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990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Department of the Treasury

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.

Open to Public

Inte	rnal Revenu	ue Service	Information about	t Form 990 and its instruction	ns is at и	vww.irs.go	ov/form990	D <u>. </u>	ınspe	ection
A	For the	2016 cale	ndar year, or tax year beginning			d ending			, 20	
В	Check if applicable C Name of organization Catholic Schools Center of Excellence								r identificatio	n number
	Address	·· .	Doing business as Catholic Sc			47-3560859	9			
	Name ch	, i	Number and street (or P O box if n			Room/suite		E Telephon		
	Initial retu	· ·	3033 Excelsior Blvd			55	o		612-425-110	05
\Box		n/terminated	City or town, state or province, cou	untry, and ZIP or foreign postal coo	le					
$\bar{\sqcap}$	Amended		Minneapolis, MN 55416	• •			i	G Gross red	ceipts \$	5,272,950
$\overline{\Box}$			F Name and address of principal office	cer Gail Dorn			H/a) is this a ci		ubordinates?	
	, 4-p		3033 Excelsior, Blvd., Suite 55						included?	_
ı	Tay-even	npt status	✓ 501(c)(3))(1) or [527	1		list (see instru	
<u>. </u>	Website:		w.cscoe-mn.org	() 4 (miser no) (4347(a	<u> </u>	<u> </u>	1	exemption i		•
			Corporation Trust Associ	lation ☐ Other ▶	I Vear	of formation			of legal domici	le MN
	art I	Summa		ation other =	Liear	OI IOIIIalion	2013	I W State (or legal donner	11114
_			scribe the organization's mis	sion or most significant act	witios:	CSCOE	rovides s	upport to	Catholic pre	echool and
0	1		ry schools within the Archdioc							
Activities & Governance	-	enrollmer		ese of ot. Faur and Millieapt	7113 111 1110	en enorts	to acineve	academic	CACCHETICE	
ř			is box ▶☐ if the organization	discontinued its operation			mara than	050/ of 1	to not oppos	to
Š			of voting members of the gov			. <i>.</i>		3	ts net asse	.s. 6
G S			of independent voting member					4		
es			nber of individuals employed			•		5		3
ξ	1		• • •	_ •	v, ime z	za)		6		
당	7a	Total nun	nber of volunteers (estimate if elated business revenue from	Dest VIII as Commercial Commercia				 		
•								7a		
	 	Net umer	ated business taxable income	iai		: [· _ ·	Prior Ye	7b	Curren	<u>_</u>
		Contribut	cons and suggest (Cost VIII Inc	OC.7 1 0 20	\supset_{Ω}	/ ⊢			- Curren	
ne			ions and grants (Part VIII, line	10 20	17. S	/ · ├─		3,924,444		5,272,950
Revenue			service revenue (Part VIII, line			· ·		0		
Ë	10	Investmer	nt income (Part VIII, column (A) lines 3, 4, and 7d)		· ·		0		
	11 (Other reve	nt income (Part VIII, column (i enue (Part VIII, column (A), lin enue—add lines 8 through 11 (es 5, 6d, 8c, 90, luc, and	11e)	·		0		0
					ı (A), Iine	12)		3,924,444		5,272,950
			nd similar amounts paid (Part			· ·		884,500		3,387,487
	1		oald to or for members (Part I			·:		0		0
Expenses	1		other compensation, employee		, lines 5-	-10)		214,483		332,359
eüs	1		nal fundraising fees (Part IX,			· ·		0		<u>0</u>
쫎	1		draising expenses (Part IX, co			0	>	» [*]	e	· · · · · <u> </u>
_			penses (Part IX, column (A), lir			· ·		557,192		2,341,986
			enses. Add lines 13-17 (must		line 25)	·		,656,175		6,061,832
	 	Revenue I	less expenses. Subtract line	18 from line 12	• • •	·		2,268,269		(788,882)
Sor						Beg	inning of Cu		End of	
Net Assets or Fund Balances	20		ets (Part X, line 16)			· ·	2	2,291,031		1,688,405
ag A	21		lities (Part X, line 26)			· ·		22,762		209,018
			s or fund balances. Subtract	line 21 from line 20 .		·	2	2,268,269		1,479,387
Pa	art II	Signati	ure Block							
			y, I declare that I have examined this						ıy knowledge	and belief, it is
True	e, correct,	and comple	ete Declaration of preparer (other tha	n officer) is based on all informatio	n of which	preparer na	is any knowi	eage	0/1-	
	l							8/1	8/1/	
Sig		Signa	ture of officer	~ h			Da	te		
łе	re	\	11010							
		Туре	orint name and title							
o _a	id	Print/Typ	pe preparer's name	Preparer's signature		Date	,	Check [] if PTIN	
	eparer	. Amy He	ndley	Rome. Hundy		8/1	0/17	self-emp	loyed P0	1300654
	e Only		ame CliftonLarsonAllen L	LP U			Firm	n's EIN ▶	41-074	46749
		Firm's ad	ddress ► 220 South Sixth Stree	et, Suite 300; Minneapolis, M	N 55402		Pho	ne no	612-376	-4500
۷a	y the IRS	S discuss	this return with the preparer						· · 🗹	Yes 🗌 No
	Panares	orde Dodeso	tion Act Notice and the con-	-44		O-4-N	44000)/		500	m QQQ (2016)

Part	V Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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	·	1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	*	, ,	1,12
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	, "	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
b	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1

Part	Checklist of Required Schedules (continued)			
٠,			Yes	No
_	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or demostra assistance to any domestic organization or demostration	20b		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
02	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		-
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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		1
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)		3.	, i
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	√	✓_
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "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? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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		1
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	1	

Form **990** (2016)

L GIL				_
<u>`</u>	Check If Schedule O contains a response or note to any line in this Part V		Yes	<u> </u>
10	Fatantha averbas was at due David of Faun 1000 Fatan 0 if a david at last		res	No
1a	The state of the s	2		
p p	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4	1	
C	reportable gaming (gambling) winnings to prize winners?		,	
20		1c	/	 -
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4	1.2.	<u></u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	}
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	L_		L.
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
_	,	4a		 V
b	If "Yes," enter the name of the foreign country:	*	١.	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	. 3		
- -	(FBAR).	\u	, '	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		┼
Va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		1
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		/
b		G.L		
7	gifts were not tax deductible?	6b	-	
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	, i,	()] `;
u	and services provided to the payor?	7.0		1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b	├	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		┼─
U	required to file Form 8282?	7c	1	1
a	If "Yes," indicate the number of Forms 8282 filed during the year		, /	┼-
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	u w. 8 '	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-	1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	+
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-	┼
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		l	+
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	```	,	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	in .	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	\vdash
10	Section 501(c)(7) organizations. Enter:	14 ,	 	+
a	Initiation fees and capital contributions included on Part VIII, line 12	1. 72	1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	- 1	,	
11	Section 501(c)(12) organizations. Enter:	⊣ *;;		
. а	Gross income from members or shareholders	*		
b	Gross income from other sources (Do not net amounts due or paid to other sources	՝՝ ,,,	,	
	against amounts due or received from them.)	15	. "	
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	1	, ,	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	† ,		
. О	Is the organization licensed to issue qualified health plans in more than one state?	13a	†	T
-	Note. See the instructions for additional information the organization must report on Schedule O.	1	t	†
b	Enter the amount of reserves the organization is required to maintain by the states in which	- St.	,	
	the organization is licensed to issue qualified health plans	5	100	, -
С	Enter the amount of reserves on hand	1 3	, , , , ,	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14b		T

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. S	ee ins	tructi	ons.				
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u></u>		<u> </u>				
Secti	on A. Governing Body and Management								
		1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year .	1a 6		,	,				
	If there are material differences in voting rights among members of the governing body, or		3	3					
	if the governing body delegated broad authority to an executive committee or similar			,					
	committee, explain in Schedule O.		() ()	, ,	٠, ١				
_	b Enter the number of voting members included in line 1a, above, who are independent . 1b								
2	Did any officer, director, trustee, or key employee have a family relationship or a business		. 1 .	القيمة،	استند				
2	any other officer, director, trustee, or key employee?		2	✓	 				
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors, or trustees, or key employees to a management company or other				,				
4			3		V .				
4	Did the organization make any significant changes to its governing documents since the prior Form 9				V				
5	Did the organization become aware during the year of a significant diversion of the organization	on s assets?.	5 6		1				
6 7a	Did the organization have members or stockholders?	oloot or appoint	-						
7 a	one or more members of the governing body?	elect of appoint	7.	/					
b	Are any governance decisions of the organization reserved to (or subject to approva	l but members	7a						
D	stockholders, or persons other than the governing body?		76	1	l				
8	Did the organization contemporaneously document the meetings held or written actions un		7b	- 11					
U	the year by the following:	idertaken during	No.	,					
2	The governing body?		8a	1	, '- (
a b	Each committee with authority to act on behalf of the governing body?	,	8b	V	1				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen any officer.	ot he reached at	55		-				
-	the organization's mailing address? If "Yes," provide the names and addresses in Schedule C		9		1				
Secti	on B. Policies (This Section B requests information about policies not required by the			ode.)	-				
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		1				
b	If "Yes," did the organization have written policies and procedures governing the activities of								
	affiliates, and branches to ensure their operations are consistent with the organization's exem	pt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body befo	re filing the form?	11a	✓					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	" (a	ž man t	, ,				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	✓					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	ve rise to conflicts?	12b	✓					
С	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"							
	describe in Schedule O how this was done		12c	✓_					
13	Did the organization have a written whistleblower policy?		13		1				
14	Did the organization have a written document retention and destruction policy?		14		✓				
15	Did the process for determining compensation of the following persons include a review		, L	* 5	, [
	independent persons, comparability data, and contemporaneous substantiation of the deliberation			٠٠٠ م					
a	The organization's CEO, Executive Director, or top management official		15a	✓	<u> </u>				
b	Other officers or key employees of the organization		15b		1				
	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 sim	ilar arrangement	-	وقع د سمند مانیف	ــــــ				
	with a taxable entity during the year?		16a	• -	-				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization			د <u>د</u> دو					
	participation in joint venture arrangements under applicable federal tax law, and take steps organization's exempt status with respect to such arrangements?				است أنا				
Secti	on C. Disclosure	<u>· · · · · · · · · · · · · · · · · · · </u>	16b		1				
17	List the states with which a copy of this Form 990 is required to be filed MN								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a	and 990-T (Section	5010	c)(3)s	only)				
. •	available for public inspection. Indicate how you made these available. Check all that apply.	000 . (000.10	. 55.(_,,,,,,	· • · · · · y)				
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Sc	hedule (1)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing docume		erest	policy	v. and				
	financial statements available to the public during the tax year.			,,	, ,				
20	State the name, address, and telephone number of the person who possesses the organization	on's books and re	cords	. ▶					
	Robert J. Behr: 3033 Excelsion Blvd. Suite 550: Minneanolis MN 55416		_						

	-
Page	_/

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

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

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

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

Check this box if neither the organization no	r anv relate	d ora	anız	atio	n c	ompe	nsa	ited any curren	it officer, director	r, or trustee
			-		C)			1		
(A) Name and Title	(B) Average	(do not check Average box, unless p			rson	is both	an	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director		a Officer	Key employee	Highest compensated employee	e) Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1					ļ			ŀ		
(1) Andrew Cozzens	5	,				Ì	Ì			
Director (D) of the state of th	<u> </u>	1		├_	<u> </u>	 	<u> </u>	0	0	0
(2) Stephen Hoeppner	5			ارا	ļ		l			
Director and Secretary	<u> </u>	<u> </u>	_	✓	ļ	<u> </u>	<u> </u>	0	0	0
(3) Anne Cullen Miller	5					Ì	1]		
Director		✓		-		├		0	0	0
(4) Karen M. Rauenhorst Director	5	1					•	o	0	0
(5) Mark H. Rauenhorst	5									
Director and Treasurer		✓		1	ļ	ļ	ļ	0	o	0
(6) Gail Dorn	40]		
President		✓		✓	_			190,000	0	0
(7)										
(8)									-	
(9)				-	-					
(10)	 			<u> </u>	-		ļ —			
(11)				-	-	-				
(12)				\vdash	 - -		-			<u> </u>
(13)	 		-	-	-		 			
(14)			-	\vdash	-					

Pari	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees		nd F	lighes	st C	ompensated E	mployees (contin	ued)
·	(B) Average hours per week (list any	box,	unles	Pos eck s pe	ntion more	than one that the that the that the that the that the that the the that the the that the that the that the the the that the the the the the the the the the th	an tee)	(D) Reportable compensation from	(E) Reportab compensation related		(F) Estimated amount of other	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N		compensation from the organization and related organizations
(15)												
(16)												
(17)						_		-	 			
(18)					_	_		-				
(19)				-				<u> </u>				
(20)						_	<u></u>					· · · · · · · · · · · · · · · · · · ·
(21)						-		-			- $+$	
(22)				_		_		-	<u> </u>			
(23)								-				
(24)						_					-	
(25)						-		-				
1b c	Sub-total	VII, Sectio		 ·		<u> </u>		>	190,000		0	0
<u>d</u> 2	Total (add lines 1b and 1c)	t not limited		_		_		<u>►</u> e) w	/ho received me		00,00	0 O of
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc								est compe	nsate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or inc		al
Section	on B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization. Repyear.											
	(A) Name and business add	iress							(B) Description of s	ervices		(C) Compensation
	y Education Foundation, 2040 Briggs Road, S y Brothers, Inc., 1771 Energy Park Drive, St.			urel	, NJ	080	54	+-	lected school or formation techno			382,624 381,239
2	Total number of independent contractor received more than \$100,000 of compens							L o th	nose listed abo	ove) who		

Pa	rt VIII	Statement of Revenue		······································		Page
		Check if Schedule O contains a response or no	e to any line in th	ıs Part VIII		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants	1a	Tall	0		-	012 014
Gra	b		0			
ts,	C		0	1 .		,3
Contributions, Gifts, Grants and Other Similar Amounts	d		0			
	e	The second of th	0		, ,	it:
utio	f	All other contributions, gifts, grants, and similar amounts not included above 1f 5 272	٠, ٠	, '	у,	, is
호를	l _		950		, ,	, ,
ont nd (g	Noncash contributions included in lines 1a-1f \$			> .	,
	 "	Total. Add lines 1a-1f	5,272,95			, , ,
eun	2a	Business Co	le distant contil :	á 35 . Ká	a Luci fier	ر ، شاسان
æ	ь			 		
. ဗိ	C					
Şeιν	d					
Ē	e				 	
Program Service Revenue	f	All other program service revenue . 0) 0	, ,
<u>~</u>	g)	',	i, see Se
	3		·		0	
	4	Income from investment of tax-exempt bond proceeds	•		0	
	5	Royalties	<u> </u>		0	C C
	6a	(i) Real (ii) Personal				£ , % , ,
	b	Gross rents 0 Less: rental expenses 0			3. 3.	1. 1. 1.
	C	Less: rental expenses Rental income or (loss)	0 4			1. 1. 1. 1. 1. 1.
	ď	Net rental income or (loss)				Standard Comman of Standard Co.
	7a	Gross amount from sales of (i) Securities (ii) Other		0	0	9
		assets other than inventory 0		10.5	1	
	b	Less cost or other basis	153	", 's , 's		* ,
		and sales expenses . 0	<u>o</u>	*	4	, ,
	C	Gain or (loss) 0	0 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a s		S
	d	Net gain or (loss)	<u> </u>	<u> </u>	0	0
enne	8a	Gross income from fundraising events (not including \$, , ,	e d	. , ,	* .
Other Revenue		of contributions reported on line 1c). See Part IV, line 18 a	, ,		,	ε
Ĕ	b	Less: direct expenses b	0	, ,		
۱		Net income or (loss) from fundraising events .			0	
	9a	Gross income from gaming activities.			0	0
- 1		See Part IV, line 19 a	0	,	ļ ,	
		Less: direct expenses b	0			
1	C	Net income or (loss) from gaming activities	0	0	0	0
	ıva	Gross sales of inventory, less returns and allowances a	0			,
l	b	Less: cost of goods sold b	-			
		Net income or (loss) from sales of inventory	· 0	0		
		Miscellaneous Revenue Business Cod		 		0
ſ	11a					The section of the se
	b					
- 1	С		1	 		

All other revenue

0

0

0

5,272,950

Form 990 (2Q16) Page 10 Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and general expenses (D) Fundraising expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . 3,387,487 3,387,487 Grants and other assistance to domestic ındividuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 190,000 152,000 38,000 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 116,492 59,760 56,732 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 9 Other employee benefits 3,481 1,786 1,695 0 10 Payroll taxes 22,386 11,484 10.902 0 11 Fees for services (non-employees): Management а 0 b Legal 0 0 0 0 С Accounting . . 9.974 0 9,974 0 d Lobbying 0 0 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees n 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . 362,577 220,001 142,576 0 12 Advertising and promotion . . . 313,802 300,519 13,283 0 13 Office expenses . 36,552 18,486 18,066 0 14 Information technology 472,755 456,548 16,207 0 15 Royalties 0 0 16 Occupancy . 50,634 34,283 16,351 0 17 12,435 11,573 862 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 Conferences, conventions, and meetings . 19 104,860 94,025 10,835 0 20 0 0 21 Payments to affiliates 0 0 22 Depreciation, depletion, and amortization . 21,039 14,245 6,794 0 23 2,129 3,364 1,235 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column in Ca Reports (A) amount, list line 24e expenses on Schedule O.) Centrally procured services to support schools 947,909 928,182 19,727 0 b C d All other expenses е 6,084 1,734 4,351 0

6,061,832

5,693,348

368,484

Total functional expenses. Add lines 1 through 24e

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)

25

0

Form 990 (2016) Page 11 Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year Cash-non-interest-bearing 2.134.051 1 1.395.862 2 2 Savings and temporary cash investments o 3 O 3 187,500 Accounts receivable, net 4 91.558 4 1.023 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 0 5 0 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 0 n Notes and loans receivable, net 0 7 0 8 Inventories for sale or use 0 8 0 2,399 9 9 53,992 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 73.024 b Less. accumulated depreciation 10b 22,996 63,023 10c 50,028 11 Investments—publicly traded securities 0 11 0 12 Investments-other securities. See Part IV, line 11 . 0 12 0 13 13 Investments—program-related. See Part IV, line 11 0 0 0 14 14 0 Other assets. See Part IV, line 11 0 0 15 15 2,291,031 1,688,405 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 Accounts payable and accrued expenses 209,018 17 22,762 17 18 18 0 0 0 19 19 Deferred revenue 0 Tax-exempt bond liabilities 20 O 20 Ω 21 0 21 0 Escrow or custodial account liability. Complete Part IV of Schedule D. 22 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 0 22 0 23 Secured mortgages and notes payable to unrelated third parties . . . 0 23 0 24 0 24 0 Unsecured notes and loans payable to unrelated third parties . . . Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 0 25 26 Total liabilities. Add lines 17 through 25 22,762 26 209,018 Organizations that follow SFAS 117 (ASC 958), check here and or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets (188,757)(853,343) Temporarily restricted net assets 28 2,457,026 28 2,332,730 29 29 n Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Net Assets Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds .

2,268,269

2,291,031

33

34

1,479,387 1,688,405

Form **990** (2016)

Total liabilities and net assets/fund balances

33

_	4	
Page		_

i Oilli 3	30 (2010)			ra	ige iz
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u> .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,27	2,950
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,06	1,832
3	Revenue less expenses. Subtract line 2 from line 1	3		(788	3,882)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,26	8,269
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6	<u> </u>		0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		1,47	9,387
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," expected to the control of	olain	ın ု		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both.			- 213	1,2,3,00
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?	 d aa	2b		Š.
	If "Yes," check a box below to indicate whether the financial statements for the year were audite separate basis, consolidated basis, or both:	u on	a ,	***	i G
С	Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the committee of the consolidated and separate basis.			#. ***	المسكم
	of the audit, review, or compilation of its financial statements and selection of an independent account				L
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	-	15° , 15° , 15° , 15° ,	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth	ın 3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underequired audit or audits, explain why in Schedule O and describe any steps taken to undergo such as				
				rm 990	(2016)

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 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ 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.

Catholic Schools Center of Excellence 47-3560859 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) Я A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 ☐ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/a% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (vi) Amount of (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in vour governing support (see other support (see document' above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

(D)

(E) Total

•	(Complete only if you checked the Part III. If the organization fails to						alify under
Sect	ion A. Public Support	<u> </u>		310 <u>u</u> 3010111, p.		,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				3,924,444	5,272,950	9,197,394
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				0,024,444	0	0,101,034
3	The value of services or facilities furnished by a governmental unit to the organization without charge				0	0	0
4	Total. Add lines 1 through 3				3,924,444	5,272,950	9,197,394
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)				And the second s		8,699,048
_ 6	Public support. Subtract line 5 from line 4	18, 4,	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	کرچ ه	23 24	1 / 1 / 1	498,346
	ion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4				3,924,444	5,272,950	9,197,394
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on				0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)				0	0	0
11	Total support. Add lines 7 through 10	7	, ,	, ,	î /	7,	9,197,394
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	0
13	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he		<u> </u>	· · · · ·	<u> </u>	<u> </u>	· . ▶ 🗸
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2016 (line		•			14	%
15	Public support percentage from 2015 Scl					15	%
16a	331/3% support test—2016. If the organ						check this
b	box and stop here . The organization qua 33 ¹ / ₃ % support test—2015. If the organization this box and stop here . The organization	zation did not	check a box c	on line 13 or 16	a, and line 15		ore, check
17a	10%-facts-and-circumstances test—2010% or more, and if the organization meets the "organization	016. If the orga	anization did n -and-circumst	ot check a box ances" test, ch	k on line 13, 10 leck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization is supported organization.	ation meets th	e "facts-and-o	circumstances"	test, check t	this box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see

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

Part III	A	for Organizations Described in Section 5	
Birta de III	SUDDOM SCHOOLID	or Organizations Described in Section f	こののについつい
	Cappoi i Scriedale	OL OLUBIIIZALIULIS DESCRIBEU IN SECLIOR S	ルノラいイロノト
		or organizations becombed in occitor t	/V-VIU/IL

(Complete only if you checked the box on line 10	of Part I or if the organization failed to qualify under Part	t II.
If the organization fails to qualify under the tests I		

	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		•				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose .						
3	Gross receipts from activities that are not an				_		
	unrelated trade or business under section 513						
4	Tax revenues levied for the				,		
	organization's benefit and either paid						
	to or expended on its behalf	<u></u>					
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year		 				
с 8	Add lines 7a and 7b		V1001831.03	.,	U.S. N		
Ū	line 6.)					, ,	
Secti	on B. Total Support	<u> </u>	* * * * * 2	[', 8']	4 3 35%	<u>(</u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(3) 2010	(0) 2014	(4) 2010	(6) 2010	(i) Total
10a	Gross income from interest, dividends,	***************************************			•		
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	1					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1					
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12)	L	<u> </u>	L	<u> </u>		
14	First five years. If the Form 990 is for the organization, check this box and stop he				-		
Section	on C. Computation of Public Suppor			· · · · ·	· · · · ·		<u> ▶ </u>
15	Public support percentage for 2016 (line	<u>_</u>		2 column (fl)		15	%
16	Public support percentage from 2015 Sch					16	
	on D. Computation of Investment In	come Perce	ntage	<u></u>	-:	101	
17	Investment income percentage for 2016 (v line 13. colui	mn (fl)	17	%
18	Investment income percentage from 2015					18	/ 6
19a	331/a% support tests—2016. If the organ						
	17 is not more than 331/3%, check this box						
b	331/3% support tests-2015. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	.)	
Secti	on A. All Supporting Organizations			
		r	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		*
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	**************************************	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	, , ,	,
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		44°
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	i i i in de de de de de	
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	3,73	, , , , , , , , , , , , , , , , , , ,
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	,	, 4
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	× , 1	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c 6		want w
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	,	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	، سک " ـ	
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a	<i>F</i> ₁ ,	į, t,
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1 3 4		100

determine whether the organization had excess business holdings.)

	ie A (Form 990 or 990-EZ) 2016			age 5
Part	Supporting Organizations (continued)		V	NI -
11	Has the arganization appeared a gift or contribution from any of the fellowing paragraph		Yes	No
ıı a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	, ;	,	į
a	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	şl ,~		,
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		,*	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	, jt	*:	
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	Ψ _y	٠,٠	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	illeran	v- 66	_ 1
•		1 ~ ~		
2	Did the organization operate for the benefit of any supported organization other than the supported	1 17		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1,	
	supervised, or controlled the supporting organization.	· · · · · · · · · · · · · ·	, 1,1	
Secti	on C. Type II Supporting Organizations			L
<u> </u>	on o. Type it oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	,	· ; ; ;	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	~	(
	or management of the supporting organization was vested in the same persons that controlled or managed	25.	, .	, ,
	the supported organization(s).	1		_
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	, (C)		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	**	,	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	٠. ١	Z	1.1
_		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		ેલ ⁴ ં;	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	bis ii.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		,3 2,	 ;
•	significant voice in the organization's investment policies and in directing the use of the organization's		15 3 3 ×	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	,		
	supported organizations played in this regard.	3	**	***************************************
Secti	on E. Type III Functionally Integrated Supporting Organizations	·		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction:	s).
· a	☐ The organization satisfied the Activities Test. Complete line 2 below.			-7.
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struct	ions)
		- ***		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	l [']		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined) '	ì '	
	that these activities constituted substantially all of its activities.	2a		
b		20	,	-
U	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		'	
	reasons for the organization's position that its supported organization(s) would have engaged in these	'	l '	'
	activities but for the organization's involvement.	2b		-
3	Parent of Supported Organizations. Answer (a) and (b) below.		 -	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations	
1. ☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru IIzat	st on Nov. 20, 1970 (expla ions must complete Section	in ın Part VI). See ons A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	_	
3 Other gross income (see instructions)	3	_	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	5, -3		
a Average monthly value of securities	1a		<u></u>
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5	20 24 1 1 1 1 1	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III supportin	g organization (see

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions	<u> </u>		Current Year				
1	Amounts paid to supported organizations to accomplish	exempt purposes	 					
2	Amounts paid to perform activity that directly furthers exe		orted					
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nızations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is res	sponsive					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2016 from Section C, line 6							
10	Line 8 amount divided by Line 9 amount							
_	and a Figure 1 at a first transfer of the second	(i)	(ii)	(iii)				
5	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2016	Amount for 2016				
1	Distributable amount for 2016 from Section C, line 6	4 4 4	A 10 : A 30 - 31A					
_	Underdistributions, if any, for years prior to 2016							
2	(reasonable cause required - explain in Part VI). See	1 1 5 5 7 12						
	instructions.							
3	Excess distributions carryover, if any, to 2016:		\$. \$	<u> </u>				
<u>a</u>		; ;; ;;		To be the				
b				*				
<u>c</u>	From 2013		*45, (* 11	1 1 1				
<u>d</u>	From 2014	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1						
e	From 2015			, , ,				
<u>f</u>	Total of lines 3a through e	1	, 100	* * * * * * * * * * * * * * * * * * * *				
<u> </u>	Applied to underdistributions of prior years	3 4 3		* * * * * * * * * * * * * * * * * * * *				
<u>h</u> _	Applied to 2016 distributable amount	<u> </u>		<u> </u>				
<u>i</u> _	Carryover from 2011 not applied (see instructions)	, ;		5				
	Remainder Subtract lines 3g, 3h, and 3i from 3f.		, , , , , , , , , , , , , , , , , , ,					
4	Distributions for 2016 from			, , , , , , , , , , , , , , , , , , ,				
	Section D, line 7:							
<u>a</u>	Applied to underdistributions of prior years	, ,						
<u>b</u>	Applied to 2016 distributable amount	`	3.7					
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.		•	, k				
5	Remaining underdistributions for years prior to 2016, if			t y t				
	any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions.	36		e,				
6	Remaining underdistributions for 2016. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.							
- -		, , ,						
7	Excess distributions carryover to 2017. Add lines 3j and 4c.		" « «	· ·				
				· · · · · · · · · · · · · · · · · · ·				
8	Breakdown of line 7:							
a_	Excess from 2013	, 1 ₆						
b_								
<u>c</u>	Excess from 2014							
_ <u>d</u>	Excess from 2015			<u>'</u> ,				
<u>е</u>	Excess from 2016			t c				

Page	8
, age	v

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
••	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the or	ganization		Employer identification number
Cath	olic Sch	ools Center of Excellence		47-3560859
Pa	rt I	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	ds or Accounts.
		Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2	Aggre	egate value of contributions to (during year)		
3		egate value of grants from (during year) .		
4		egate value at end of year		
5		he organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds	are the organization's property, subject to th	e organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did tl	ne organization inform all grantees, donors, a	and donor advisors in writing that grain	nt funds can be used
	only i	for charitable purposes and not for the benef	fit of the donor or donor advisor, or f	or any other purpose
	confe	rring impermissible private benefit?		· · · · · · □ Yes □ No
Pai	tII	Conservation Easements.		
		Complete if the organization answered '	"Yes" on Form 990, Part IV, line 7.	
1	Purpo	ose(s) of conservation easements held by the		
		reservation of land for public use (e.g., recrea		f a historically important land area
		rotection of natural habitat	·	f a certified historic structure
	ПР	reservation of open space		
2		plete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the form of a conservation
		nent on the last day of the tax year.		Held at the End of the Tax Year
а				2a
b		acreage restricted by conservation easement		
C		per of conservation easements on a certified h		
ď		per of conservation easements included in	. ,	
u				1
3		per of conservation easements modified, trans		
•	tax ye		sierroa, reieusea, extinguismea, or terr	rinated by the organization during the
4		per of states where property subject to conse	rvation easement is located >	
5	Does	the organization have a written policy reg	parding the periodic monitoring ins	epection handling of
Ū		ions, and enforcement of the conservation ea		
6		and volunteer hours devoted to monitoring, inspec		
Ū	Stanz	ind volunteer hours devoted to monitoring, inspec	ing, nanding of violations, and emorcing	conservation easements during the year
7	Amou	nt of expenses incurred in monitoring, inspectin	as bandling of wolstions, and onforcing	conceniation accoments during the year
•	≯ \$	nt of expenses incurred in monitoring, inspecting	ig, nationing of violations, and emorcing	Conservation easements during the year
8		each conservation easement reported on line	2/d) shove estick the requirements of	section 170/h\/4\/B\/i\
U		· · · · · · · · · · · · · · · · · · ·		
		, , , , , , , , , , , , , , , , , , ,		
9		t XIII, describe how the organization reports on sheet, and include, if applicable, the text of		•
		ization's accounting for conservation easeme		ianciai statements that describes the
Dar		Organizations Maintaining Collection		Other Similar Assets
I CII		Complete if the organization answered '		
1a	If the	organization elected, as permitted under SF.		
ıa		of art, historical treasures, or other similar		
		service, provide, in Part XIII, the text of the f		
L				
þ		organization elected, as permitted under S		
		of art, historical treasures, or other similar service, provide the following amounts relati		ducation, or research in furtherance of
	(I) He	venue included on Form 990, Part VIII, line 1 sets included in Form 990, Part X		
_	(ii) As	sets included in Form 990, Part X		· · · · ▶ \$
2	If the	organization received or held works of art,	, historical treasures, or other similar	r assets for financial gain, provide the
		ing amounts required to be reported under S		
a	Rever	nue included on Form 990, Part VIII, line 1 .		• \$
b	Asset	s included in Form 990, Part X		▶ \$

	t III Organizations Maintaining								
3.	Using the organization's acquisition, collection items (check all that apply):		her recoi	ds, chec	k any of th	ie follov	ving that are a s	significant	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	je prog	rams		
b	☐ Scholarly research								
С	☐ Preservation for future generations	3		_					
4	Provide a description of the organization XIII.		and expla	ain how ti	hey further	the org	janization's exei	mpt purpo	se in Part
5	During the year, did the organization	solicit or receive	donation	s of art.	historical tr	reasure	s. or other simil	ar	
	assets to be sold to raise funds rather								s 🗌 No
Par	IV Escrow and Custodial Arra	angements.							
	Complete if the organization 990, Part X, line 21.	answered "Yes					•		Form
1a	Is the organization an agent, trustee included on Form 990, Part X?							_	s 🗌 No
b	If "Yes," explain the arrangement in P								.5
~	Too, explain the arrangement in the	art Am and compr	310 1110 10	nowing to	abic.		1 -	mount	
С	Beginning balance					10	 		
d	Additions during the year					10			
e	Distributions during the year					1e			
f	Ending balance					11			
2a	Did the organization include an amoun			 21 for e	· · · ·			/2 □ Y 6	s \square No
	If "Yes," explain the arrangement in P								
	t V Endowment Funds.	art Am. Oncor nor	0 11 1110 0	piariatio	Thas been	provide	ed off f dit Ain .		
	Complete if the organization	answered "Yes	" on For	m 990. F	Part IV. line	e 10.			
		(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance		<u> </u>		<u> </u>			1	
b	Contributions							- 	·
c	Net investment earnings, gains, and losses						7 7777		
d	Grants or scholarships								
e	Other expenditures for facilities and							-	
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he current vear er	d balanc	e (line 1a	. column (a	ı)) held	as:		
а	Board designated or quasi-endowmer			- (,,	,,			
b	Permanent endowment >	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for t	пе	
	organization by:	•	J					_	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related o							3b	
4	Describe in Part XIII the intended uses								
Part									
	Complete if the organization		" on For	m 990. F	Part IV. line	e 11a.	See Form 990	. Part X, I	ine 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Boo	
		(investm	ent)	(0	ther)	ď	epreciation		
1a	Land	·	0		0	C (158 4)			0
ь	Buildings	·	0		0		0		0
C	Leasehold improvements	·	0		0		0		0
d	Equipment	·	0		34,024		9,996		24,028
<u>e</u>	Add lines 1a through 1e. (Column (d) n	<u>· </u>	0	<u>L</u>	39,000		13,000		26,000
I OTO!	ADD THE 12 THROUGH 16 (C'Alumn (d) n	nuct oqual Form U	un Parti	r column	1 <i>(H</i>) (ino 1/	JC 1	■ 1		50 028

(4) (5)	Part VII	Investments—Other Securities.		
Tip Financial derivatives	•		orm 990, Part IV, line	e 11b. See Form 990, Part X, line 12.
(2) Closely-hold equity interests		(a) Description of security or category (including name of security)	(b) Book value	l
(3) Other (A) (B) (B) (C) (C) (D) (D) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E				
Col.				
Col.	(3) Other			
(C)				
Column C				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Compl				
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Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value (b) (c) (c)		h must equal Form 990. Part X. col. (R\ line 12 \ ▶		'4 3 cd 1 3 gr 1
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				

Part			e per Return.	
	Complete if the organization answered "Yes" on Form 990, I			E 272 050
	Total revenue, gains, and other support per audited financial statements		· · · 	5,272,950
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا م	o (%	
	Net unrealized gains (losses) on investments	2a	0	
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	L		0
	Add lines 2a through 2d		2e 3	5,272,950
_	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		31.3	0,272,300
		4a	o	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4b	0	
	Add lines 4a and 4b		4c	0
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5,272,950
Part >				0,212,300
Fall /	Complete if the organization answered "Yes" on Form 990,		es per netam.	
1			1	6,061,832
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		· ·	5,551,552
	Donated services and use of facilities	2a	o	
	Prior year adjustments	2b	<u> </u>	
	Other losses	2c	<u> </u>	
	Other (Describe in Part XIII.)	2d	0	
	Add lines 2a through 2d		2e	0
	Subtract line 2e from line 1		3	6,061,832
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1836	
	nvestment expenses not included on Form 990, Part VIII, line 7b	4a	ol i i i i	
	Other (Describe in Part XIII.)	4b	0	
	,		4c	0
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			6,061,832
Part X		<u>*</u>		
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			e 4, Part X, line
2; Part 2	KI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additi	onal information.	
Part X,	Line 2: The Organization is exempt from federal income taxes under Section	501(c)(3) of the Interna	I Revenue Code a	nd
applica	ble state law. The Organization files Form 990 in the U.S. federal jurisdiction	and the state of Minne	sota.	
The Org	anization follows the income tax standard for uncertain tax provisions. No li	ability was recognized	by the Organization	n as a
result o	f the implementation of this standard. The Organization files as a tax-exempt	organization. Should	that status be chal	lenged
in the fo	iture, all years since inception could be subject to review by the Internal Rev	enue Service (IRS).		
		·		

Schedule D (For	orm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	
•		
····		
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		•

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection

° □ **Employer identification number** √ Yes 47-3560859 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? General Information on Grants and Assistance Catholic Schools Center of Excellence Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

300) Tarry, mile 21, 101 any recipient mar received final \$3,000. Fair in car be duplicated in additional space is freeded.	וכולוכטן ניום וכון	נומו וכככועכם ווו	ore trial \$3,000.	רמונים משומים	ישווישום יי משויוטו	ימו אלשכים וא וופכתכת.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) All Saints Catholic School							
Lakeville, MN 55044	41-0705872	501(c)(3)	21,000	0			Technology and teachers
(2) Annunciation Catholic School							
Minneapolis, MN 55419	41-0721671	501(c)(3)	30,000	0			Tech, enrollment, teachers
(3) Ascension Catholic School							
Minneapolis, MN 55411	41-0705767	501(c)(3)	21,528	0			Tech, enrollment, teachers
(4) Ave Maria Catholic School							
Maple Grove, MN 55311	41-1871572	501(c)(3)	67,030	0			Enrollment and teachers
(5) Blessed Trinity Catholic School							
Richfield, MN 55423	41-1787370	501(c)(3)	60,506	0			Tech, enrollment, teachers
(6) Carondelet Catholic School							
Minneapolis, MN 55410	41-1783087	501(c)(3)	123,760	0			Tech, enrollment, teachers
(7) Community of Saints Cath Schop							
West St. Paul, MN 55118	45-4804818	501(c)(3)	80,221	0			Tech, enrollment, teachers
(8) Divine Mercy Catholic School							
Faribault, MN 55021	41-1954118	501(c)(3)	79,250	0			Tech, enrollment, teachers
(9) Elizabeth Ann Seton Cath School							
West St. Paul, MN 55118		501(c)(3)	10,000	0			Enrollment and teachers
(10) Epiphany Catholic School					-		
Coon Rapids, MN 55433	41-0880245	501(c)(3)	10,000	0			Enrollment and teachers
(11) Faithful Shepherd Cath School							
Eagan, MN 55121	41-1880757	501(c)(3)	22,250	0			Tech, enrollment, teachers
(12) Frassati Catholic Academy							
White Bear Lake, MN 55110	46-3494121	501(c)(3)	55,325	0			Tech, enrollment, teachers

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Cat No 50055P

Schedule I (Form 990) (2016)

81

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990,

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

2016

OMB No 1545-0047

Open to Public Inspection

47-3560859

% □

Employer identification number

✓ Yes 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?

General Information on Grants and Assistance

Catholic Schools Center of Excellence

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

930, Falt IV, III 6 2 1, 101 ally recipient that received those that a 5,000. Falt II can be dupilicated II additional space is needed.	or any recipient		ore man 40,000.	rari II cari pe di	plicated II addition	iai space is needed.	
1 (a) Name and address of organization or government	NI3 (q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Good Shepherd Catholic School Golden Valley, MN 55426	41-0830321	501(c)(3)	26,000	0			Tech, enrollment, teachers
(2) Guardian Angels Catholic School Chaska, MN 55318	41-0785167	501(c)(3)	60,000	0			Tech, enrollment, teachers
(3) Highland Catholic School St. Paul, MN 55116	41-0972541	501(c)(3)	14,638	0			Enrollment and teachers
(4) Holy Cross Catholic School Webster, MN 55088	41-0954737	501(c)(3)	43,850	0			Tech, enrollment, teachers
(5) Holy Family Academy St. Louis Park, MN 55416	41-0804986	501(c)(3)	38,000	0			Tech, enrollment, teachers
(6) Holy Name of Jesus Cath School Medina, MN 55391	41-0845399	501(c)(3)	22,500	0			Tech, enrollment, teachers
(7) Holy Spirit Catholic School St. Paul, MN 55116	41-0705768	501(c)(3)	45,000	0			Tech, enrollment, teachers
(8) Holy Trinity Catholic School South St. Paul, MN 55075	41-0734737	501(c)(3)	89,175	0			Tech, enrollment, teachers
(9) Immaculate Conception Cath Sch Columbia Heights, MN 55421	41-0703859	501(c)(3)	40,493	0			Tech, enrollment, teachers
(10) Mary, Queen of Peace Cath Sch	41-0737230	501(c)(3)	34,858	0			Tech, enrollment, teachers
(11) Maternity of Mary Cath School St. Paul, MN 55117	41-1654467	501(c)(3)	11,345	0			Enrollment and teachers
(12) Most Holy Redeemer Cath Schog	41-0747137	501(c)(3)	20,000	0			Tech, enrollment, teachers
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	vernment organiza	tions listed in the li	ne 1 table			A .

Schedule I (Form 990) (2016)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

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

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

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

2016

OMB No 1545-0047

Open to Public Inspection

Employer identification number 47-3560859

% □ Complete if the organization answered "Ves" on √ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? **General Information on Grants and Assistance** Catholic Schools Center of Excellence Partl

Part II	Grants and Other A 990, Part IV, line 21,	ssistance to Do for any recipient	mestic Organiz that received mo	cations and bornore ore than \$5,000.	Part II can be di	lents. Complete in uplicated if addition	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete it the organization answered Tes on 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.	ered res on Form
1 (a) Name a	(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	(d) Amount of cash (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Nativity of Mary Cath Bloomington, MN 55420	(1) Nativity of Mary Catholic School Sloomington, MN 55420	41-0735359	501(c)(3)	61,000	0			Tech, enrollment, teachers
(2) Nativity of Our St Paul, MN 55105	(2) Nativity of Our Lord Cath School St Paul, MN 55105	41-0693956	501(c)(3)	32,130	0			Tech, enrollment, teachers
(3) Notre Dame Acade	(3) Notre Dame Academy Minnetonka, MN 55345	46-1333219	501(c)(3)	72,000	0			Tech, enrollment, teachers

~	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
က	3 Enter total number of other organizations listed in the line 1 table

501(c)(3)

41-0834785

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

Cat No. 50055P

Schedule I (Form 990) (2016)

Enrollment, tutoring, teach

41,578

501(c)(3)

27,500

501(c)(3)

41-0789390

23,500

501(c)(3)

41-6027712

(8) Pope John Paul II Cath School

Belle Plaine, MN 56011

Minneapolis, MN 554132

(9) Presentation Catholic School

81,298

501(c)(3)

41-0718339

(6) Our Lady of the Lake Cath Schors Mound, MN 55364 (7) Our Lady of the Prairie Cath Sch Tech, enrollment, teachers

Tech, enrollment, teachers

Teacher recognition

Tech, enrollment, teachers

Tech, enrollment, teachers

Tech, enrollment, teachers

Tech, enrollment, teachers

44,000

501(c)(3)

41-0705765

(4) Our Lady of Grace Cath School

Edina, MN 55436

(5) Our Lady of Peace Cath School

Minneapolis, MN 55417

501(c)(3)

0.000

0

41,900

10,000

501(c)(3)

41-1883866

27,656

501(c)(3)

41-1748146

(11) Risen Christ Catholic School

Minneapolis, MN 55407

(10) Providence Academy

Plymouth, MN 55446

Maplewood, MN 55109

12) Sacred Heart Catholic School

Robbinsdale, MN 55422

SCHEDULE I

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Department of the Treasury Internal Revenue Service Name of the organization

Catholic Schools Center of Exellence

Part I

Governments, and Individuals in the United States

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

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.rs.gov/form990.

2016 OMB No. 1545-0047

∠ U T O
Open to Public
Inspection

Employer identification number 47-3560859

° □

√ Yes

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? General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

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1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Saint Agnes Catholic School							
St. Paul, MN 55103	41-0694737	501(c)(3)	20,000	0			Tech, enrollment, teachers
(2) Saint Alphonsus Catholic School							
Brooklyn Center, MN 55429	41-0846441	501(c)(3)	29,609	0			Tech, enrollment, teachers
(3) Saint Ambrose Catholic School							
Woodbury, MN 55129	41-1905541	501(c)(3)	35,200	0			Tech, enrollment, teachers
(4) Saint Anne Catholic School							
Le Sueur, MN 56058	41-0724077	501(c)(3)	25,000	0			Tech, enrollment, teachers
(5) Saint Bartholomew Catholic Sch							
Wayzata, MN 55391	41-0711478	501(c)(3)	25,000	0			Tech, enrollment, teachers
(6) Saint Charles Borromeo Catholin							
Minneapolis, MN 55418	41-0706912	501(c)(3)	31,293	0			Tech, enrollment, teachers
(7) Saint Croix Catholic School							
Stillwater, MN 55082	41-1731931	501(c)(3)	27,000	0			Tech, enrollment, teachers
(8) Saint Dominic Catholic School							
Northfield, MN 55057	41-0711501	501(c)(3)	65,000	0		***	Tech, enrollment, teachers
(9) Saint Elizabeth Ann Seton Cath							
Hastings, MN 55033	41-1587210	501(c)(3)	44,600	0			Tech, enrollment, teachers
(10) Saint Francis Xavier Catholic Sot							
Buffalo, MN 55313	41-0737223	501(c)(3)	30,891	0			Tech, enrollment, teachers
(11) Saint Helena Catholic School							
Minneapolis, MN 55406	41-0718330	501(c)(3)	30,000	0			Tech, enrollment, teachers
(12) Saint Hubert Catholic School							
Chanhassen, MN 55317	41-0789368	501(c)(3)	70,000	0	:		Tech, enrollment, teachers
	I (0/\-/+03		1) - 47 -6 [-44]47	4 4-1-1-			_

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. Enter total number of other organizations listed in the line 1 table. ପ ଚ

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

Cat No 50055P

Schedule I (Form 990) (2016)

SCHEDULE 1 (Form 990)

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990,

Open to Public Inspection 2016

OMB No 1545-0047

Employer identification number

47-3560859

° □

√ Yes

grants or assistance, and

Catholic Schools Center of Excellence

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Saint Jerome Catholic School Maplewood, MN 55117	41-0773779	501(c)(3)	51,697	0			Tech, enrollment, teachers
(2) Saint John Little Canada Little Canada, MN 55117	41-0781158	501(c)(3)	31,316	0			Tech, enrollment, teachers
(3) Saint John Baptist Cath School Excelsior, MN 55331	41-0721661	501(c)(3)	20,000	0			Tech, enrollment, teachers
(4) Saint John Baptist Cath School Jordan, MN 55352	41-0713019	501(c)(3)	31,300	0			Tech, enrollment, teachers
(5) Saint John Baptist Cath School New Brighton, MN 55112	41-0732498	501(c)(3)	25,000	0			Tech, enrollment, teachers
(6) Saint John Baptist Cath School Savage, MN 55378	41-0791350	501(c)(3)	45,000	0			Academics, enroll, teacher
(7) Saint John Baptist Cath School Vermillion, MN 55085	41-0826791	501(c)(3)	61,000	0			Tech, enrollment, teachers
(B) Saint Joseph Catholic School Rosemount, MN 55068	41-0727039	501(c)(3)	30,000	0			Tech, enrollment, teachers
(9) Saint Joseph Catholic School Waconia, MN 55387	41-0754588	501(c)(3)	24,500	0			Tech, enrollment, teachers
(10) Saint Joseph Catholic School West St. Paul, MN 55118	41-0705875	501(c)(3)	53,725	0			Tech, enrollment, teachers
(11) Saint Jude of the Lake Cath Sch	41-0764101	501(c)(3)	77,500	0			Tech, enrollment, teachers
(12) Saint Mark Catholic School St. Paul, MN 55104	41-0694739	501(c)(3)	42,624	0			Enrollment and teachers
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	n 501(c)(3) and gov	ernment organiza	ations listed in the li	ne 1 table			A

Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No. 50055P

Schedule I (Form 990) (2016)

SCHEDULE 1 (Form 990)

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

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

OMB No 1545-0047 2016

Open to Public Inspection

Employer identification number 47-0560859 **%** □

√ Yes

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Catholic Schools Center of Excellence Department of the Treasury Internal Revenue Service Name of the organization

Part

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

)) : : : : : : : : : : : : : : : : : :			
1 (a) Name and address of organization or government	(p)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Saint Maximilian Kolbe Cath Sch							
Delano, MN 55328	41-0726145	501(c)(3)	26,250	0			Tech, enrollment, teachers
(2) Saint Michael Catholic School							
Prior Lake, MN 55372	41-0826790	501(c)(3)	25,000	0			Tech, enrollment, teachers
(3) Saint Michael Catholic School							
St. Michael, MN 55376	41-0707799	501(c)(3)	71,000	0			Tech, enrollment, teachers
(4) Saint Odelia Catholic School							
Shoreview, MN 55126	41-0837655	501(c)(3)	82,875	0			Tech, enrollment, teachers
(5) Saint Pascal Baylon Cath School							
St. Paul, MN 55106	41-0704479	501(c)(3)	70,000	0			Tech, enrollment, teachers
(6) Saint Peter Catholic School							
Forest Lake, MN 55025	41-0799304	501(c)(3)	36,628	0			Tech, enrollment, teachers
(7) Saint Peter Catholic School							
North St. Paul, MN 55109	41-0838644	501(c)(3)	33,500	0			Tech, enrollment, teachers
(8) Saint Peter Claver Cath School		-					
St. Paul, MN 55104	41-0824943	501(c)(3)	42,650	0			Enrollment and teachers
(9) Saint Raphael Catholic School							
Crystal, MN 55428	41-0729961	501(c)(3)	79,108	0			Tech, enrollment, teachers
(10) Saint Rose of Lima Cath School							
Roseville, MN 55113	41-0790158	501(c)(3)	10,000	0			Teacher recognition
(11) Saint Stephen Catholic School							
Anoka, MN 55303	41-0713861	501(c)(3)	53,000	0			Tech, enrollment, teachers
(12) Saint Stephen Cath Preschool							
Minneapolis, MN		501(c)(3)	13,000	0			Preschool expansion
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	n 501(c)(3) and gov proanizations listed	vernment organiza	tions listed in the line 1 table	ine 1 table			A A

Cat. No 50055P

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

Schedule I (Form 990) (2016)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

► Attach to Form 990.

2016

OMB No 1545-0047

Open to Publio Inspection

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

Employer identification number 47-0560859 **%**□

✓ Yes

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Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

the selection criteria used to award the grants or assistance?

Catholic Schools Center of Excellence

Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(6) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Saint Therese Catholic School							
Deephaven, MN 55391	41-0790147	501(c)(3)	25,000	0			Tech, enrollment, teachers
(2) Saint Thomas More Cath School							
St. Paul, MN 55105	41-1691889	501(c)(3)	10,000	0			Technology and teachers
(3) Saint Timothy Catholic School							
Maple Lake, MN 55358	53-0196617	501(c)(3)	89,500	0			Tech, enrollment, teachers
(4) Saint Vincent de Paul Cath Schen							
Brooklyn Park, MN 55445	41-0849303	501(c)(3)	24,530	0			Technology and teachers
(5) Saint Wenceslaus Cath School							
New Prague, MN 56071	41-0695519	501(c)(3)	36,000	0			Tech, enrollment, teachers
(6) Shakopee Area Catholic School							
Shakopee, MN 55379	41-0961357	501(c)(3)	63,150	0			Tech, enrollment, teachers
(7) Way of the Shepherd Cath Schog							
Blaine, MN 55434	41-1916137	501(c)(3)	128,775	0			Tech, enrollment, teachers
(8) Transfiguration Catholic School							
Oakdale, MN 55128	41-0797343	501(c)(3)	77,000	0			Tech, enrollment, teachers
(9) Visitation Catholic School							
Mendota Heights, MN 55120	41-0693957	501(c)(3)	10,000	0			Teacher recognition
(10)							
(11)							
							377
(12)							
2 Enter total number of section 501(c)(3) and government org	1501(c)(3) and gov	ernment organiza	lanizations listed in the line 1 table	ne 1 table			A
o Enter total accidence of other consisting and installed to the	Coton continuous	0 404 - 001 044 01					4

3 Enter total number of other organizations listed in the line 1 table

Cat No 50055P

Schedule I (Form 990) (2016)

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

Schedule I (Fr	Schedule I (Form 990) (2016)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individua space is needed	als. Complete if the I.	e organization answ	ered "Yes" on Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recripients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
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7			-	=	12 July 2007	
Part I, line	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, Column (D), and any other additional information. Part I, line 2: Organizations served by the Catholic Schools Center of Excellence have the opportunity to apply for a CSCOE grant by submitting a "Request for Funding" is		ince have the opportu	nity to apply for a CSC	OE grant by submitting a "Re	tilon required in Part I, line 2, Part III, column (b), and any other additional information. Excellence have the opportunity to apply for a CSCOE grant by submitting a "Request for Funding" to CSCOE's
president.	president. The president reviews the Request for Funding to ensure the purpose is consistent with CSCOE's mission statement and that funding is available. If and when approved,	to ensure the purp	lose is consistent with	CSCOE's mission sta	tement and that funding is av	ailable. If and when approved,
proceeds	proceeds are sent to the recipient accompanied by a transmittal letter which states the purpose for which the grant is being awarded. Once the grant has been exhausted, the recipient	smittal letter which	states the purpose fo	r which the grant is be	ing awarded. Once the grant I	has been exhausted, the recipient
provides a	provides a project summary report to CSCOE which summarizes how, specifically, the funds were used and what results were attained. All CSCOE grants are made to organizations	narizes how, speci	fically, the funds were	used and what results	were attained. All CSCOE gra	ants are made to organizations
within the	within the United States.					
						Schedule I (Form 990) (2016)

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No 1545-0047

2016 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Catholic Schools Center of Excellence 47-3560859 **Questions Regarding Compensation** Yes Νo 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel Housing allowance or residence for personal use ☐ Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees ☐ Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. а 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Note: The Sum of Columns (B)(I)—(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	or eac	n listed individual mus	st equal the total am	ount of Form 990, Pa	irt VII, Section A, line	a, applicable colum	in (D) and (E) amounts	s for that individual.
		(b) Breakdown of	W-z and/or 1099-MIS	sc compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Trite		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	in column (B) reported as deferred on prior Form 990
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							Sche	Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

Provide the information, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information.										Schedule J (Form 990) 2016
uired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a,										
Provide the information, explanation, or descriptions requor any additional information.										

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 2016

Name of the organization Employer identification number

Catholic	Schools Center of	Excellence)		47-3	35608	59		
Part I		fit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section : Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	11(c)(29) organiz 5a or 25b, or Fo	ations rm 99	only) 0-EZ,	Part '	V, lıne	40b.	
1 (a) Name of disqualified	noman	(b) Relationship be	etween	disqualified	person and		(c) Description	n of trai	acactio:			(d) Con	ected?
. ,	a) Name of disqualified	person		organız	ation			(c) Description	ni Oi (ia	isaction	<u> </u>		Yes	No
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(2)	· · · · · · · · · · · · · · · · · · ·						L							
(3)							<u> </u>							
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharreyer	zation's nues?
(4) Dath Usammar	Samuel of Binaria		Mid-	res	No
(1) Beth Hoeppner	Spouse of Director	23,900	Videography support.	-	/
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Part V Supplemental Informatio	n tion for responses to questions	on Cabadula I (aca	unatruational		
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SCHEDULE 0 (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.

Employer identification number

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Inspection

Catholic Schools Center of Excellence	47-3560859
Part VI, Line 2: Karen M. Rauenhorst and Mark H. Rauenhorst, both directors of the Organization, have	a family relationship.
Part VI, Line 11b: The Organization's Form 990 is prepared by the organization's finance director and r	eviewed by the Organization's
independent auditors. The completed forms are also provided to each member of the board of director	rs for review prior to filing.
Part VI, Line 12c: The Organization has a written conflict of interest policy which was approved by the	board of directors. The policy
requires each board member and officer to attest, not less than annually, that he/she has reviewed, an	d is in compliance with, the
policy and to disclose any actual or potential conflicts of interest. No conflicts of interest have been re	eported or detected.
Part VI, Line 15a: Compensation for the Organization's chief executive was established by the board of	f directors after review of
comparability data and was contemporaneously substantiated in minutes of the applicable board mee	ting. No changes have been made
to the chief executive's compensation have been made since the compensation was initially establish	ed in 2015.
Part VI, Line 1a: Although the Board of Directors may establish an Executive Committee composed of	at least three directors designated by
the Board of Directors, no such Executive Committee has been established.	
Part VI, Line 6: The Organization has two classes of membership: sustaining members and supporting	g members. Sustaining members are
voting members of the Organization. The initial sustaining members are the Richard M. Schulze Famil	y Foundation, GHR Foundation, Inc.,
the Catholic Community Foundation of Minnesota and the AIM Higher Foundation. The supporting me	mber is the Archdiocese of St. Paul
and Minneapolis.	
Part VI, Line 7a: The sustaining members each appoint one individual to serve on the board of directo	rs. The supporting member appoints
one individual to serve on the board of directors.	
Part VI, Line 7b: The following changes requiring approval of the sustaining members in addition to the	ne board of directors:
a) Amendments to or repeal of the Articles of Incorporation or Bylaws;	
b) Any plan of merger or consolidation with another corporation; the sale, lease, exchange, mor	tgage or other disposition of all or
substantially all of the assets of the Organization; and the voluntary dissolution of the Organ	ization;
c) Any change in the Organization.	
Part VI, Line 15b: The Organization has no officers or key employees other than the top management	official.
Part VI, Line 19: The organization's governing documents, conflict of interest policy and financial state	ements are available to the public
upon request.	