(vi).</b> (Comple									
9 [	<ul> <li>related to its exempt fi unrelated business taxab (Complete Part III.)</li> </ul>	unctions — subject to co le income (less section 51	re than 33-1/3% of its supertain exceptions, and (2 11 tax) from businesses acq	) no mor juired by t	e than 3: ne organi:	3-1/3% o zation afte	of its sup er June 30	port from 0, 1975 S	n aross ir	nvestment ir	m activ icome	ities and
10			xclusively to test for pu		-							
11 [	─ supported organization	zed and operated exclus ns described in section ion and complete line	sively for the benefit of, to 509(a)(1) or section 509(s 11e through 11h.	perform (a)(2). Se	the function	tions of, o <b>n 509(a)</b>	or carry ( <b>3).</b> Ched	out the p ck the bo	urposes o x that de	of one or mo escribes the	re publ type of	licly f
	a Type I b	Type II c	Type III - Function	nally inte	grated	•	ı X ı	Type III	– Non-fu	unctionally	integra	ated
e [	By checking this box other than foundation section 509(a)(2).	, I certify that the organization and other that	anization is not control an one or more publicly s	led directions	tly or in Lorganiz	directly ations d	by one escribed	or more in section	disquali on 509(a)	ified persor (1) or	ıs	
f	If the organization reci check this box	eived a written determir	nation from the IRS that	ıs a Type	I, Type	il or Typ	e III sup	porting o	organızatı	ion,		
g	Since August 17, 200	06, has the organization	on accepted any gift o	r contrib	ution fro	om any	of the fo	llowing	persons	;7		
											Yes	No
	(i) A person who obelow, the gove	directly or indirectly co erning body of the sur	ontrols, either alone or opported organization?	together	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (i)		Х
	(ii) A family memb	er of a person descrit	bed in (i) above?							11 g (ii)		Х
	(iii) A 35% controlle	ed entity of a person of	described in (i) or (ii) a	bove?						11 g (iii)		Х
h	Provide the following	information about the	e supported organization	on(s).						,	ш	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i	s the ation in ) listed in verning nent?	(v) Did yo the organ column ( supp	zation in	organiz colur	s the cation in mn (i) ed in the S ?	(vii) Amoun sup	t of mon	etary
				Yes	No	Yes	No	Yes	No			
V	AR CATH CHURCH	S/SCH AURORA	AREA									
(A)		·	501C3	l		х		х			82,8	02.
			····									
(B)				1					}			
(C)				<u> </u>								
(D)												
(E)												
Total												
Total	or Paperwork Reduction	n Ant Notice and the	Inches etion - for Fo	000 0	00.57			2-6-11	<b>A</b> /5		82,8	
DAA	or raperwork Reduction	m act notice, see the	instructions for Form	yyu or y	ツリーヒム.			schedule	A (Form	n 990 or 990	ルヒノ) 2	:U12

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants )						-
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			;			
Sec	tion B. Total Support		,				
	ndar year (or fiscal year nning in) ►	(a) 2008	<b>(b)</b> 2009	(c) 2010	<b>(d)</b> 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4						
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 is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	tructions)			12	
	First five years. If the Form 990 is organization, check this box and	stop here		nird, fourth, or fifth	tax year as a section	on 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	ne 11, column (f))		14	%
	Public support percentage from		•			_ 15	
16 a	33-1/3% support test – 2012. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	nd the line 14 is 3	33-1/3% or more,	check this box
t	33-1/3% support test – 2011. If the and stop here. The organization	the organization of qualifies as a pu	did not check a bo blicly supported o	ox on line 13 or 16 or 16 or 16 or 16 or 16 or 17 or 18 or 1	5a, and line 15 is	33-1/3% or more	, check this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop he	re. Explain in Pai	t IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts- d-circumstances'	and-circumstance test The organiz	es' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Pai ed organization	t IV how the ►
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in	structions

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.)

Sect	tion A. Public Support						
	lar year (or fiscal yr beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.')						
	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						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support		<u> </u>				
Calend	dar year (or fiscal yr beginning in) 🕨 📗	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
b	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organization is stop here	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501	(c)(3) ►
	tion C. Computation of Pu						
	Public support percentage for 20	- ·	• • •	ne 13, column (f)	)	<b>⊢</b>	15 %
	Public support percentage from			- · · · ·			16 %
Sec	tion D. Computation of Inv						
17	Investment income percentage f			-	umn (f))	<b>}</b>	17 %
	Investment income percentage f					· _	18 8
	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	this box and sto	<b>p here</b> . The orga	nization qualifies	as a publicly supp	oorted organiza	ation .
	33-1/3% support tests — 2011. If line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	d see instruction	ons ►

Schedule F	(Form 990 or 990-EZ) 2012 TH	E AURORA CATHOLIC	EDUCATION FOUNDATION	23-7288039 Page 4
Part IV	Supplemental Information. Part II, line 17a or 17b; and (See instructions).	Complete this part to I Part III, line 12. Also	provide the explanations re complete this part for any a	equired by Part II, line 10; additional information.
	<b></b>			
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<del>-</del>				
		<b> </b>		
				<b></b>

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## Supplemental Financial Statements

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

OMB No 1545 0047

Open to Public Inspection

Employer identification number THE AURORA CATHOLIC EDUCATION FOUNDATION 23-7288039 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes ∏No 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)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 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 XIII, 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. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: **►**\$ a Revenues included in Form 990, Part VIII, line 1 ► Ś

b Assets included in Form 990, Part X

Schedule D (Form 990) 2012 THE Part III Organizations Mainta	AURORA CAT	THOLI	C EDUCATI	ON F	OUNDATION Treasures, or	23-728 Other Similar As	88039 <b>sets</b> (cor		Page 2 ed)
3 Using the organization's acquisition								_	
items (check all that apply).  a Public exhibition			d 🗆 Loan	01 04	change programs				
b Scholarly research			e Other	OI EXC	mange programs				
c Preservation for future gener	ations		e 🗀 Otrici		<del></del>	<del></del>	<del>-</del>		
4 Provide a description of the organiz Part XIII.		ons and	explain how the	y furth	er the organization's	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or r	receive	donations of ai	t, hist	torical treasures, o	r other similar assets	Yes	Г	No
Part IV Escrow and Custodial Arr									<u></u>
reported an amount of	n <b>Form 990</b> ,	, Part	X, line 21.			, ,	•		
1 a Is the organization an agent, trus	stee, custodiar	n, or oth	ner intermedian	for c	ontributions or oth	er assets not included	Yes		 ∏No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII ar	nd com	plete the follow	ing tal	ble.		□.03	_	٦٠
			,	3			Amount		
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a							Yes		No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. C	Check h	ere if the expla	ntion	has been provided	I in Part XIII		L	_
Day Jewase de la co			<del></del>			000 5 (1)//			
Part V Endowment Funds. C	omplete if t		ganization ar (b) Prior ve		red Yes to Fo	rm 990, Part IV, II		ur years	-
1 a Beginning of year balance	(a) Current		(b) Prior ye	di	(c) Two years	(u) Tillee years	(e) 100	Ji year	
<b>b</b> Contributions									
-						-			
c Net investment earnings, gains, and losses									
d Grants or scholarships									
<ul> <li>Other expenditures for facilities and programs</li> </ul>									
f Administrative expenses									
g End of year balance	<u></u>								
2 Provide the estimated percentag		nt year	•	ne 1g,	column (a)) held	as <sup>,</sup>			
a Board designated or quasi-endowm			%						
<b>b</b> Permanent endowment ►									
c Temporarily restricted endowmer			%						
The percentages in lines 2a, 2b,	and 2c should	l equal	100%						
3 a Are there endowment funds not in to organization by.	the possession	of the o	rganization that	are he	ld and administered	for the		Yes	No
(i) unrelated organizations.							3a(i)		
(ii) related organizations							3a(ii)		
<b>b</b> If 'Yes' to 3a(II), are the related of	•		•				3b		
4 Describe in Part XIII the intended									
Part VI   Land, Buildings, and							1 105		
Description of property			it or other basis nvestment)		) Cost or other basis (other)	(c) Accumulated depreciation	(d) Bo	ook va	lue
1 a Land									
<b>b</b> Buildings	ľ								
c Leasehold improvements	Ţ								
<b>d</b> Equipment	ľ								
e Other							<u> </u>		
Total. Add lines 1a through 1e. (Colum	าก (d) must eq	ual For	m 990, Part X,	colun	nn (B), line 10(c).)				0.
BAA						Sche	dule <b>D</b> (For	m 990)	2012

Part VII		— Other Securities. See		line 12. N/A	
•	(a) Description of (including na	security or category ame of security)	(b) Book value	(c) Method end-of-	of valuation: Cost or year market value
(1) Financ	ial derivatives				
	y-held equity intere	ests			
(3) Other					
(A)					
(B)					
(C)		<b></b>			
(D)		. <b></b>			<del></del>
(E)					
(F)					
(G)					
$\frac{(H)}{(1)}$				·	
Total (Colum		990. Part X. column (B) line 12 )			
		990, Part X, column (B) line 12) Program Related. See	Form 000 Port V	line 13. N/A	
Part VIII		<u>— Program Relateu. See</u> of investment type	(b) Book value		l of valuation Cost or
	(a) Description	or investment type	(b) Book value		year market value
(1)					
(2)					
(3)					
(4)				- <u>-</u> -	
(5)					
(6)		<del></del>			
(7)					
(8)				***	
(9)				:	
(10)	4) 1 15	000 0 17 / (0) / 10)			
Part IX		990, Part X, column (B) line 13)	1		
Part IX	Other Assets	See Form 990, Part X,	line 15. N/A scription		(b) Book value
(1)		(a) De	scription	<del></del>	(b) Book Value
(2)			·	<del></del>	
(3)		<del>-</del>			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	olumn (b) must equ	ual Form 990, Part X, column (	B), line 15 )		•
Part X		ties. See Form 990, Part	X, line 25.		
		iption of liability	(b) Book value		
	eral income taxes				
(2)					
(3)			···		
(4)					
(5)					
(6)					
(7)	· <del></del>				
(8)					
(9)	·	<u> </u>			
(10)		· ·			
(11)				$\dashv$	
		1 990, Part X, column (B) line 25)	. <b>&gt;</b>	-1-1	
under FIN 48	430 740) Footnote. In P 3 (ASC 740) Check here	art XIII, provide the text of the foothote : if the text of the foothote has been pro	ा तार organization's financial vided in Part XIII	statements that reports the organ	nization's liability for uncertain tax positions I'.XIII X

Schedule D (Form 990) 2012 THE AURORA CATHOLIC EDUCATION FOUNDATION

23-7288039

Page 3

Schedule D (Form 990) 2012 THE AURORA CATHOLIC EDUCATION FOUND	DATION 2	<u>3-7288039</u>	Page 4
Part XI € Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R	leturn	
1 Total revenue, gains, and other support per audited financial statements		1	180,364.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a Net unrealized gains on investments	2a 84,875		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII )	2 d		
e Add lines 2a through 2d	•	2 e	84,875.
3 Subtract line 2e from line 1		3	95,489.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		-	
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</b> Other (Describe in Part XIII )	4 b	7 : 1	
c Add lines 4a and 4b	<u> </u>	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	95,489.
Part XII   Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per	r Return	
Total expenses and losses per audited financial statements	The state Laborates per	1	87,227.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			0.,,22
a Donated services and use of facilities	2 a		
<b>b</b> Prior year adjustments	2 b	1	
c Other losses	2c	-	
d Other (Describe in Part XIII.)	2 d	-	
e Add lines 2a through 2d	20	2 e	
3 Subtract line 2e from line 1		3	87,227.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	•	01,221.
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	_	
b Other (Describe in Part XIII )	4 b	┤	
c Add lines 4a and 4b		4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	87,227.
Part XIII   Supplemental Information		•	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Paline 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also compart X - FIN 48 FOOTNOTE	art III, lines 1a and 4, Part i nplete this part to provide an	V, lines 1b and ny additional in	2b, Part V, formation.
THE ORGANIZATION IS TAX EXEMPT UNDER INTERNAL REVE	NUE CODE SECTION !	 501 (C) (3	), IS
			<del></del>
CLASSIFIED AS A PUBLIC CHARITY HAS NO UNRELATED BU	SINESS INCOME AC	CCORDINGLY	<u>NO</u>
PROVISION FOR INCOME TAXES IS REPORTED. THE YEARS	ENDED MAY 31, 200	9 THROUGH	2013
REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHOR	ITIES.		
THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION	TAKEN OR EXPECTED	TO BE TAK	EN ARE
RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT, BASED	ON TECHNICAL MERI	rs, that i	HE
BAA	· · · · · · · · · · · · · · · · · · ·		Form 990) 2012

Schedule D (Form 990) 2012 THE AURORA CATHOLIC EDUCATION FOUNDATION  Part XIII   Supplemental Information (continued)	23-7288039	Page 5
PART X - FIN 48 FOOTNOTE (CONTINUED)		
POSITION WILL BE SUSTAINED UPON EXAMINATION. AS OF MAY 31, 201		ION
HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR	DISCLOSURE IN THE	 3
FINANCIAL STATEMENTS.		
	<b></b>	

# SCHEDULE I (Form 990)

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

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

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

23-7288039

Part I General Information on Grants and Assistance THE AURORA CATHOLIC EDUCATION FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

SEE PART IV

**≗** □

×s×

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

l	ion of (h) Purpose of grant istance or assistance	CATHOLIC EDUCATION	CATHOLIC	CATHOLIC	CATHOLIC	CATHOLIC EDUCATION	CATHOLIC	CATHOLIC EDUCATION	CATHOLIC	15	Schedule I (Form 990) (2012)
ממשווסוושו אלשכב וז	(f) Method of valuation (g) Description of (book, FMV, appraisal, non-cash assistance other)				:					:	
3	(e) Amount of non-cash (f) Mel assistance (book,	0.	0	0.0	0.	.0	0.0	0.	0.0	:	TEEA3901L 11/30/12
וטופ ווומוו ליס, ססס. ו מו	(d) Amount of cash grant	8,568.	. 866 , 9	13,146	8, 332.	7,112.	6,560.	10,002.	6,828.	in the line 1 table.	
	EIN (c) IRC section if applicable									ernment organizations listed	In the line i table.
רסותו ששט, רמונוע, וווופ ביו וסו מווא ופכוטופות עומר	1 (a) Name and address of organization (b) EIN or government	(1) ANNUNCIATION	151 1	(3) HOLY ANGELS PARISH	(4) <u>OUR LADY OF GOOD COUNSEL</u>	(5) <u>ST. JOSEPH</u>	(6) <u>ST. PETER</u>	(7) ST. RITA PARISH	(8) ST. THERESE		Enter Total number of other organizations listed in the line is table.  BAA For Paperwork Reduction Act Notice, see the Instructions for For

Page 2 I (Form 990) (2012) THE AURORA CATHOLIC EDUCATION FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other (e) Method of valuation (book, FMV, appraisal, other) BOARD MONITORS USAGE-FUNDS ARE DISTRIBUTED BASED ON NUMBER OF INDIVIDUALS IMPACTED. (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant (b) Number of recipients additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012) 7 m ß 9

BAA

Schedule I (Form 990) (2012)

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

## Supplemental Information to Form 990 or 990-EZ

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

2012

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Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

THE AURORA CATHOLIC EDUCATION FOUNDATION 23-7288039 FORM 990, PART III, LINE 1 - ORGANIZATION MISSION PROVIDED FINANCIAL SUPPORT TO CATHOLIC EDUCATION PROVIDED BY AURORA AREA PARISH RELIGIOUS EDUCATION PROGRAMS, CATHOLIC GRADE SCHOOLS, CATHOLIC HIGH SCHOOLS AND OTHER PROGRAMS BENEFITING CATHOLIC EDUCATION RECOMMENDED AND APPROVED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS BOARD IS PROVIDED REVIEW COPY FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS BOARD MEETINGS AND DISCUSSIONS FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE AVAILABLE UPON REQUEST