DLN: 93493105015540 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable CATHOLIC EDUCATION FOUNDATION INC □ Address change 61-1294640 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 401 W MAIN STREET NO 806 ☐ Amended return ☐ Application pending (502) 585-2747 City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY  $\,$  40202  $\,$ G Gross receipts \$ 16,053,794 Name and address of principal officer H(a) Is this a group return for RICHARD LECHLEITER ☐Yes **☑**No subordinates? 401 W MAIN STREET NO 806 H(b) Are all subordinates LOUISVILLE, KY 40202 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) ☐ 501(c)( ) **◄** (Insert no ) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW CEFLOU ORG L Year of formation 1995 **M** State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO PROMOTE THE GROWTH AND VITALITY OF CATHOLIC EDUCATION IN THE ARCHDIOCESE OF LOUISVILLE Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 25 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 7 **6** Total number of volunteers (estimate if necessary) . . . . 6 12 Total unrelated business revenue from Part VIII, column (C), line 12 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 8 Contributions and grants (Part VIII, line 1h) . 4,678,102 5,324,304 Ravenua 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 614,388 269,572 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -214,536 -212,334 5,077,954 5,381,542 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,847,497 3,616,714 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 866,847 893,438 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶624,316 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 400,888 447,411 5,115,232 4,957,563 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -37,278 423,979 Net Assets or Fund Balances Beginning of Current Year End of Year 23,639,393 24,811,687 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 106,624 173,500 22 Net assets or fund balances Subtract line 21 from line 20 . 23,532,769 24,638,187 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here RICHARD LECHLEITER PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-04-14 P00832283 Paid self-employed Firm's name ► BLUE & CO LLC Firm's EIN ► 35-1178661 Preparer Use Only Firm's address ► 2650 EASTPOINT PKWY SUITE 300 Phone no (502) 992-3500 LOUISVILLE, KY 40223 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

orm	990 (2018)				Page <b>2</b>
Pa	rt III Staten	nent of Program Service A	Accomplishments		
	Check If	Schedule O contains a response	or note to any line in this P	'art III	🗹
1		the organization's mission			
.OUI	SVILLE THE FOU		ION PRIMARILY THROUGH T	/ITALITY OF CATHOLIC EDUCATION IN T UITION ASSISTANCE GRANTS TO FAMIL: ENTUCKY	
2	Did the organiz	ation undertake any significant	program services during the	year which were not listed on	
	the prior Form	990 or 990-EZ?			🗌 Yes 🛭 No
	If "Yes," describ	oe these new services on Schedi	ıle O		
3	Did the organiz	ation cease conducting, or make	significant changes in how i	it conducts, any program	
	services? .  If "Yes " describ				☐ Yes ☑ No
4	Describe the or Section 501(c)(	ganızatıon's program service ac	are required to report the an	s three largest program services, as mea nount of grants and allocations to others	
4a	(Code See Additional Da	) (Expenses \$ ta	3,616,714 including grants	of \$ 3,616,714 ) (Revenue \$	)
4b	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants	of \$ ) (Revenue \$	)
4d		services (Describe in Schedule	•		
	(Expenses \$		ng grants of \$	) (Revenue \$	
4e	Total program	ı service expenses ▶	3,616,714		

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Par	Checklist of Required Schedules			
	7		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
4	Section 501(c)(3) organizations.  Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?  If "Yes," complete Schedule C, Part II	4		No
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		No
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 "S"	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets?  If "Yes," complete Schedule D, Part III	8		No
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		No
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 2	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	Yes	
	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		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts II and IV	15		No
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		No
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		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes." complete Schedule I. Parts I and III	22		No

and former Schedule J  24a Did the orgethe last da complete S  b Did the orgethe defease d Did the orgethe section Si Is the orgethe section Si Is the orgethe section Si If "Yes," cc.  26 Did the orgethe section Si If "Yes," cc.  27 Did the orgethe section Si If "Yes," cc.  28 Was the orgethe section Si Is "Yes," cc.  29 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe section Si Is "Yes," cc.  22 Did the orgethe section Si Is "Yes," cc.  23 Did the orgethe section Si Is "Yes," cc.  24 Did the orgethe section Si Is "Yes," cc.  25 Did the orgethe section Si Is "Yes," cc.  26 Did the orgethe section Si Is "Yes," cc.  27 Did the orgethe section Si Is "Yes," cc.  28 Did the orgethe section Si Is "Yes," cc.  29 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe section Si Is "Yes," cc.  22 Did the orgethe section Si Is "Yes," cc.  23 Did the orgethe section Si Is "Yes," cc.  24 Did the orgethe section Si Is "Yes," cc.  26 Did the orgethe section Si Is "Yes," cc.  27 Did the orgethe section Si Is "Yes," cc.  27 Did the orgethe section Si Is "Yes," cc.  28 Did the orgethe section Si Is "Yes," cc.  29 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe section Si Is "Yes," cc.  22 Did the orgethe section Si Is "Yes," cc.  24 Did the orgethe section Si Is "Yes," cc.  26 Did the orgethe section Si Is "Yes," cc.  27 Did the orgethe section Si Is "Yes," cc.  27 Did the orgethe section Si Is "Yes," cc.  28 Did the orgethe section Si Is "Yes," cc.  29 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  20 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe section Si Is "Yes," cc.  21 Did the orgethe sectio				
and former Schedule J  24a Did the orgethe last da complete S  b Did the orgethe defease d Did the orgethe section Silver			Yes	No
the last da complete S b Did the orgeto defease d Did the orgeto defease d Did the orgeto defease d Did the orgeto defease b Is the orgeto defease b Is the orgeto defease former offing "Yes," concentration of any of the orgeto defease Was the orgeto defease a A current of Part IV b A family m	ganization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current r officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	Yes	
c Did the org to defease d Did the org 25a Section 50 Did the orgathat the trail "Yes," cc. 26 Did the orgathat organization: a A current of any of the orgathat organization: b A family m	ganization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of its of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and Schedule K If "No," go to line 25a	24a		No
to defease d Did the org 25a Section 5i Did the org complete 5 b Is the orga that the tra If "Yes," cc 26 Did the org former offir If "Yes," cc 27 Did the org contributor of any of ti 28 Was the or instruction: a A current of Part IV b A family m	ganization invest any proceeds of tax-exempt bonds beyond a temporary period exception $^2$	24b		
25a Section 50 Did the org complete 5 b Is the orga that the tra If "Yes," cc 26 Did the org former offir If "Yes," cc 27 Did the org contributor of any of th 28 Was the or instruction: a A current of Part IV b A family m	ganization maintain an escrow account other than a refunding escrow at any time during the year any tax-exempt bonds?	24c		
b Is the orgathat the trail "Yes," co.  Did the orgathat the trail "Yes," co.  Did the orgathat organization of any of the organization:  A current of Part IV.  b A family m	ganızatıon act as an "on behalf of" ıssuer for bonds outstandıng at any tıme durıng the year?	24d		
that the tra If "Yes," co 26 Did the org former offin If "Yes," co 27 Did the org contributor of any of the 28 Was the org instruction: a A current of Part IV b A family m	O1(c)(3), 501(c)(4), and 501(c)(29) organizations. ganization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," Schedule L, Part I	25a		No
former offine former offine former offine for the organization for the former of any of the former of any offine former offine f	anization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and ansaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? complete Schedule L, Part I	25b		No
contributor of any of the  28 Was the or instruction: a A current of Part IV  b A family m	ganization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or icers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	26		No
<ul><li>a A current of Part IV</li><li>b A family m</li></ul>	ganization provide a grant or other assistance to an officer, director, trustee, key employee, substantial r or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member hese persons? If "Yes," complete Schedule L, Part III	27		No
Part IV . <b>b</b> A family m	rganization a party to a business transaction with one of the following parties (see Schedule L, Part IV is for applicable filing thresholds, conditions, and exceptions)			
<b>b</b> A family m	or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
		28a		No
	nember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,	28b		No
c An entity o	of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an ector, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
<b>29</b> Did the org	ganization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
-	ganization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ons? If "Yes," complete Schedule M	30		No
<b>31</b> Did the org	ganization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	ganization sell, exchange, dispose of, or transfer more than 25% of its net assets? omplete Schedule N, Part II	32		No
	ganization own 100% of an entity disregarded as separate from the organization under Regulations sections 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
	rganization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	Yes	
<b>35a</b> Did the org	ganization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</b> If 'Yes' to I within the	line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	<b>01(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related on? If "Yes," complete Schedule R, Part V, line 2	36		No
ıs treated a	ganization conduct more than 5% of its activities through an entity that is not a related organization and that as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	ganization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 <b>Note.</b> 90 filers are required to complete Schedule O	38	Yes	

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

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

**b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

No

Yes

69

1a

1b

Page 4

13a

14a

14b

15

No

No

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13b

13c

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .

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

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . . .

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

rm 99	00 (2018)			Page
Part V	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions  Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines 🗹
Secti	ion A. Governing Body and Management			
			Yes	No
1a Er	nter the number of voting members of the governing body at the end of the tax year 25			
bo	there are material differences in voting rights among members of the governing ody, or if the governing body delegated broad authority to an executive committee or milar committee, explain in Schedule O			
	nter the number of voting members included in line 1a, above, who are independent			
	<b>1b</b> 25	]		
of	id any officer, director, trustee, or key employee have a family relationship or a business relationship with any other fficer, director, trustee, or key employee?	2		No
D of	id the organization delegate control over management duties customarily performed by or under the direct supervision f officers, directors or trustees, or key employees to a management company or other person?	3		No
	id the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
D	id the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
	id the organization have members or stockholders?	6		No
m	Id the organization have members, stockholders, or other persons who had the power to elect or appoint one or more sembers of the governing body?	7a		No
	re any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?	7b		No
	id the organization contemporaneously document the meetings held or written actions undertaken during the year by ne following			
a Th	he governing body?	8a	Yes	
b Ea	ach committee with authority to act on behalf of the governing body?	8b	Yes	
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the rganization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
ect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
	ıd the organization have local chapters, branches, or affiliates?	10a		No
ar	"Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
fo	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	11a	Yes	
	escribe in Schedule O the process, if any, used by the organization to review this Form 990			
	id the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
cc	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to onflicts?	12b		
S	id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in chedule O how this was done	12c		
	id the organization have a written whistleblower policy?	13		No
	id the organization have a written document retention and destruction policy?	14		No
ре	id the process for determining compensation of the following persons include a review and approval by independent ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	he organization's CEO, Executive Director, or top management official	15a	Yes	
	ther officers or key employees of the organization	15b		No
	"Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ta	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a exable entity during the year?	16a		No
ın	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation is joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt tatus with respect to such arrangements?	16b		
ect	ion C. Disclosure			
' Li	st the States with which a copy of this Form 990 is required to be filed▶  KY			
	ection 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s nly) available for public inspection. Indicate how you made these available. Check all that apply			
_	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
D.	escribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest olicy, and financial statements available to the public during the tax year			
St	tate the name, address, and telephone number of the person who possesses the organization's books and records			

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Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (	Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), ( if the organization's <b>current</b> key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five <b>current</b> high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's <b>former</b> office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's <b>former dir</b> , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

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Part VII Section A. Officers, Direct	ors, Trustees	, Key l	Empl	loye	es,	and I	High	nest Compensate	d Employees (coi	ntinued)
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	than c	one b	ox, u in of	t che unles ficer	and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	1 -	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										

		कें		sated		
See Additional Data Table						
	1					

1b Sub-Total			<b>&gt;</b>	-			
d Total (add lines 1b and 1s)			_		505 377	ام	50 3/12

1b 9	Sub-Total			
c -	Total from continuation sheets to Part VII, Section A ▶			
d.	Total (add lines 1b and 1c)	0		59,342
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

1b 9	Sub-Total			
c T	Total from continuation sheets to Part VII, Section A ▶			
<b>d</b> 7	Total (add lines 1b and 1c)	0		59,342
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization $\triangleright$ 3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>			
	mile 14. If Te3, complete 3chedule 5 for Such marviduar	3		No

2	of reportable compensation from the organization > 3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

	of reportable compensation from the organization ▶ 3			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpens	ation	
	(A) (B)		(0	3

	organization and related organizations greater than \$150,000 in res, complete Schedule 3 in	or such							
	ındıvıdual		4	Yes					
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization services rendered to the organization $^2$ If "Yes," complete Schedule $^2$ for such person		5		No				
Se									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year								
	(A)	(B)		(C					
	Name and business address	Description of services		Compen	sation				

	services rendered to the organization? If "Yes," complete Schedule J for such person									
S	ection B. Independent Contractors									
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year									
	(A) (B) Name and business address Description of	(B) (O) Description of services Compe								

2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0							

Form **990** (2018)

	VIII Statement of Revenue						rage <b>3</b>
	Check if Schedule O contains	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated business	(D)  Revenue excluded from
					function revenue	revenue	tax under sections 512 - 514
र ह	<b>1a</b> Federated campaigns	1a					
ran oun	<b>b</b> Membership dues	1b	1				
غَ دَ چَ	c Fundraising events	1c	1,253,706				
ar J	d Related organizations	1d	1				
S,E	e Government grants (contributions)	1e	<u> </u>				
ion I Si	<b>f</b> All other contributions, gifts, grants, and similar amounts not included	1f	4,070,598				
but the	above <b>g</b> Noncash contributions included		, ,				
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$	83	<u>4,384</u>				
<u>ತ</u>	h Total. Add lines 1a-1f		•	5,324,304			
i i	_		Business	Code			
Program Service Revenue	2a 	_					
o‡	b —						
Ž.	c ————————————————————————————————————						
ÿ	d —						
Jran	<b>f</b> All other program service revenue	e					
P	<b>9Total.</b> Add lines 2a-2f		<b>&gt;</b>				
	3 Investment income (including divide		<u> </u>	1	1		
	sımılar amounts)		<b>•</b>		!		377,632
	<b>4</b> Income from investment of tax-ex <b>5</b> Royalties			-			
	(ı) Rea		(II) Personal				
	<b>6a</b> Gross rents						
	<b>b</b> Less rental expenses			-			
	c Rental income or (loss)						
	<b>d</b> Net rental income or (loss) .			1			
	(ı) Securi	ities	(II) Other				
	<b>7a</b> Gross amount from sales of	224,075					
	assets other than inventory						
	<b>b</b> Less cost or	222.425					
	sales expenses	332,135					
	C Gain or (loss)	108,060		-108,060			-108,060
	8a Gross income from fundraising ev		<u> </u>	100,000			100,000
ne	(not including \$ 1,253,706	of					
Other Revenue	contributions reported on line 1c) See Part IV, line 18		126,500				
Re	<b>b</b> Less direct expenses	b	340,117				
er	<b>c</b> Net income or (loss) from fundrai		ents	-213,617	,		-213,617
₽	<b>9a</b> Gross income from gaming activit See Part IV, line 19	ties					
		a					
	<b>b</b> Less direct expenses	b					
	c Net income or (loss) from gaming 10aGross sales of inventory, less	j activit	les ▶	1			
	returns and allowances		J				
		a		_			
	<b>b</b> Less cost of goods sold	b		_			
	c Net income or (loss) from sales o Miscellaneous Revenue	ı inveni	Business Code				
	11aMISCELLANEOUS INCOME		900099	1,283	1,283	;	
					<u> </u>		
	b						
	С						
	d All other revenue			1			
	e Total. Add lines 11a-11d		•	1,283	3		
	12 Total revenue. See Instructions			5,381,542	1,283		0 55,955
							Form <b>990</b> (2018)

For	n 990 (2018)				Page <b>10</b>
	art IX Statement of Functional Expenses tion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other orga	anızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .			<u> <math>\square</math></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,616,714	3,616,714	,	
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	505,377		171,828	333,549
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	327,284		104,471	222,813
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	21,568		7,333	14,235
9	Other employee benefits	19,518		6,636	12,882
10	Payroll taxes	19,691		6,695	12,996
11	Fees for services (non-employees)				
ā	a Management				
ı	Legal	10,000		10,000	
	Accounting				
	l Lobbying				
	Professional fundraising services See Part IV, line 17				-
	Investment management fees	122,943		122,943	
	Other (If line 11g amount exceeds 10% of line 25, column	839		839	
-	(A) amount, list line 11g expenses on Schedule O)  Advertising and promotion	33,798		33,798	
	- · · ·	134,627		134,627	-
	Office expenses	35,237		35,237	
	Information technology	33,237		33,237	
	Royalties	20.750		20.750	
16	Occupancy	38,758		38,758	
	Travel	1,098		1,098	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,687		6,687	
23	Insurance	8,469		8,469	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
	a FUNDRAISING EXPENE	27,841			27,841
	b ENTERTAINMENT	24,096		24,096	
	c MISCELLANEOUS	2,248		2,248	
	d BAD DEBT EXPENSE	770		770	
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,957,563	3,616,714	716,533	624,316
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► ☐ If following SOP 98-2 (ASC 958-720)				

Form **990** (2018)

Form 990 (2018)

Net Assets or Fund

30

31

32

33

34

			Beginning of year		End of year
	1	Cash-non-interest-bearing	11,424	1	44,019
	2	Savings and temporary cash investments	722,792	2	991,796
	3	Pledges and grants receivable, net	1,354,139	3	1,556,561
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
S	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
et	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
4	9	Prepaid expenses and deferred charges	11,012	9	19,123
	10a	Land, buildings, and equipment cost or other			

\$8	8	Inventories for sale or use		8			
A	9	Prepaid expenses and deferred charges	11,012	9	19,123		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	53,946			
	ь	Less accumulated depreciation	umulated depreciation 10b 34.76				19,186
	11	Investments—publicly traded securities .	19,797,325	11	20,799,834		
	12	Investments—other securities See Part IV, line	11 .		1,678,040	12	1,306,906
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			56,288	15	74,262
	16	Total assets.Add lines 1 through 15 (must equ	23,639,393	16	24,811,687		
	17	Accounts payable and accrued expenses			106,624	17	173,500

	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<del>ge</del> i		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26	Total liabilities.Add lines 17 through 25	106,624	26	173,500

nces	27	Organizations that follow SFAS 117 (ASC 958), check here ► ✓ and complete lines 27 through 29, and lines 33 and 34.	2.549.245	27	2.317.420
	26	Total liabilities.Add lines 17 through 25	106,624	26	173,500
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	24	Unsecured notes and loans payable to unrelated third parties		24	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
iabi		persons Complete Part II of Schedule L		22	
<u> </u>		key employees, highest compensated employees, and disquamed			

		and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	106,624	26	173,500
lances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	2,549,245	27	2,317,420
Ba	28	Temporarily restricted net assets	2,683,052	28	2,630,615
ᄝ	29	Permanently restricted net assets	18,300,472	29	19,690,152

30

31

32

33

34

24,638,187

24,811,687 Form **990** (2018)

23,532,769

23,639,393

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

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

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

Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

3a

3b

No

Form 990 (2018)

#### **Additional Data**

Software ID:

**EIN:** 61-1294640

Name: CATHOLIC EDUCATION FOUNDATION INC.

Form 990, Part III, Line 4a:

Form 990 (2018)

DEVELOPMENT OF FACULTY AND STAFF, AND RELIGIOUS EDUCATION PROGRAMS

GRANTS WERE PROVIDED FOR TUITION ASSISTANCE TO CATHOLIC SCHOOL FAMILIES, TECHNOLOGY ENHANCEMENTS AT PARISHES AND SCHOOLS, PROFESSIONAL

Software Version:

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
D HANK ROBINSON CHAIRMAN	3 00	×		x				0	0	0
RICHARD A LECHLEITER PRESIDENT (NON-VOTING)	60 00	х		х				223,736	0	27,618
MOST REV JOSEPH E KURTZ DD VICE-CHAIRMAN	1 00	×		×				0	0	0
	4 00	ı	ı	1	1	1		i	ı	ı

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MOST REV JOSEPH E KURTZ DD	1 00	×		¥			
VICE-CHAIRMAN		_ ^		^			
CHARLES J DAHLEM	1 00	l					
CHAIR ELECT		_ ^					
STEPHEN E EMBRY	1 00						
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and Independent Contractors

SECRETARY

**TREASURER** 

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DAVID A DURIK

ROBERT L ASH

GREGORY A DEMUTH

BENJAMIN C FULTZ

ELIZABETH ULMER WISEMAN

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	ally flours	1	a un	ecto	317 61	usice		(NA 2 (4 000	Organizacions	I moniture .
	for related organizations below dotted line)		Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
JOHN V HAYES DIRECTOR	1 00	1 1						0	0	0
DONNA L HEITZMAN DIRECTOR	1 00	1 1						0	0	0
SCOTT D FLYNN DIRECTOR	1 00							0	0	0
KATHY C HERRINGTON DIRECTOR	1 00							0	0	0
REVEREND JOHN P STOLZ	1 00						$\Box$			

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

**NEIL P RAMSEY** 

JOHN D SWEENEY JR

WILLIAM J ROBY SR

PAUL J SCHULTE

LEISA SCHULZ

and Independent Contractors

and Independent Contractors (E) (A) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours					ustee		organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
LEONARD M SPALDING JR DIRECTOR	1 00	х						0	0	0
SR JEAN ANNE ZAPPA DIRECTOR	10 00	х						0	0	0
JOHN MALLOY DIRECTOR	1 00	×						0	0	0
MIKE ASH DIRECTOR	1 00	x						0	0	0
TODD WITHEN	1 00									

		×				0	0	ĺ
DIRECTOR								
MIKE ASH	1 00							
		Ιx				l o	l ol	i
DIRECTOR								
TODD KLIMEK	1 00							
		x				0	0	i

MIKE ASH DIRECTOR	1 00	Х			0	
TODD KLIMEK	1 00	Х			0	
DIRECTOR						

ED MADICULANTI TON	1.00							
DIRECTOR						Ĭ		
TODD KLIMEK	1 00	l				0	0	
DIRECTOR	4.00			_	_			
MIKE ASH		l				0	О	

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DIRECTOR		``							
TODD KLIMEK	1 00	l					0	0	
DIRECTOR		^					Ĭ		
ED WARK HAMILTON	1 00								

ODD KLIMEK		×				0	l n	
DIRECTOR		^				9	ı	
R MARK HAMILTON	1 00					0	0	
NIDECTOD		^				٥	ı	

157,500

124,141

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11,304

20,420

FR MARK HAMILTON	1 00	1						0	
DIRECTOR	50.00								
THITE BALIM	50 00	1	l	l					

50 00

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SR DIR OF OPERATIONS

DIRECTOR OF DEVELOPMENT

KEVIN WOODWARD

<b>CHEDUI</b> Form 990 oi 90EZ)		Comp	olete if the o	Charity Staturganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018
epartment of the ternal Revenue S ame of the o	2F3.102	<u> </u>	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Open to Public Inspection
ATHOLIC EDUCA	TION FOUND	ATION INC						ation number
Part I R	eason foi	· Public C	harity Stat	<b>us</b> (All organization	s must comple	ete this part.) S	61-1294640 See instructions.	
ie organizatio	n is not a p	rıvate found	ation because	e it is (For lines 1 thro	ugh 12, check o	nly one box )		
1	hurch, con	vention of cl	nurches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).	
2	school descr	ibed in <b>sec</b> t	tion 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ) )		
A I	nospital or a	cooperativ	e hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).	
na	me, city, ar	d state	•	ed in conjunction with	·			·
	-	n operated <b>).</b> (Complete		t of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in <b>section 170</b>
			•	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	()(v).	
			nally receives vi). (Complete	a substantial part of it Part II )	s support from a	ı governmental u	ınıt or from the gener	al public described in
B	community	trust describ	ed in <b>sectio</b>	170(b)(1)(A)(vi)	(Complete Part I	Ι)		
				escribed in <b>170(b)(1)</b> ee instructions Enter				lege or university or
fro	m activities estment inc	related to i come and ui	ts exempt fur hrelated busir	(1) more than 331/39 actions—subject to cer- less taxable income (le amplete Part III)	tain exceptions,	and (2) no more	than 331/3% of its s	upport from gross
			• • • • •	d exclusively to test fo	r public safety S	See section 509	(a)(4).	
mo	re publicly	supported o	rganizations (	d exclusively for the be described in <b>section 5</b> the type of supporting	<b>09(a)(1)</b> or se	ction 509(a)(2	). See section 509(a	
Ty	<b>pe I.</b> A sup ganization(s	porting orga ) the power	anızatıon oper	ated, supervised, or co	ontrolled by its s	upported organi	zation(s), typically by	
ma	nagement :	of the suppo		ervised or controlled i ation vested in the sar and C.				
				supporting organizatio				ated with, its
☐ <b>Ty</b> fur	pe III non	-functiona tegrated Th	Ily integrate ne organizatio	<ul> <li>d. A supporting organi</li> <li>n generally must satis</li> <li>rt IV, Sections A and</li> </ul>	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
· Ch	eck this box	of the orga	nızatıon recei	ved a written determir	ation from the I		pe I, Type II, Type II	I functionally
_	-	• •	n-functionally organizations	integrated supporting	organization			
				ipported organization(	1			1 (2)
	e of support anization	ea	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	k Reductio	n Act Notic	e, see the I	l nstructions for	L Cat No 1128!	5F !	 Schedule A (Form 9	90 or 990-FZ) 201

instructions

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)  Section A. Public Support  Calendar year (or fiscal year beginning in)   Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  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)	12	Support Schedule for	Organizations i	Described in So	ections 170(b)	(1)(A)(IV), 1/	U(D)(1)(A)(VI)	, and 170
Section A. Public Support   (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Grigary are peginning in   Gritsc, grants, contributions, and membership fleer received (10 not a 3,477,805 3,824,669 3,470,241 4,678,102 5,324,304 20,975,321		(b)(1)(A)(ix)	acked the box or	. line E 7 9 en	O of Dart I or if	the erganization	n faulad ta gualifi	Lundor Dort
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(or fiscal year beginning in) ► Gifts, grinsts, contributions, and membership fees received. (Do not include any Tunusual grant ") Tax revenues levied for the organization without charge do not seem to be mit the paid on								
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15 Public support percentage for 2017 Schedule A, Part II, line 14  16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		•			olumn (f))		144	00.150.0/
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15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							4-	▶⊔
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supported organization								
			m meets the Tacts	anu-circumstance	.s test the organ	nzacion quannes d	s a publicly	. □
	10	• • • • • • • • • • • • • • • • • • • •	on did not check a	hay an line 13 16	a 16h 17a or 17	h check this hav	and see	▶□

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.	)	
30	Calendar year		43.50.5		412.554		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 Gross receipts from activities that are						
3	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 The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c						
S	from line 6 ) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	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							
	loss from the sale of capital assets						
13	(Explain in Part VI ) <b>Total support.</b> (Add lines 9, 10c,						
	11, and 12 )						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 <b>8</b> (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	<b>017</b> Schedule A, <sup>1</sup>	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Carro Dov ariu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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 ) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 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 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 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а 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 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 3с 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 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 4b supervised by or in connection with its supported organizations

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 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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 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 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 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	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	<b>11</b> c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?		103	-140
		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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a 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>b</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 <b>Part VI.</b> the role played by the organization in this regard	3h		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	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)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> 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	з		
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		
				1

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

**a** Excess from 2014. . . . . **b** Excess from 2015. . . . . **c** Excess from 2016. . . . .

See instructions

d Excess from 2017.e Excess from 2018.

3<sub>j</sub> and 4c

8 Breakdown of line 7

#### **Additional Data**

# Software ID:

Software Version: EIN: 61-1294640

CATUO!

Name: CATHOLIC EDUCATION FOUNDATION INC

Page 8

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)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D** 

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

**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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493105015540 OMB No 1545-0047

Open to Public **Inspection** Employer identification number

CAT	HOLIC EDUCATION FOUNDATION INC				61-1294640	)
Pa	rt I Organizations Maintaining Donor Advi				1	
	Complete if the organization answered "Ye				<b></b> =	
	Total number at and of year	(a) Dono	r advis	ed funds	(b)Fun	ids and other accounts
1 2	Total number at end of year  Aggregate value of contributions to (during year)					
2 3	Aggregate value of grants from (during year)					
<i>3</i> 4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviso	re in writing that th	20.200	ts held in donor ad	viced funds ar	e the
	organization's property, subject to the organization's ex	clusive legal contro	0 2			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?					
Par	t II Conservation Easements. Complete if th	e organization a	nswer	ed "Yes" on Forn	n 990. Part 1	
1	Purpose(s) of conservation easements held by the organ					,
	Preservation of land for public use (e.g., recreation	•		Preservation of an	historically im	portant land area
	Protection of natural habitat			Preservation of a c	•	
	Preservation of open space		_		.c. cirica filotofi	
2	Complete lines 2a through 2d if the organization held a	gualified concer	uon co	stribution in the form	m of a conc	vation
2	easement on the last day of the tax year	qualified conservat	ion cor	itribution in the for		vation at the End of the Year
а	Total number of conservation easements				2a	
b	Total acreage restricted by conservation easements				2b	
c	Number of conservation easements on a certified histori	structure include	d ın (a)		2c	
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 7/25/06,	and no	t on a historic	2d	
3	Number of conservation easements modified, transferre tax year ▶	d, released, exting	uished,	or terminated by	the organizati	on during the
4	Number of states where property subject to conservation	n easement is loca	ted ▶			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitor	_	pection, handling o	of violations,	
6	Staff and volunteer hours devoted to monitoring, inspec		ıolatıon	s, and enforcing co	onservation ea	
7	Amount of expenses incurred in monitoring, inspecting,  \$ \begin{align*} \text{*} \\ \text{*} \\ \text{*}	handling of violation	ons, an	d enforcing conserv	vation easeme	ents during the year
8	Does each conservation easement reported on line 2(d) and section $170(h)(4)(B)(II)$ ?	above satisfy the	require	ments of section 17	70(h)(4)(B)(ı)	☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemen	footnote to the org	ganızat	ion's financial state	ements that de	escribes
Par	Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990,	Part I	V, line 8.		
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finance.	public exhibition, e	ducatio	on, or research in f		
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for pub following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1				▶ \$	
(i	i)Assets included in Form 990, Part X				<b>▶</b> \$	
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS:				ncıal gaın, pro	vide the
а	Revenue included on Form 990, Part VIII, line 1	\ 2 222) . Clu			<b>▶</b> \$	
Ь	Assets included in Form 990, Part X				<b>▶</b> \$	
	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No	<u> </u>	 :hedule D (Form 990) 201

Par	t III	Organizations Maintaining Coll	ections of Art, H	istori	cal T	reası	ures, or	Other	Similar As	ssets (	contir	ued)	
3		g the organization's acquisition, accession s (check all that apply)	, and other records,	check	any of	the fo	ollowing t	nat are a	significant i	ise of its	s colle	ction	
а		Public exhibition		d		Loan	or excha	nge prog	ırams				
b		Scholarly research		е		Othe	er						
c		Preservation for future generations											
4	Provi Part	de a description of the organization's coll XIII	ections and explain h	ow the	ey furtl	her th	e organız	ation's ex	kempt purpo	se in			
5		ng the year, did the organization solicit or is to be sold to raise funds rather than to							ılar	☐ Ye	es	□ N	o
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		n 990	, Part	IV, I	ine 9, or	reporte	ed an amou	ınt on F	Form	990,	Part
1a		e organization an agent, trustee, custodia ded on Form 990, Part X?	an or other intermedia	ary for	contri	bution	ns or othe	r assets	not	☐ <b>Y</b> e	es	□ N	o
ь	If "Ye	es," explain the arrangement in Part XIII	and complete the fol	lowing	table		ſ		Α	mount			_
c	Begir	nning balance					Ī	1c					_
d	Addıt	ons during the year					[	1d					_
е	Distr	butions during the year					[	1e					_
f	Endır	ng balance					[	1f					
2a	Did t	he organization include an amount on Fo	rm 990. Part X. line 2	1. for	escrov	v or cu	- ustodial a	count lia	bility?	Пуе	25	□м	0
ь		es," explain the arrangement in Part XIII							•	_		,	•
	rt V	Endowment Funds. Complete if											
			(a)Current year		rior yea		(c)Two ye		(d)Three yea		<b>(e)</b> Fo	ur yea	rs back
<b>1</b> a	Beginn	ning of year balance	20,983,524		19,527	-		9,359,177		621,579			838,933
b	Contril	outions	2,945,579		2,830	0,677		1,740,994	2,	244,154		1,	950,885
С	Net in	vestment earnings, gains, and losses	128,277		122	2,848		117,911		8,536			2,191
d	Grants	or scholarships	1,736,613		912	2,574		884,779		942,473			635,351
е		expenditures for facilities			584	<b>1</b> ,694		806,036		572,619			535,079
f		istrative expenses				_							
		year balance	22,320,767		20,983	3.524	1	9,527,267	19.	359,177		18.	621,579
_		de the estimated percentage of the curre		'luna 1		<u> </u>							
2		de the estimated percentage of the curre d designated or quasi-endowment <b>&gt;</b>	int year end balance i	'iiie T	g, colu	IIIII (a	i)) Helu as	•					
a		anent endowment ► 88 210 %											
Ь			200.0/-										
С	•	percentages on lines 2a, 2b, and 2c should	90 %										
За		here endowment funds not in the posses:	•	on that	t are h	eld ar	nd admini	stered for	r the				
		nization by	<del></del>									Yes	No
	(i) u	nrelated organizations								3	a(i)		No
		elated organizations									a(ii)		No
b		es" on 3a(II), are the related organization	•			?.					3Ь		
4		ribe in Part XIII the intended uses of the		ment i	runas								
Pa	rt VI	Land, Buildings, and Equipmer Complete if the organization answ		n 990	Part	TV I	ine 11a	See For	-m 990 Pa	rt X lır	ne 10	ı	
	Descr	iption of property (a) Cost or oth (investme	er basis (b) Cost o						lepreciation			ok valu	e
<b>1</b> a	Land												
b	Buildir	gs											
		nold improvements				5,964			5,964				0
		nent			;	30,482	:		25,879				4,603
	Other				:	17,500	1		2,917				14,583
		lines 1a through 1e (Column (d) must ed	jual Form 990, Part X	, colur	nn (B)	, line	10(c)).		<b>&gt;</b>				19,186

See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (1) Financial derivatives	1,306,906  1,306,906  1,306,906  1,306,906  1,990, Part IV, line 1:	(c) Method of valuation Cost or end-of-year market value  C  C  1c. See Form 990, Part X, line 13.  (c) Method of valuation Cost or end-of-year market value
(2) Closely-held equity interests	1,306,906 n 990, Part IV, line 1:	1c. See Form 990, Part X, line 13. (c) Method of valuation
A) MONEY MARKET FUNDS  B)  C)  D)  E)  F)  G)  H)  Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII  Investments—Program Related.  Complete if the organization answered 'Yes' on Form (a) Description of investment  (1)  (2)	1,306,906 n 990, Part IV, line 1:	1c. See Form 990, Part X, line 13. (c) Method of valuation
B) C) D) E) F) G) H) Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12 ) Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment  1) 2)	1,306,906 n 990, Part IV, line 1:	1c. See Form 990, Part X, line 13. (c) Method of valuation
E)  F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.  Complete if the organization answered 'Yes' on Form  (a) Description of investment  1)  2)  3)	n 990, Part IV, line 1.	(c) Method of valuation
E)  F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related.  Complete if the organization answered 'Yes' on Form  (a) Description of investment  1)  2)  3)	n 990, Part IV, line 1.	(c) Method of valuation
F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment  1)  2)  3)	n 990, Part IV, line 1.	(c) Method of valuation
F)  G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment  1)  2)  3)	n 990, Part IV, line 1.	(c) Method of valuation
G)  H)  Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment  1)  2)  3)	n 990, Part IV, line 1.	(c) Method of valuation
rotal. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form  (a) Description of investment  1)  2)	n 990, Part IV, line 1.	(c) Method of valuation
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )  Part VIII  Investments—Program Related. Complete if the organization answered 'Yes' on Form (a) Description of investment  1)  2)	n 990, Part IV, line 1.	(c) Method of valuation
Investments—Program Related. Complete if the organization answered 'Yes' on Form  (a) Description of investment  1) 2)	n 990, Part IV, line 1.	(c) Method of valuation
(a) Description of investment  1)  2)  3)		(c) Method of valuation
1) 2) 3)	(b) Book value	
2) 3)		
3)		
4)		
~/ 		
5)	1 1	
6)		
7)		
8)		
9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>•</b>	
Part IX Other Assets. Complete if the organization answered 'Yes  (a) Description	s' on Form 990, Part IV,	line 11d See Form 990, Part X, line 15 (b) Book value
1)		
2)		
3)		
4)		
5)		
6)		<u> </u>
7)		
8)		
9)		
otal. (Column (b) must equal Form 990, Part X, col (B) line 15 )		
Part X Other Liabilities. Complete if the organization answ	vered 'Yes' on Form 9	
See Form 990, Part X, line 25.  (a) Description of liability	(b) Book v	alue
1) Federal income taxes		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 25 )  2. Liability for uncertain tax positions In Part XIII, provide the text of the	► footnote to the organiz	ation's financial statements that reports the

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b 170.166 b 2c c d 2d 340.117

2e e 3 3

4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b . 4a 122,943

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

4b

Add lines **4a** and **4b** . . . . . . .

b c 5

Part XII

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . . . Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Donated services and use of facilities . . .

Other (Describe in Part XIII ) . . . . . .

Add lines 2a through 2d . . . .

Net unrealized gains (losses) on investments . . . .

Schedule D (Form 990) 2018

Part XI

а

1

2

c

d

3

4

b

5

See Additional Data Table

Return Reference

2a

2a 2b

2c

2d

4a

4b

Explanation

511.272

340,117

122,943

4c

5

2e

3

Page 4

6,280,155

1,021,555

5,258,600

122,943

5,381,543

5,174,737

340,117

4,834,620

	Other (Describe in Part XIII )		
C	Add lines 4a and 4b	4c	122,9
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	4,957,5
Par	XIII Supplemental Information		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	V, line	4, Part X, line 2, Part
Λ1, I	······································		

Schedule D (Form 990) 2018

Schedule D (Forn	n 990) 2018	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Return Reference		Explanation

Schedule D (Form 990) 2018

### **Additional Data**

Software ID: Software Version:

**EIN:** 61-1294640

Name: CATHOLIC EDUCATION FOUNDATION INC

Explanation

**Supplemental Information** 

Return Reference

Recall Reference	Explanation
PART X, LINE 2	THE FOUNDATION IS EXEMPT FROM INCOME TAXES FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES ADDITIONALLY, THE FOUNDATION HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE INTERNAL R EVENUE CODE ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQU IRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE FOUNDATION AND RECOGNIZE A TAX LIABI LITY IF THE FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE FOUNDATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WO ULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEME NTS ACCORDINGLY, THE FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES HOWEVER, THE FOUND ATION IS REQUIRED TO FILE FEDERAL FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX WHICH IS AN INFORMATIONAL RETURN ONLY THE FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAX ING JURISDICTIONS HOWEVER, AS OF THE DATE THE FINANCIAL STATEMENTS WERE AVAILABLE TO BE I SSUED, THERE WERE NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FOR FUNDRAISING ACTIVITIES 340,117

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FOR FUNDRAISING ACTIVITIES 340,117

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SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

Attach to Form 990 or Form 990-EZ.

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

DLN: 93493105015540 OMB No 1545-0047

> Open to Public Inspection

CATHOLIC EDUCATION FOUNDATION INC

Department of the Treasury

Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization 61-1294640 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

che	dule G (Form 990 or 990-EZ) 2018					F	Page <b>3</b>		
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No			
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes				
3	Indicate the percentage of gaming activ	vity conducted in							
а	The organization's facility			13a			%		
b	An outside facility			13b			%		
4	Enter the name and address of the pers	son who prepares the orga	inization's gaming/special events books and r	ecords					
	Name ►								
	Address ►								
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No			
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		ganization 🕨 \$ and th	ne					
С	If "Yes," enter name and address of the	e third party							
	Name ►								
	Address ▶								
6	Gaming manager information								
	Name ►								
	Gaming manager compensation ► \$								
	Description of services provided ▶								
	☐ Director/officer	☐ Employee	☐ Independent contractor						
7	Mandatory distributions								
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		Yes	□No			
b	Enter the amount of distributions requirements in the organization's own exempt activities.		uted to other exempt organizations or spent \$		53				
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.		
_	Return Reference		Explanation						

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493105015540 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CATHOLIC EDUCATION FOUNDATION INC 61-1294640 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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 (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government 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) 2018

Schedule I (Form 990) 2018						Page <b>2</b>
		Domestic Individuonal space is needed		janization answered "Yes'	s" on Form 990, Part IV, line 22	
(a) Type of grant or ass	T	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplementa	al Informatic	<b>ח.</b> Provide the inf	formation required in	Part I, line 2; Part III	I, column (b); and any other a	additional information.
Return Reference	Explanatio	on .				
PART I, LINE 2	STAFF REVIE REIMBURSEI AND TIMING NEED THE O	IEW GRANT APPLICAT EMENT THROUGH THE G FAMILIES APPLYIN	ATIONS FOR CONFORMITY HE GRANTS, AND THE FOUN ING FOR TUITION ASSIST ION FOUNDATION AWARI	TY WITH THOSE GRANTS DUNDATION STAFF REVIEN STANCE APPLY THROUGH A	GRANT AWARDEES SUBMIT DOCU EWS AND APPROVES OR DENIES TH A THIRD PARTY SERVICE THAT RA	TEE MEMBERS OF THE BOARD AND THE FOUNDATION CUMENTATION OF EXPENDITURES ELIGIBLE FOR THE EXPENDITURES WITH REGARD TO ELIGIBILTY ANKS APPLICANTS ACCORDING TO DOCUMENTED AND REMITS ASSISTANCE TO SCHOOLS AFTER THE

Schedule I (Form 990) 2018

## **Additional Data**

ASCENSION PARISH

4600 LYNNBROOK DR LOUISVILLE, KY 40220

## Software ID: **Software Version: EIN:** 61-1294640 Name: CATHOLIC EDUCATION FOUNDATION INC

Torni 990,9chedale 1, Fart	II, Grants and	Other Assistance to	o Donnestie Organiza	cions and bonicsc	c dovernments.
(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 valuatio (book, FMV, appraisal other)
=					·

501(C)(3)

61-0652304

Form 990,Schedule I,	Part II, Grants and Othe	er Assistance to Domestic O	Organizations and Domestic	Governments.

EDUCATIONAL GRANT

rorm 990,5chedule 1, Part	11, Grants and	Other Assistance to	Domestic Organiza	cions and Domesc	ic governments.		
(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 non-cash assistance	(h) Purpose of grant or assistance

or government		п аррпсавіе	grant	assistance	other)	non-cash assistance	or assistance
ACADEMY OF OUR LADY OF MERCY	61-1116388	501(C)(3)	85,000				EDUCATIONAL GRANT

ACADEMY OF OUR LADY OF MERCY 5801 FEGENBUSH LN LOUISVILLE KY 402281158	61-1116388	501(C)(3)	85,000		EDUCATIONAL GRANT

55,158

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ASSUMPTION HIGH SCHOOL 61-1133759 25.000 IEDUCATIONAL GRANT

501(C)(3) 2170 TYLER LANE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

309 W STEPHEN FOSTER AVE BARDSTOWN, KY 400041420

LOUISVILLE, KY 402051916 BETHLEHEM HIGH SCHOOL 61-0592028 501(C)(3) 80.000 EDUCATIONAL GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 61-1335590 501(C)(3) 48,410 EDUCATIONAL GRANT CORPUS CHRISTI CLASSICAL

ACADEMY				
7010 SHELBYVILLE ROAD				
SIMPSONVILLE, KY 40067				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

12201 OLD HENRY RD LOUISVILLE, KY 40223

61-0845326 501(C)(3) 10.980 **IEDUCATIONAL GRANT** HOLY ANGELS ACADEMY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

HOLY CROSS HIGH SCHOOL	61-1053991	501(C)(3)	80,000		EDUCATIONAL GRANT
5144 DIXIE HWY LOUISVILLE, KY 402161702					

28,640

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

HOLY SPIRIT CHURCH

3345 LEXINGTON RD LOUISVILLE, KY 40206 61-0700575

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applicable grant cash non-cash assistance or assistance other) or government assistance HOLV TRINITY CHIRCH 61-0507073 E01/C1/31 22 000 IEDUCATIONAL GRANT

501 CHERRYWOOD RD LOUISVILLE, KY 402072103	01-030/0/3	301(€)(3)	33,900		EDUCATIONAL GRANT
IMMACULATA CLASSICAL	27-3305618	501(C)(3)	49,155		EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ACADEMY 6010 PRESTON HWY

LOUISVILLE, KY 402191318

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CATIONAL GRANT

JOHN PAUL II ACADEMY	20-4903089	501(C)(3)	199,102		EDUCA
3525 GOLDSMITH LN			,		
LOUISVILLE, KY 40220					

NATIVITY ACADEMY 51-0450314 501(C)(3) 35,000 EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

529 F LIBERTY ST LOUISVILLE, KY 40202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 05-0599203 501(C)(3) 135.110 NOTRE DAME ACADEMY IEDUCATIONAL GRANT

1927 LEWISTON DR
LOUISVILLE, KY 40216

OUR LADY OF LOURDES 61-6002467 501(C)(3) 12,400

EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

508 BRECKENRIDGE LANE LOUISVILLE, KY 40207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance JCATIONAL GRANT

80.000

					1
PITT ACADEMY	23-7066205	501(C)(3)	34,110		EDUCA
6010 PRESTON HWY					Ì
LOUISVILLE, KY 40219					1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

PRESENTATION ACADEMY

LOUISVILLE, KY 402032115

861 S FOURTH ST

61-0444780

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 61-1181710 501(C)(3) 83.210 SACRED HEART SCHOOLS IEDUCATIONAL GRANT

60.240

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

3177 LEXINGTON RD LOUISVILLE, KY 40206 ST AGNES CHURCH

1920 NEWBURG RD LOUISVILLE, KY 402051400 61-0463940

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST ALBERT THE GREAT 61-0568020 501(C)(3) 86.790 EDUCATIONAL GRANT CHURCH 1395 GIRARD DR

LOUISVILLE, KY 402226642 ST ALOYSIUS CHURCH 61-0448558 501(C)(3) 42.959

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PEWEE VALLEY, KY 400568024

EDUCATIONAL GRANT 212 MOUNT MERCY DR

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ST ANDREW ACADEMY 7724 COLUMBINE DR	86-1136245	501(C)(3)	143,027			EDUCATION
7724 COLONDINE DIX						
LOUISVILLE VV 40359			1	l		

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST ANN PARISH CHURCH

7500 HOWARDSTOWN RD NEW HAVEN, KY 40051

61-0903669

TIONAL GRANT LOUISVILLE, KY 40258

1.770

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IEDUCATIONAL GRANT

61-0591505 501(C)(3) 122.445 ST ATHANASIUS CHURCH 5915 OUTER LOOP LOUISVILLE, KY 402194136

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

235 S SPAI DING AVE LEBANON, KY 400331297

ST AUGUSTINE CHURCH 61-0500831 501(C)(3) 17.930 EDUCATIONAL GRANT

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance NAL GRANT

ST BERNARD CHURCH 7500 TANGELO DR	61-0644954	501(C)(3)	108,590		EDUCATIONA
LOUISVILLE, KY 402281599					

19.156

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST CATHERINE CHURCH 61-0444801

413 FIRST ST

NEW HAVEN, KY 40051

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

					1	
ST DOMINIC CHURCH 303 W MAIN STREET	61-0463942	501(C)(3)	18,040			EDUCATIONAL GRANT
SPRINGFIELD, KY 400691230						

135.290

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST EDWARD CHURCH

9608 SUE HELEN DR LOUISVILLE, KY 402993298 61-0458536

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance ST FRANCIS DESALES HIGH 61-0447247 501(C)(3) 85,000 EDUCATIONAL GRANT

425 KENWOOD DR LOUISVILLE, KY 402142897					
ST FRANCIS OF ASSISI	61-0444804	501(C)(3)	63,670		EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CHURCH

1960 BARDSTOWN RD LOUISVILLE, KY 402051572

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ATIONAL GRANT

ST GABRIEL CHURCH 5505 BARDSTOWN RD LOUISVILLE, KY 402911909	61-0523305	501(C)(3)	98,551		EDUCA <sup>-</sup>
LOUISVILLE, NY 402911909					

ST GREGORY CHURCH 61-0535159 501(C)(3) 33.265

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

330 SAMUELS LOOP

COXS CREEK, KY 400136505

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 61-0445851 501(C)(3) 20.540 ST JAMES CHURCH IEDUCATIONAL GRANT

307 W DIXIE ELIZABETHTOWN, KY 427011701

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LOUISVILLE, KY 402041597

ST JAMES CHURCH 61-0444806 501(C)(3) 54.632 IEDUCATIONAL GRANT 1826 EDENSIDE AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance ST IOSEPH PROTO-61-0485640 501(C)(3) 91.130 EDUCATIONAL GRANT

STREET	01 0103010	301(0)(3)	71,100		1	LDOCK II TO IN IL CIN
CATHEDRAL						
310 W STEPHEN FOSTER AVE						
BARDSTOWN, KY 40004						

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

440 ZORN AVE

LOUISVILLE, KY 402061417

STIFONARD CHURCH 61-0539297 501(C)(3) 61.290 **IEDUCATIONAL GRANT** 

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance **GRANT** 

ST MARGARET MARY CHURCH	61-0576720	501(C)(3)	9,000		EDUCATIONAL G
7813 SHELBYVILLE ROAD LOUISVILLE, KY 402225413					

94.675

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST MARTHA CHURCH

2825 KLONDIKE LN LOUISVILLE, KY 402181631 61-0591745

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance CATIONAL GRANT

ST MARY ACADEMY	20-8936584	501(C)(3)	40,120		EDUC
11311 ST MARY LN					
PROSPECT, KY 40059					

85.610

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST MICHAEL CHURCH

3705 STONE LAKES DR LOUISVILLE, KY 402995495 61-0947181

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 35-2248740 IEDUCATIONAL GRANT

501(C)(3) 114.290 ST NICHOLAS ACADEMY 5501 NEW CUT RD LOUISVILLE, KY 40214

44.155

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST PATRICK CHURCH 61-1143233

1000 N BECKLEY STATION RD LOUISVILLE, KY 402454550

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance L GRANT

ST PAUL CHURCH 6901 DIXIE HWY LOUISVILLE, KY 402583915	61-0464179	501(C)(3)	84,830		EDUCATIONAL GRANT
ST RAPHAEL CHURCH	61-0549869	501(C)(3)	68,810		EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2141 LANCASHIRE AVE LOUISVILLE, KY 402052957

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

ST RITA CHURCH 61-6002076 501(C)(3) 209.990 8709 PRESTON HWY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(C)(3)

ST STEPHEN MARTYR CHURCH

2931 PINDELL AVE LOUISVILLE, KY 402171752 61-0492373

IEDUCATIONAL GRANT LOUISVILLE, KY 402194499 95.826

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance IAL GRANT

ST XAVIER HIGH SCHOOL 1609 POPLAR LEVEL RD LOUISVILLE, KY 402171343	61-0480949	501(C)(3)	20,000		EDUCATIONAL GRANT
TRINITY HIGH SCHOOL	61-1256093	501(C)(3)	20,000		EDUCATIONAL GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4011 SHELBYVILLE RD LOUISVILLE, KY 402073122

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9310	5015	540
Sch	edule J	Con	npensati	ion Information	MO	IB No	1545-(	0047
(For	n 990)	For certain Officers	, Directors, T	rustees, Key Employees, and High	nest			
		► Complete if the organ	Compensa ization answ	ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20	18	ζ .
_	a		▶ Attach	to Form 990. instructions and the latest inform			to Pul	
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>гогт1990</u> тог	instructions and the latest inform	nation.		ectio	
	ne of the organiza				Employer identificat	ion nu	ımber	
CAT	HOLIC EDUCATION I	-CONDATION INC			61-1294640			
Pa	rt I Questio	ons Regarding Compensatio	n					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		or charter travel	片	Housing allowance or residence for p				
	_	☐ Travel for companions ☐ Payments for business use of personal residence						
		nification and gross-up payments	H	Health or social club dues or initiation Personal services (e.g., maid, chaufi				
	Discretion	ary spending account		rersonar services (e g , maid, chaun	leur, cher)			
b		kes in line 1a are checked, did the ill of the expenses described above		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	<b>1</b> b		
2				or allowing expenses incurred by all r, regarding the items checked in line	1 - 2	2		
	unectors, truste	es, officers, including the CEO/Exe	cutive Director	, regarding the items checked in line	ıa.			
3		if any, of the following the filing or EO/Executive Director Check all th		d to establish the compensation of th	e			
	_	·		CEO/Executive Director, but explain in	n Part III			
	<b>✓</b> Compensa	ation committee	<b>~</b>	Written employment contract				
	_ '	ent compensation consultant	ä	Compensation survey or study				
		of other organizations	<b>▽</b>	Approval by the board or compensat	cion committee			
4	During the year, related organiza		0, Part VII, Se	ction A, line 1a, with respect to the fil	ling organization or a			
	_					_		
a b		ance payment or change-of-contro r receive payment from, a supplem		ified retirement plan?		4a 4b		No No
C	•	r receive payment from, a suppleir r receive payment from, an equity-	•	· ·		4c		No
•				clicable amounts for each item in Part	III			
_		), 501(c)(4), and 501(c)(29) o	_	-				
5		on Form 990, Part VII, Section And on Form on the revenues of		the organization pay or accrue any				
а	The organization	17				5a		No
b	Any related orga	anization?				5b		No
	•	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A ontingent on the net earnings of	A, line 1a, did i	the organization pay or accrue any				
а	The organization	۱۶				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7	payments not de	escribed in lines 5 and 6? If "Yes,"	describe in Pa		I	7		No
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," de	escribe	8		No
9	If "Yes" on line 8 53 4958-6(c)?	B, did the organization also follow t	the rebuttable	presumption procedure described in l	Regulations section	9		140
For I	Danarwark Badu	ction Act Notice, see the Instru	ections for Ec	arm 990 Cat No. 5	0053T Schedule 1	/Eorn	. 000)	2018

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

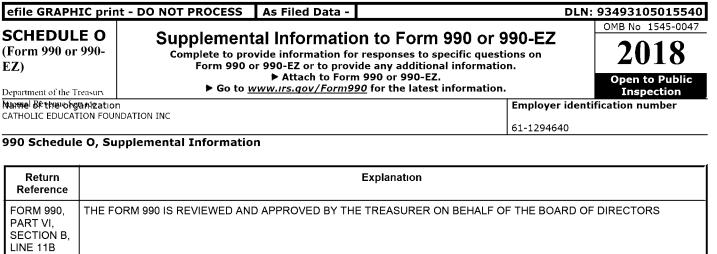
			y Employees, and Hig					
For each individual whose	e com	ipensation must be repor	rted on Schedule J, report t are not listed on Form 99	compensation from the c	organization on row (i) ar	nd from related organizati	ions, described in the	
<b>Note.</b> The sum of column	ns (B)	)(ı)-(ııı) for each listed in:	dividual must equal the to	otal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	) and (E) amounts for tha	t ındıvıdual
(A) Name and Title			of W-2 and/or 1099-MIS		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990
1 RICHARD A LECHLEITER PRESIDENT (NON-VOTING)	(i)	223,736	0	0	15,919	11,699	251,354	0
	(ii)		0	0	0	0	0	0
2 JULIE BAUM SR DIR OF OPERATIONS	(i)	157,500	0	0	0	0	157,500	0
	(ii)	0	0	0	9,900	1,404	11,304	0
	+							
	$\mid \mid \mid$							
	H							
	+							
	+							
	++							

Schedule J (Form 990) 2018 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Schedule J (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493105015540 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number CATHOLIC EDUCATION FOUNDATION INC 61-1294640 **Types of Property** (a) (b) (c) (d) Check If Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods . . . . . Cars and other vehicles . Boats and planes . . Intellectual property . . Securities—Publicly traded . Χ 704,507 FMV Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . 13 Qualified conservation contribution—Historic structures . . . . 14 Qualified conservation contribution-Other . . 15 Real estate—Residential . 37,128 FMV Real estate—Commercial . Χ 17 Real estate—Other . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . 22 Historical artifacts . . . Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ ( 47,261 FMV OTHER MARKETING/ADVERTISING ) 22,287 FMV 26 Other ▶ ( OTHER TRAVEL AND ENTERTAINMENT Other ▶ ( \_\_\_\_\_ Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 No 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο b If "Yes," describe in Part II 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

chedule M (Form 990) (2018)							
Part II Supplemental Information.							
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.							
Return Reference Explanation							
	Schedule M (Form 990) (2018)						



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	ANNUAL REVIEW IS DONE EACH YEAR AND RAISES ARE APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD
PART VI,	OF DIRECTORS
SECTION B,	
LINE 15A	

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. NO CHANGE FROM PRIOR YEAR PART XII, LINE 2C

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No 1545-0047 2018

DLN: 93493105015540

Open to Public Inspection

Name of the organization CATHOLIC EDUCATION FOUNDATION INC							-	<b>loyer identif</b> 294640	icatior	n number		
Part I Identification of Disregarded Entities Complete if	the organ	ızatıon answei	red "Yes	" on Form 9	990, Part	IV, line 33						
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary acti	vity	(c) Legal domicile (state or foreign country)		(d) Total Income		(e) End-of-year asso		<b>(f</b> Direct co ent	ntrolling	
Part II  Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.  (a)  Name, address, and EIN of related organization	<u> </u>	(b) ary activity	Legal do	(c) micile (state gn country)	(c Exempt Co		Public c	(e) thanty status on 501(c)(3))	Π	(f) irect controlling entity	Section (13) co ent	ontrolled tity?
(1)ARCHDIOCESE OF LOUISVILLE 212 EAST COLLEGE STREET LOUISVILLE, KY 402011073 61-0447247	CATHOLIC ( CENTRAL K CONSISTIN COUNTIES			KY	501(C)(3)				N/A		Yes	No No
											<del> </del>	
											<del> </del>	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	990.		Ca	t No 50135	DY .				Sch	edule R (Form	990) 20	018

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded fron tax under sections 512- 514)	d, total incom		(h) Disproprtionati allocations?				(j) neral or naging rtner?	(k) Percen owner	tage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part 1	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes  (f) Share of total income	Share	(g) e of end- year assets	of- Pe	V, lin-	e	(ı) Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled
because it had one or more related o  (a)  Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Pe	(h)	e	Section 5 13) cont entity	12(b rolled

Schedule R (Form 990) 2018		Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1</b> b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	<b>1</b> f		No
g Sale of assets to related organization(s)	<b>1</b> g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	<b>1</b> i		No
j Lease of facilities, equipment, or other assets to related organization(s)	<b>1</b> j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p		No
		$\overline{}$	

j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	No
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	10	No
р	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	<b>1</b> q	No
r	Other transfer of cash or property to related organization(s)	1r	No
	Other transfer of cash or property from related organization(s)	1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
	(a) (b) (c) (d)		

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

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

