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SCANNED SEP 0 5 2019

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Α	For the	2013 calendar year, or tax year beginning and	ending					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre	MONSIGNOR LAFFERTY TUITION FOUNDATION	1					
	Name chang	Doing Business As	— Υ	20-5	437032			
	return Termir	Number and street (or P 0 box if mail is not delivered to street address)  1821 JACKSON STREET	Room/suit		) 255–7933			
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,434,616.			
	Applic	STOOK CITT, IR STIOS		H(a) is this a group re	eturn			
	pendir	F Name and address of principal officer MOST REV R W NICKL	LESS	for subordinates	? Yes X No			
		SAME AS C ABOVE	<u> </u>	H(b) Are all subordinates in	cluded? Yes No			
		empt status: X 501(c)(3)	or 52	<b>—</b>	list. (see instructions)			
		e: ► N/A		H(c) Group exemption				
		organization X Corporation Trust Association Other ►	L Yea	ar of formation 2006 N	State of legal domicile IA			
	art I	Summary THE	SOT TO	TUNUTON COT	T ECTION			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$ ADMINISTRATION AND DISTRIBUTION OF VOLUM						
Lus	2	Check this box Fig. 1 if the organization discontinued its operations or disposit	osed of mo	ore than 25% of its net as	sets.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	13			
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
ies	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0			
3	6	Total number of volunteers (estimate if necessary)		6	0			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	<del></del>	7b				
		Contributions and greats (Bort VIII line 1h)		Prior Year 2,203,815.	2,298,190.			
Revenue	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.			
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		18,774.	17,750.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column(A), line 12)		2,222,589.	2,315,940.			
		Grants and similar amounts paid (Part IX, column (A), Injest (3)		1,834,064.	2,070,396.			
		Benefits paid to or for members (Part IX, column (A) [ne 4]	·	0.	0.			
Ś	1	Salaries, other compensation, employee benefits (Part IX, columb (A)) lines 5 10	\ .	0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A) line(1)		0.	0.			
ĝ	ь	Total fundraising expenses (Part IX, column (D)/III e 25)	<i>1</i> 227 . [					
Ш	17	Other expenses (Part IX, column (A), lines 11a 11d, 114 249 0 EN 1		122,128.	122,708.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A); line 25)	. [_	1,956,192.	2,193,104.			
	19	Revenue less expenses. Subtract line 18 from line 12		266,397.	122,836.			
Net Assets or	3		<u> </u>	Beginning of Current Year	End of Year			
Sset	20	Total assets (Part X, line 16)	.  -	2,262,938.	2,380,382.			
E A	21	Total liabilities (Part X, line 26)	-	6,882.	$\frac{1,490.}{2.222}$			
Z:	22	Net assets or fund balances Subtract line 21 from line 20		2,256,056.	2,378,892.			
••••	art II	Signature Block			. Landadan and balat day			
	•	Ities of perjury, I declare that I have examined this return, including accompanying schedul t, and complete Declaration of preparer (other than officer) is based on all information of v		•	y knowledge and deller, it is			
tru	5, COITE	t, and complete becaration of preparer (other than onice) is based on an information of v	vilicii piepai		2-14			
Sig	110	Signature of officer		Date	<del>~ / Y</del>			
He		MOST REV R W NICKLESS						
•••		Type or print name and title			· · · · · · · · · · · · · · · · · · ·			
		Print/Type preparer's name Preparer's signature /	1	Date/ / Check	PTIN			
Pai	id	PATTY BLANKENSHIP Patty Blanken	(his)	8/11/14 self-employe	P00701965			
Pre	parer	Firm's name KING, REINSCH, PROSSER & CO. L.	L.P.	/ / Firm's EIN	42-0941961			
Usi	Only	Firm's address 522 4TH STREET, SUITE 200			2-258-5550			
	_	SIOUX CITY, IA 51101						
<u>M</u> a	y the II	RS discuss this return with the preparer shown above? (see instructions)		917.71	X Yes No			
332	001 10-2 S	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruct EE SCHEDULE O FOR ORGANIZATION MISSION S		ENT CONTINUA	Form <b>990</b> (2013) FION /			

Form	990 (2013) MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437	032	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	_X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ì		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		ļ	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1	
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	X
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	ļ	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			.,
	Part VI	11a		Х
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	١		v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١,,,		v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<del> </del>	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			Х
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	100	Х	
_	Schedule D, Parts XI and XII	12a	-	
D	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? 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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<del></del>
	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,"	<u>~</u>		
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2013)

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Form **990** (2013)

X

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
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

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	Check if Schedule O contains a response or note to any line in this Part V					
_	Edward D. O. CE v. 1999 Edward v. Northalds	1 . 1	1	<del></del>	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	<u>T</u>	1		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportal	ole gaming		,	
_	(gambling) winnings to prize winners?		• •	1c		ļ
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		0			
	filed for the calendar year ending with or within the year covered by this return	2a	0	1 1	!	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	ļ	,
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .			1	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		••	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	nt)?	4a		X
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	Accour	ıts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		5b		Х
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 to	ne orga	nızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	rovided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t? .	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 88	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the si	ipporting			7
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tım	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	-				
а	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:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11ь				
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	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		****			
а	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						
_	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	· · · · · · · · · · · · · · · · · · ·	X
	and the second state of th		•	_ <del>- ~-</del>	<del></del>	_ <del></del>

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Form **990** (2013)

MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 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 or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7ь . Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 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 Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection, indicate how you made these available. Check all that apply. Own website Another's website X Upon request 」 Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. DIANE DONNELLY - (712)255-7933

Form 990 (2013)

1821 JACKSON STREET, SIOUX CITY,

51105

Check if Schedule O contains a response or note to any line in this Part VII	

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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Form 990 (2013)

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from	(E) Reportable compensatio from related		Est ame	(F) Imate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	ensat m the nizati relate nizatio	e on ed
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	Sub-total		<u> </u>					<b>&gt;</b>	0.	132,22		34	,20	
	c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0												0. 07.	
2	Total number of individuals (including but r compensation from the organization	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportabl	e 		Yes	0 <b>No</b>
3	Did the organization list any <b>former</b> officer,			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		3	163	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si and related organizations greater than \$15	um of reportab	le c							the organization		4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	accrue compe	nsat	ion i	from	any	y uni			idual for services		5	" "	X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co							ors t	that received more than	\$100,000 of com	pens		om	
	the organization. Report compensation for (A)											(C)		
	Name and business	address	N	ON	E				Description of s	services	С	ompen		<u> </u>
		_										<del></del>		
2	Total number of independent contractors ( \$100,000 of compensation from the organ		ot i	ımıte	ed to		se li	stec	d above) who received n	nore than				
	wroo,ooo or compensation from the organ	iediloti F						_		<u> </u>		Eorm C	100 /c	20121

, 4		Check if Schedule O conta	ains a response o	r note to any lin	e 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 - 514
ts s	1 8	Federated campaigns	1a					
필		Membership dues	1b					
S E		_	1c					
ar #			1d					
S.≅			"					
Sign		All other contributions, gifts, grant	· —	-				
돌힐	•	similar amounts not included abov		298,190.				
Ξŏ			-	18,676.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Total. Add lines 1a-1f	та-тг Ф		2,298,190.			
<u> </u>	<del></del>	Total. Add lines to 1		Business Code				
.	2 8	a	Γ			·		
Ş.	- ·						-	
Ser		c			<u></u>			
E S		d						
Program Service Revenue								
F	1	f All other program service reve	nue				-	
				<b>&gt;</b>				
	3	Investment income (including		st, and				
	_	other similar amounts)	,	•	18,279.			18,279.
	4	Income from investment of tax	 x-exempt bond pr	oceeds 🕨	·			
	5	Royalties		<b>&gt;</b>				
		, to your to	(i) Real	(II) Personal				
	6 :	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)		<b>•</b>				
		a Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	41,868.	76,279.				
		b Less: cost or other basis						
		and sales expenses	42,416.	76,260.				
		c Gain or (loss)	<548.	> 19.				
				. •	<529.	>		<529.
•	8	a Gross income from fundraising	g events (not					
		including \$	of					
eve		contributions reported on line						
Other Revenu		Part IV, line 18	a					
Ę '		b Less: direct expenses	ь[					
O		c Net income or (loss) from fund	draising events	<b>•</b>				
	9	a Gross income from gaming ac	ctivities. See					
		Part IV, line 19	a					
		b Less: direct expenses	b					
		c Net income or (loss) from gam	ning activities	<b>•</b>			<del></del>	
	10	a Gross sales of inventory, less	returns					
		and allowances .	. a					
		b Less: cost of goods sold	. <b>b</b>					
		<ul> <li>Net income or (loss) from sale</li> </ul>	s of inventory	<u> </u>				
		Miscellaneous Revenu	ie	Business Code				
	11	a						
		b						
		c						
		d All other revenue				<u></u>		<del> </del>
		e Total. Add lines 11a-11d		<b>&gt;</b>	0.015.040			1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
00000	12	Total revenue. See instructions		<b>&gt;</b>	2,315,940.	0.	0.	<del></del>
33200 10-29	າ <del>ຍ</del> ⊢13							Form <b>990</b> (2013)

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in	0 0 0 0 0 0 0	0 070 006		
	the United States See Part IV, line 22	2,070,396.	2,070,396.		
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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .				<u> </u>
7	Other salaries and wages				<del></del>
8	Pension plan accruals and contributions (include	:			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				<del></del>
10	Payroll taxes				<del></del>
11	Fees for services (non-employees):				
а	Management				
b	Legal	22 555		22 555	
С	Accounting	32,555.		32,555.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
9	Other. (If line 11g amount exceeds 10% of line 25,	46 207		21 547	24 660
	column (A) amount, list line 11g expenses on Sch O)	46,207. 7,716.		21,547.	24,660. 7,716.
12	Advertising and promotion	7,716.		4 260	1,701.
13	Office expenses	5,969.		4,268.	1,701.
14	Information technology				<del></del>
15	Royalties		- <u></u>		
16	Occupancy	3,636.		3,636.	
17	Travel	3,030.		3,030.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 220		1,230.	
19	Conferences, conventions, and meetings	1,230.		1,230.	
20	Interest				
21	Payments to affiliates				<del></del>
22	Depreciation, depletion, and amortization				<del></del>
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	MEMBERSHIP FEE	18,000.	1.11.7.7.11.11.11.11.11.11.11.11.11.11.1	18,000.	
b					_
c					<del></del>
d					
e		7,395.		7,395.	
25	Total functional expenses Add lines 1 through 24e	2,193,104.	2,070,396.	88,631.	34,077.
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)				

1 (0

Form 990 (2013) MONSIGNOR LAFFERTY TUITION FOUNDATION

Part X Balance Sheet

<u>.</u>	Check if Schedule O contains a response or note to any line in this Part X		- 1	
		(A) Beginning of year		<b>(B)</b> End of year
1	Cash · non-interest-bearing	11,161.	1	8,953
2	Savings and temporary cash investments	2,233,131.	2	2,352,056
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
- 1	trustees, key employees, and highest compensated employees. Complete			
- [	Part II of Schedule L		5	
6	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			
i	employers and sponsoring organizations of section 501(c)(9) voluntary			
ا و	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
ž   8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	basis. Complete Part VI of Schedule D			
Ь			10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	18,646.	15	19,373
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,262,938.	16	2,380,382
17	Accounts payable and accrued expenses	6,882.	17	1,490
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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	
ž   <sub>23</sub>	Secured mortgages and notes payable to unrelated third parties	· · · · · · · · · · · · · · · · · · ·	23	
24	Unsecured notes and loans payable to unrelated third parties	<del>* -</del>	24	
25	Other liabilities (including federal income tax, payables to related third			
20	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Och adda D		25	
26	Total liabilities. Add lines 17 through 25	6,882.	26	1,490
	Organizations that follow SFAS 117 (ASC 958), check here ► X and			······································
رم ا	complete lines 27 through 29, and lines 33 and 34.			
ဗို   <sub>27</sub>	Unrestricted net assets	2,256,056.	27	2,378,892
g 28	Temporarily restricted net assets		28	, ,
n 29	Permanently restricted net assets		29	n .
<b>S</b>   <b>T</b>	Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
<u> </u>	and complete lines 30 through 34.			
27 28 29 29 20 Lind Balances 29 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds		30	
98 31 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
K 32	Retained earnings, endowment, accumulated income, or other funds		32	· · ·
2 32 33	Total net assets or fund balances	2,256,056.	33	2,378,892
34	Total liabilities and net assets/fund balances	2,262,938.	34	2,380,382
1 34	rotal habilities and het assets/fullo balances	=,232,200		Form <b>990</b> (2013

Form	990 (2013) MONSIGNOR LAFFERTY TUITION FOUNDATION	20-543	7032	Pa	ge <b>12</b>
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				-	
1	Total revenue (must equal Part VIII, column (A), line 12)		2,31		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,19	3,1	04.
3	Revenue less expenses. Subtract line 2 from line 1	3_		2,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,25	6,0	56.
5	Net unrealized gains (losses) on investments	5			
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	2 <b>,</b> 37	8 <u>,8</u>	<u>92.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · · · · · · · · · · · ·	·····		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	-	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	transfer of the control of the contr		1 2 -		ı

332012 10-29-13

Form **990** (2013)

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

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of t	he organizatio		OR LAFFERTY_	דיידוויי	ON FO	ייי ע כוואו	TON	-		0-5437		nber
Part I	Reason f		ty Status (All organization					ructions.		0-3437	032	
<u></u>			pecause it is: (For lines 1									
1			s, or association of church									
2 🗀			<b>0(b)(1)(A)(ii).</b> (Attach Scl				(-)(-)(-)					
3 🗔			al service organization of		n section	170(Ь)(1)	(A)(iii).					
4			perated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital	's nam	e.
<b>-</b>	city, and state		porator in conjentation									
5 🗀	An organization	on operated for the l	penefit of a college or un	iversity ov	vned or op	erated by	a governr	nental uni	t describ	ped in		
		<b>b)(1)(A)(iv).</b> (Comple				.==						
6			ent or governmental unit									
7 <u>X</u>	-		eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed II	n
	-	b)(1)(A)(vi). (Comple										
8	•		ection 170(b)(1)(A)(vi). (						_			_
9 📖			eives: (1) more than 33 1									
			octions - subject to certa									
			axable income (less sect	ion 511 ta	x) from bus	sinesses a	acquired b	y the orga	nization	after June 3	JU, 197	5.
		<b>509(a)(2).</b> (Complete	•			<b></b> .	- F00/-)//	13.				
10			perated exclusively to tes									
11			perated exclusively for the									or
	• -		itions described in section				2). See <b>sec</b>	tion 509(	a)(3). Cn	eck the box	. tnat	
			organization and comple					. — T	- III - N1-	- £a	II	
	a Type I	-	•		nctionally i			• •		n-functional		
e			t the organization is not									11
			han one or more publicly						(a)(1) Of	Section 508	)(a)(z).	
f			ten determination from t	ne ino tha	atitisa iy	рет, туре	in, or Type	; 111				
		ganization, check th		mist ar a		from onv	of the fell	nullaa port	20202		• •	
9			organization accepted ar irectly controls, either al							,	Yes	No
			upported organization?	one or tog	CUICI WILLI	persons c	aescribed i	ii (ii) ai io (	iii) Delow	11g(i)		
	_		n described in (i) above?	••	• •		•		11g(ii)			
		•	person described in (i) o		2					11g(iii)		
<b>.</b>		•	•	. [118]								
h	Provide the it	ollowing information	about the supported or	garnzation	(3).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(vi) Is	the	(vii) Amoun	t of mor	netary				
	anization	(11) 2114	(described on lines 1-9		sted in your		tion in col	organizatı (i) organiz	ed in the	1 ' '	port	
0				governing	document?	(I) of you	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
					1							
				<u> </u>					<u> </u>			
								<u> </u>		<del>-</del>		
	<u>-</u>			ļ						<u> </u>		
<del></del>				1			-	-	ļ			
Total												
										· · · · · · · · · · · · · · · · · · ·		

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

Schedule A (Form 990 or 990-EZ) 2013

13

Schedule A (Form 990 or 990-EZ) 2013 MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Page 2

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

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

Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not	!							
	include any "unusual grants.")	1963460.	1996538.	1935575.	2203815.	2298190.	10397578.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge				•				
4	Total. Add lines 1 through 3	1963460.	1996538.	1935575.	2203815.	2298190.	10397578.		
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		···	1,1,1,1,11		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	10397578.		
	ection B. Total Support								
	Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total								
	Amounts from line 4	1963460.	1996538.	1935575.	2203815.	2298190.	10397578.		
8	Gross income from interest,	13001001	2330000						
0	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources	37,722.	28,189.	24,578.	19,011.	18,279.	127,779.		
_	Net income from unrelated business	3777220		21/5/00	17,0110	20/2/2			
9	,								
	activities, whether or not the								
40	business is regularly carried on						<del>-</del>		
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV.)		<i>r</i>	-			10525357.		
11			\			12	1032337.		
12	Gross receipts from related activities	•	•			L			
13	First five years. If the Form 990 is fo	-	s tirst, second, thir	a, tourth, or tifth ta	ax year as a sectio	n 501(c)(s)	▶□		
80	organization, check this box and stoction C. Computation of Pub		rcentage	· · · · · · · · · · · · · · · · · · ·					
					<del></del>	14	98.79 %		
14			-	Olumn (I))	••	15	98.79 <u>%</u> 98.76 %		
15				مصالحم 40 مصالحم	 14 in 22 1/20/ or m	L	<del></del>		
108	33 1/3% support test - 2013. If the				14 18 33 1/376 01 11	nore, check this bo	► X		
	stop here. The organization qualifies					′b!/41			
ľ	33 1/3% support test - 2012. If the				ine 15 is 33 1/3%	o or more, check to	IIS DOX		
	and stop here. The organization qua								
178	10% -facts-and-circumstances tes								
	and if the organization meets the "fac					rt IV now the organ	nization		
	meets the "facts-and-circumstances"						<b>P</b>		
t	10% -facts-and-circumstances tes								
	more, and if the organization meets t						,		
	organization meets the "facts-and-cir								
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t					
					Sche	edule A (Form 990	or 990-EZ) 2013		

08570811 766225 3188

Section A. Public Support

1 15

3188

# Schedule A (Form 990 or 990-EZ) 2013 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
transaction to the first state of the first state o	

Sec	ction A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	1				i	
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	í					
	iness under section 513						
4	Tax revenues levied for the organ-		. = -				
	ization's benefit and either paid to				Ì		
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
_	Amounts included on lines 1, 2, and						
, .	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			<del></del>		-	
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year  Add lines 7a and 7b						
	• • •						
	Public support (Subtract line 7c from line 6) ction B. Total Support	<u> </u>	1	<u> </u>	1		·
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	• • •	(a) 2009	(0) 2010	(C) 2011	(u) 2012	(6) 2010	(i) Total
-	Amounts from line 6  Gross income from interest,		<del> </del> -				
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		-	<del>                                     </del>			
•	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	L	ļ	<del> </del>			
	Add lines 10a and 10b				<del>-</del>		
11	Net income from unrelated business activities not included in line 10b,			İ		1	
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital	1					ĺ
	assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>				<u> </u>	
14	First five years. If the Form 990 is fo	r the organization	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi:	zation,
	check this box and stop here	<del> </del>		<del> </del>		<del>:</del>	
Se	ction C. Computation of Publ			<del></del>		1 1	
15				column (f))	•	15	
16					•	16	%
Se	ction D. Computation of Inve					T I	
17	, -			ine 13, column (f))		17	%
18				•		18	%
19	a 33 1/3% support tests - 2013. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and line	
	more than 33 1/3%, check this box a	-	-	•			. ▶∟
١	b 33 1/3% support tests - 2012. If the	organization did	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	janization qualifies	s as a publicly supp	oorted organization	▶ 🛄
20	Private foundation. If the organization	on did not check a	a box on line 14, 19	9a, or 19b, check	this box and see in	structions	<b>&gt;</b>
3320	023 09-25-13				Sc	hedule A (Form 99	0 or 990-EZ) 2013

Schedule A	(Form 990 or 990-EZ) 2013 MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Page 4
Part IV	Supplemental Information. 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).
-	

### **SCHEDULE D**

(Form 990)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MONSIGNOR LAFFERTY TUITION FOUNDATION

Employer identification number 20-5437032

Par	*   Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	Is or Accounts. Complete if the
h.C., T., 2	organization answered "Yes" to Form 990, Part IV, line		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		. Yes No
Par		ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		istorically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements	•	2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	eture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	he organization during the tax
	year ►		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements		. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
In-	conservation easements.	f Art Historical Transuras or	Other Similar Assets
Pa	Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form		Other Similar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		ement and balance about works of art
ıa	historical treasures, or other similar assets held for public ex		
	·		rance of public service, provide, in Fait Alli,
	the text of the footnote to its financial statements that descr If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
		ducation, or research in fortherance of p	dublic service, provide the following amounts
	relating to these items:		<b>&gt;</b> ¢
	(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 tre	ageurge or other similar assets for finance	
2	the following amounts required to be reported under SFAS 1		na gan, provide
_	Revenues included in Form 990, Part VIII, line 1	To produce reading to these items.	<b>▶</b> \$
a	Assets included in Form 990, Part X		• • • • • • • • • • • • • • • • • • •
b	Assers included in Form 300, Fall A	• •	· •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Sche	dule D'(Form 990) 2013 _ MONSIGNO	R LAFFERTY	TUITIC	N FOUNDA	MOITA		20-54	37032	Page 2
	t III Organizations Maintaining Co	ollections of Ar	t, Historica	Treasures,	or Oth	er Simil	ar Asse	<b>ts</b> (continu	red)
3	Using the organization's acquisition, accession	n, and other records	s, check any of	the following th	nat are a s	ignificant	use of its	collection	ıtems
	(check all that apply):								
а	Public exhibition	d	Loan or	exchange prog	rams				
b	Scholarly research	е	Other_	<del></del>			_		
С	Preservation for future generations								
4	Provide a description of the organization's coll	lections and explain	how they furti	ner the organiza	tion's exe	mpt purp	ose in Parl	XIII.	
5	During the year, did the organization solicit or	receive donations o	f art, historical	treasures, or ot	her sımıla	r assets		_	
	to be sold to raise funds rather than to be mai	ntained as part of th	ne organization	's collection?				Yes	No_
Par	t IV   Escrow and Custodial Arrang	ements. Complet	te if the organi	zation answered	d "Yes" to	Form 990	), Part IV, I	ne 9, or	
	reported an amount on Form 990, Part								
1a	is the organization an agent, trustee, custodia	n or other intermedi	ary for contrib	utions or other a	assets not	t included		-	
	on Form 990, Part X?	•						」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the foll	lowing table:						
								Amount	
C	Beginning balance				-	1c			
d	Additions during the year					1d			
е	Distributions during the year		-		-	1e			
f	Ending balance					1f		٦	<del></del>
	Did the organization include an amount on Fo						L	Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII. (								
Par	Endowment Funds. Complete if			F				4 ) 5	
		(a) Current year	(b) Prior yea	r (c) Two ye	ars dack	(d) Inree	years back	(e) Four y	ears back
1a	Beginning of year balance			<del></del>					<del></del>
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs						•		
f	Administrative expenses			·		-			
g	End of year balance		. () 4				<del></del>		
2	Provide the estimated percentage of the curre	ent year end balance		nn (a)) neid as:					
a	Board designated or quasi-endowment	%	_%						
b	Permanent endowment	% %							
С	Temporarily restricted endowment ►  The percentages in lines 2a, 2b, and 2c should								
2-	Are there endowment funds not in the posses		tion that are h	ald and adminic	tered for	the organi	zation		
Sa	•	Sion of the organiza	tion that are in	sid and adminis	itered for	ine organi	Zation	5	res No
	by: (i) unrelated organizations							3a(i)	
	(ii) related organizations	• • •	•	•	• •		• • • •	3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required or	n Schedule R?	•	•	• •		3b	
4	Describe in Part XIII the intended uses of the	•			••			<u> </u>	
	t VI Land, Buildings, and Equipme								<del></del>
تتستنا	Complete if the organization answered		Part IV, line 1	a. See Form 99	90, Part X,	line 10.			
	Description of property	(a) Cost or ot		Cost or other		ccumulat	ed	(d) Book	value
	2 door, price or property	basis (investm	1 , ,	asıs (other)	de	preciation	ı		
1a	Land				· · · · · · · · · · · · · · · · · ·	·····			
b	Buildings								
C	Leasehold improvements								
d	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part	X, column (B),	ine 10(c).)			<b>•</b>		0.

Schedule D (Form 990) 2013

2		

Part VII	Investments - Other Securities.				
	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
	al derivatives				
	-held equity interests		· · · · · · · · · · · · · · · · · · ·		
(3) Other	<del></del>		<del>- </del>		
(A)			<del> </del>		
(B)			-		
(C)				<del>-</del> -	
<u>(D)</u>			<u> </u>	<del></del>	
<u>(E)</u>					· · · · · · · · · · · · · · · · · · ·
<u>(F)</u> (G)		<del></del>			
(H)			-		
	(b) must equal Form 990, Part X, col (B) line 12)				
	Investments - Program Related.	<u> </u>	<del></del>		
L <u>1 17, 1 17, 1</u>	Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990.	Part X. line 13.	
	(a) Description of investment	(b) Book value			d-of-year market value
(1)					
(2)					
(3)					
(4)		-			
(5)					
(6)				<del></del>	
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line 13 )	<u> </u>		<u></u>	
Part IX	ı	. = 000 5 . 11/. 1		B . W L . 45	
	Complete if the organization answered "Yes"	To Form 990, Part IV, line	e 11a. See Form 990,	Paπ X, line 15.	(b) Book value
(4)	(0)	Description			(b) Book value
(1)		<u> </u>			
(2)					
(4)		_			-
(5)				<del>-</del>	
(6)					-
(7)			-		
(8)					
(9)					
Total. (Colt	umn (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X	Other Liabilities.				
	Complete if the organization answered "Yes"	to Form 990, Part IV, line		990, Part X, line 25	5.
1.	(a) Description of liability	_	(b) Book value		
(1) Fe	deral income taxes				
(2)					
(3)					
(4)				-	
(5)			· · · · · · · · · · · · · · · · · · ·	-	
(6)				1	
(7)			_	1	
(8)				-	
(9)	(b) and and Farrage COO Dark V and (D) to	0.25.)		1	
	umn (b) must equal Form 990, Part X, col. (B) lin		to the evacuration?	Inappial statements	that reports the
	y for uncertain tax positions. In Part XIII, provide zation's liability fo <u>r uncertain tax positions unde</u> i				
organiz	zation a liability for uncertain tax positions under	1 114 TO [AGO 140]. Offet	or here it the text of th		hedule D (Form 990) 201:

332053 09-25-13

Employer identification number 20-5437032 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990)

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OMB No 1343-0047	2013	Onen to Dixhile

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2013	Open to Public Inspection	
	2013	2013 Open to Public ·

MONSIGNOR LAFFERS	MONSIGNOR LAFFERTY	TUITION	FOUNDATION				20-5437032
- S	to substantiate the		s or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?	toeso to some of cont	finds in the United	States			ON Tes
Part 1 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	Governments and	Organizations in the	e United States. C	complete if the organic	anization answered "\	res" to Form 990, Part I	V, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table	and government orgins listed in the line 1	ganizations listed in the table	listed in the line 1 table				<b>A A</b>

25

Schedule I (Form 990) (2013)

332101 10-29-13

332102 10-29-13

Schedule I (Form 990) (2013)

OF SELECTED SCHOOLS FOR COMPLIANCE.

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No 1545-0047

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.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

**Employer identification number** Name of the organization MONSIGNOR LAFFERTY TUITION FOUNDATION 20-5437032 Part I Types of Property (a) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on noncash contribution amounts applicable tems contributed Form 990, Part VIII, line 1g Art · Works of art 2 Art · Historical treasures 3 Art · Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 intellectual property 42,416. FAIR MARKET VALUE X 9 Securities - Publicly traded Securities - Closely held stock 10 11 Securities · Partnership, LLC, or trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution -Historic structures . . 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate · Other 17 18 Collectibles . . 19 Food inventory 20 Drugs and medical supplies. 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 76,260. SELLING PRICE GRAIN 25 Other 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for X 30a the entire holding period? **b** If "Yes." describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes." describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) (2013)

3188

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

Schedule M	1 (Form 990) (2013)	<u>MONSIGNOR</u>	LAFFERTY	TUITION	FOUNDATIO	N 20-54370	32 Page 2
Part II	Supplemental is reporting in Part this part for any ad-	<b>Information.</b> P	rovide the information	ation required by utions, the numb	Part I, lines 30b, 32 er of items received,	o, and 33, and whether the coor a combination of both. Al	
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332142 09-03-13

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

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization  MONSIGNOR LAFFERTY TUITION FOUNDATION	Employer identification number 20-5437032
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
ALLOCATE AT LEAST 90% OF ANNUAL REVENUE FOR TUITION GRANT	S TO ELIGIBLE
STUDENTS WHO RESIDE IN IOWA TO ALLOW EACH STUDENT TO ATTE	ND ANY
QUALIFIED SCHOOL OF THEIR PARENTS' CHOICE.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS REVIEWED BY THE DIRECTOR OF	FINANCE AND THE
DIRECTOR OF ADMINISTRATION AND FISCAL AFFAIRS BEFORE IT I	S FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: THE CONFLICT OF INTEREST POLICY COVERS OFFIC	ERS, EMPLOYEES AND
MEMBERS OF THE BOARD OF DIRECTORS. CONFLICTS OF INTEREST	ARE TO BE
DISCLOSED TO THE BOARD CHAIR AS SOON AS THEY ARE KNOWN.	IN THE EVENT THAT
IT IS UNCLEAR WHETHER A CONFLICT OF INTEREST EXISTS, THE	CHAIR SHALL MAKE
THE DETERMINATION. PERSONS WITH A CONFLICT OF INTEREST S	HALL DISCLOSE ALL
FACTS MATERIAL TO THE CONFLICT OF INTEREST AND SUCH DISCL	OSURE SHALL BE
REFLECTED IN THE MINUTES OF THE MEETING. A PERSON WHO HA	S A CONFLICT OF
INTEREST MAY NOT VOTE ON THE MATTER.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE GOVERNING DOCUMENTS, FINANCIAL STATEMENT	S, AND POLICIES OF
THE MONSIGNOR LAFFERTY TUITION FOUNDATIONS ARE AVAILABLE	AT THE CENTRAL
CATHOLIC OFFICE OF THE DIOCESE OF SIOUX CITY DURING NORMA	L OFFICE HOURS.

FORM 990, PART XII, LINE 2C:

EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O'(Form 990 or 9	90-EZ) (2013)				Page 2
Name of the organization		LAFFERTY	TUITION	FOUNDATION	Employer identification number 20-5437032
		•			
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

# Related Organizations and Unrelated Partnerships

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

OMB No 1545-0047	2013	Open to Public inspection
	-	

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 20-5437032

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. MONSIGNOR LAFFERTY TUITION FOUNDATION Name of the organization

Part

Direct controlling entity E End-of-year assets e Total Income Ē Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a)	(q)	(0)	(9)	(e)	(4)	(g)	2/41/131
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	controlled	led led
of related organization		foreign country)	section	status (if section	entity	entity?	٠,
:				501(c)(3))		Yes	No
DIOCESE OF SIOUX CITY - 42-0680296	THE DIOCESE OF SIOUX CITY						
	IS INCLUDED IN THE GROUP			-			
	EXEMPTION NUMBER 0928						
							•
			-				
	-						
							1

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

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Schedule R (Form 990) 2013

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20-5437032 Page 2

Schedule R (Form 990) 2013 MONSIGNOR LAFFERTY TUITION FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicite (state or foreign	(d) Direct controlling entity	Predoming (related, i excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportonate allocations? Yes No	(i) Code V·UBI amount in box 20 of Schedule K·1 (Form 1065)	(j) Sl General or OX managing ule partner? 65) Yes No	al or Perc	(j) (k) 'General or Percentage managing ownership partner?
Part tV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	janizations Taxable a	as a Corporting the tax	oration or Trust Colyear.	mplete if th	e organization	answered "Y	'es" on Form	990, Part	IV, line 34	because it ha	td one or	more re	lated
(a) Name, address, and EIN of related organization	Zc	Prim	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income		(g) Share of end-of-year assets	(h) Percentage ownership	1	Section 512(b)(13) controlled entty?
												_	
											_		
											_		
332162 09-12-13				32						Sche	Schedule R (Form 990) 2013	огт 99(	0) 2013

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	ated organizations listed	in Parts II·IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)	•			1c X
	,	•		X PI
	•			X
e Loans or ioan guarantees by related organization(is)				-
				×
f Dividends from related organization(s)				1
g Sale of assets to related organization(s)				1
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)	:			1j X
k Lease of facilities. equipment or other assets from related organization(s)				1k ×
	nization(s)			11 X
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
				×
q Reimbursement paid by related organization(s) for experises.				-
r Other transfer of cash or property to related organization(s)				1. ×
				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	no must complete th	is line, including covered	nation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Involved
(2)				
(4)				
(5)				
(9)				
332163 09-12-13	33		Schedu	Schedule R (Form 990) 2013

20-5437032

Page 4

Schedule R (Form 990) 2013 MONSIGNOR LAFFERTY TUITION FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	itructions regarding exclus	sion for certain inve	estment partnerships.		:					
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Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income partners sec (related, unrelated, 501(c)(3)	partners sec 501(c)(3) ords?	Share of total	Share of end-of-year	Dispropor- tonate allocations?	Ospropor- Code V-UBI General or Percentage tonate amount in box 20 managing ownership allocations? of Schedule K-1 partner?	General c managin partner?	Percentage ownership
		country)	under section 512-514) Yes	δ 8	income	assets	Yes No	(Form 1065)	Yes	
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Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	MONSIGNOR	LAFFERTY	TUITION	FOUNDATION	20-5437032 Page 5
Part VII	Supplemental Infor	mation				
	Provide additional informa	ation for responses to	auestions on Sci	hedule R (see in:	structions).	
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### Form **8868** (Rev. January 2014)

Department of the Treasury

## Application for Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.

OMB No. 1545-1709

Internal Reven	nue Service	► Information about Form 886	8 and its	instructions is at <i>www.irs.gov/tor</i>	<i>m886</i> 8	1	
● If you ar	re filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box		<b>&gt;</b>	X
<ul><li>If you ar</li></ul>	re filing for an <b>Add</b>	litional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of t	this form).		
-	~	nless you have already been granted a	-	• • • • •	-	m 8868.	
		u can electronically file Form 8868 if y					oration
		or an additional (not automatic) 3-mor					
		ns listed in Part I or Part II with the exc					
	•	which must be sent to the IRS in paper					
		lick on e-file for Charities & Nonprofits		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<b>g</b>	•
Part I		c 3-Month Extension of Time		ubmit original (no copies ne	eded).		
		e Form 990-T and requesting an auton					
Part I only	•	, ,			•	<b>&gt;</b>	
•		ding 1120-C filers), partnerships, REM.	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time	
to file inco	me tax returns.				Enter file	r's identifying num	ber
Type or	Name of exemp	t organization or other filer, see instruc	ctions.		Employer	identification numb	er (EIN) or
print							
<b></b>	MONSIGNO	R LAFFERTY TUITION	FOUNI	DATION		20-543703	:2
File by the due date for filing your		and room or suite no. If a P.O. box, se KSON STREET	ee instruc	tions.	Social se	curity number (SSN	)
return See instructions	City, town or po	est office, state, and ZIP code. For a fo	reign add	ress, see instructions.			
	BIOOK CI	TY, IA 51105					
Catartha I	Datura aada far th	ne return that this application is for (file	a conara	te application for each return)			0 1
Enter the i	neturii code for tr	le return that this application is for the	a separa	te application for each returny	-		-1-1
A !! #!			Potura	Application			Return
Application  Is For  Code Is For						Code	
	Farm 000 F7		01	Form 990-T (corporation)	_		07
	or Form 990-EZ		02	Form 1041-A			08
Form 990-			03	Form 4720 (other than individual)			09
	0 (individual)		03	Form 5227		· · · · · · · · · · · · · · · · · · ·	10
Form 990-		100(a) 4m (a4)	05	Form 6069		····	11
	T (sec. 401(a) or 4		06	Form 8870			12
Form 990-	T (trust other than	DIANE DONNELLY	] 06	FOIII 8870			1 12
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		.2)255-7933					
	-	not have an office or place of business			lf Albana sa ƙasa		السا
		urn, enter the organization's four digit of the group, check this box					
						ers the extension is	TOT.
	•	c 3-month (6 months for a corporation				Th	
	AUGUST 15		t organiza	tion return for the organization name	ed above.	The extension	
_	or the organization						
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2 If th	<b>¬</b>	d in line 1 is for less than 12 months, c	neck reas	on:	Final retur	n	
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	* *	or Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentative tax, less any		•	Λ
		s. See instructions.		A control to the second	3a	\$	0.
	* *	or Forms 990-PF, 990-T, 4720, or 6069					Λ
		nts made. Include any prior year overp			3b	\$	0.
		ct line 3b from line 3a. Include your pa					^
		tronic Federal Tax Payment System).			3c	\$	0.
Caution. Instruction		make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ar	nd Form 8879-EO fo	r payment
LHA For 323841 12-31-13	or Privacy Act an	d Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (Re	ev. 1-2014)
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