DLN: 93493130012511

2019

### OMB No. 1545-0047

# Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

 $\blacktriangleright$  Go to  $\underline{\textit{www.irs.gov/Form990}}$  for instructions and the latest information.

Open to Public Inspection

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		pplicable:	C Name of organization	nning 07-01-2019 , and ending 06-	30-2020		D Employ	er ident	tification number
		change	Culver Educational Foundation				35-086		
	me cha	-	Doing business as				33-000	0071	
	tial ret	urn n/terminated	_			L			
		return	Number and street (or P.O. box if i	mail is not delivered to street address) Room/	suite		E Telepho	ne numb	er
□Ар	plicatio	on pending					(574) 8	342-822	:2
			City or town, state or province, cou Culver, IN 465111291	untry, and ZIP or foreign postal code					
			<u> </u>	1.00					245,467,278
			<b>F</b> Name and address of princip   Douglas Bird	oal officer:	H(a)		a group re	eturn for	
			1300 Academy Road No 159		H(b)		inates? subordina	tes	☐Yes ☑No
r Ta:	x-exen	npt status:	Culver, IN 465111291		<b></b>	include	d?		☐ Yes ☐No
			<b>№</b> 501(c)(3) <b>□</b> 501(c)( ) •	I (insert no.)	H(c)		" attach a exemptior	•	e instructions)
J W	ebsit	e:▶ ww	w.culver.org		(e)	Group	exemption	Hullibe	:1 <b>P</b>
<b>K</b> Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Ass	sociation ☐ Other ▶	<b>L</b> Year	of format	ion: 1894	M Stat	e of legal domicile: IN
			' 						
Pa	art I		mary						
			scribe the organization's mission e its students for leadership and	or most significant activities: responsible citizenship in society by nuri	turing the	whole i	ndividual-	mind, s	spirit and body -
çe Çe	<u>t</u>	hrough in	tegrated programs that emphasi	ze the cultivation of character.					
Le C									
Ven	-								
<u> </u>				iscontinued its operations or disposed of			of its net a		
<b>∞</b>	l		•	ing body (Part VI, line 1a) . . . . of the governing body (Part VI, line 1b)				3	
Activities & Governance	l		•	alendar year 2019 (Part V, line 2a)				5	
<u> </u>			, ,	ecessary)				6	
¥	l		·	rt VIII, column (C), line 12		· · ·		78	
	l			om Form 990-T, line 39				71	
				·			r Year		Current Year
0.	8	Contribut	tions and grants (Part VIII, line 1h	)			14,217,	946	22,655,29
Ravenue	9	Program	service revenue (Part VIII, line 2g	563	48,754,35				
λċ	10	Investme	ent income (Part VIII, column (A),	lines 3, 4, and 7d )			34,554,	682	9,053,80
	11	Other rev	venue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			3,571,	463	2,361,92
			<u> </u>	ust equal Part VIII, column (A), line 12)			100,630,		82,825,37
	13	Grants ar	nd similar amounts paid (Part IX,	column (A), lines 1-3 )			13,632,	864	13,854,03
	l		paid to or for members (Part IX, o						
\$	l	-		enefits (Part IX, column (A), lines 5–10)			39,909,	093	37,688,73
Expenses			onal fundraising fees (Part IX, colu						
ξ	l		raising expenses (Part IX, column (D)	· <del>· · · · · · · · · · · · · · · · · · </del>			20.016	054	20.615.00
_			penses (Part IX, column (A), lines penses. Add lines 13–17 (must ec	3 11a-11d, 11f-24e)	-		28,916, 82,458,		29,615,08 81,157,84
		-	less expenses. Subtract line 18 f	, ,,	-		18,171,		1,667,53
× 00	-	Revenue	1033 expenses. Subtract line 10 i		Beg	inning o	of Current \		End of Year
Net Assets or Fund Balances									_
Bal			ets (Part X, line 16)				604,123,		593,773,48
<u> </u>			ilities (Part X, line 26)				85,116,		88,775,88
			ts or fund balances. Subtract line	21 from line 20			519,006,	617	504,997,59
	rt II r pena		<b>ature Block</b> eriurv. I declare that I have exar	nined this return, including accompanyir	na schedul	les and	statement	s. and t	to the best of my
knowl	edge	and belie		e. Declaration of preparer (other than of					
any k	nowle	eage.							
		*****					-05-10		
Sign		Signati	ure of officer			Date			
Here	•		ns O Bird Head of Schools or print name and title						
		17	•	Preparer's signature	Date			PTIN	
Dai.	1		rint/Type preparer's name	Preparer's signature	Date		k 📙 if	P007561	.95
Paid ام	่ม pare	or  -	Firm's name		I		employed s EIN > 35	-092168	0
-	On	⊢	Sanda adduna A 205 W. C. C. C.	o Suite 2600					
J <del>3 C</del>	UII	' <b>y</b>   F	Firm's address ► 225 West Wacker Driv			Phon	e no. (312)	899-700	U
			Chicago, IL 6060612						
۹ay t	he IR	S discuss	this return with the preparer sho	own above? (see instructions)				. 🗸	Yes 🗆 No

Form	990 (2019)					Page <b>2</b>
Pa	rt III Statement	of Program Ser	vice Accomplis	hments		
	Check if Sche	dule O contains a re	esponse or note to	any line in this Part III		🗹
1	Briefly describe the c		•	•		
					ociety by nurturing the whole in	ndividual- mind, spirit and
body	- through integrated p	programs that emph	nasize the cultivatio	n of character.		
	Did the organization	undertake any sign	ificant program ser	vices during the year w	hich were not listed on	
_	3	, ,		· · · · · · ·		☐ Yes ☑ No
	If "Yes," describe the					E les E les
3	•			changes in how it cond	ucts any program	
•	services?		i make significant	changes in now it cond	acts, any program	. □Yes ☑No
	If "Yes," describe the		adula O			
4	•	3		. L. C C. L L	1	
-					largest program services, as n of grants and allocations to oth	
	expenses, and reven					
	(Code:	) (Expenses \$	29,777,477	including grants of \$	0 ) (Revenue \$	40,816,157 )
	See Additional Data	) (Expenses ¢	23,,,,,,,,	moraumy grante or \$	o ) (November 4	10,010,10, )
4b	(Code:	) (Expenses \$	13,854,033	including grants of \$	13,854,033 ) (Revenue \$	0)
	See Additional Data					
4c	(Code:	) (Expenses \$	7,677,633	including grants of \$	0 ) (Revenue \$	8,979,439 )
	See Additional Data					
	See Additional Data	Table				_
4d	Other program servi	ces (Describe in Sch	nedule O.)		<u> </u>	
	(Expenses \$	13,798,933	including grants of	\$	) (Revenue \$	488,645 )

Par	Checklist of Required Schedules			
- 41	Charles of Regular or Consumos		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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	Yes	
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		103	,
		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	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. 2	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 2	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	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	Yes	
	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	163	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? <i>If "Yes," complete Schedule G, Part I</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
b	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		No
			orm OO	n (2010)

rm :	990 (2019)			Page 4
Parl	Checklist of Required Schedules (continued)			
			Yes	No
	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	Yes	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
			Yes	No

1a

1b

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

 ${f b}$  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

125

0

1c

Yes

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6</b> b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	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?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

orm	990 (2019)			Page <b>6</b>
Par	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	" respo	onse to i	lines 🗸
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   31	$\vdash$	Yes	No
10	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			N
3	officer, director, trustee, or key employee?	3		No No
4	of officers, directors or trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7</b> b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	IL , IN  Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) 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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:  • Richard J Tompos 1300 Academy Road No 159 Culver, IN 465111291 (574) 842-8222			
			orm 00	n (2019)

Form 990 (2	2019) Page <b>7</b>
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
Section	A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
year. ● List all	e this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax  of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
	of the organization's <b>current</b> key employees, if any. See instructions for definition of "key employee."
<ul> <li>List the who receive</li> </ul>	organization's five <b>current</b> highest compensated employees (other than an officer, director, trustee or key employee) did reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the did and any related organizations.
	of the organization's <b>former</b> officers, key employees, or highest compensated employees who received more than \$100,000 e compensation from the organization and any related organizations.
	of the organization's <b>former directors or trustees</b> that received, in the capacity as a former director or trustee of the n, more than \$10,000 of reportable compensation from the organization and any related organizations.
See instruct	cions for the order in which to list the persons above.

<ul> <li>List the organization's five current high- who received reportable compensation (Box organization and any related organizations.</li> </ul>										
<ul> <li>List all of the organization's former office of reportable compensation from the organiz</li> </ul>						pensat	ed e	employees who recei	ved more than \$10	0,000
<ul> <li>List all of the organization's former dire organization, more than \$10,000 of reportab</li> </ul>										e
See instructions for the order in which to list	the persons ab	ove.								
☑ Check this 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.	
<b>(A)</b> Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o no ox, u n of	) t che unles ficer	eck mo s pers and a ee)	ore on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation 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
See Additional Data Table										

Form	990 (2019)															Page <b>8</b>
Pai	t VII Section A. Officers, Direc	tors, Trustees	, Key	Empl	loye	es,	and	Higl	nest Cor	npensa	ted	Empl	oyees	(conti	nued)	
	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than d	one b	ox, un of tor/t	t channel unle ficer rust	<del></del>	son	Repo compo froi orgai	( <b>D)</b> ortable ensation m the nization		Repo compo from organ	(E) ortable ensatio related ization: 2/1099-	l s	Estim Estim amount o compen from organizat	ated of other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(,1039- (ISC)			(SC)		relat organiz	ed
See	Additional Data Table													+		
														_		
														+		
								_			_					
														+		
1b 9	Sub-Total						▶									
	Total from continuation sheets to P	•					•							0		
2	Total (add lines 1b and 1c)  Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bov	e) who	rec		076,613 re than	\$100	,000		<u> </u>		397,104
3	Did the organization list any <b>former</b>			ee, k	ey e	mpl	oyee,	or hi	ghest cor	npensat	ed er	nploye	e on		Yes	No
4	line 1a? If "Yes," complete Schedule.  For any individual listed on line 1a, is organization and related organization	the sum of rep	ortable ·									 he		3	Yes	
5	individual									tion or in	• ndivid	ual for	r	4	Yes	
6.														5		No
1	ection B. Independent Contract  Complete this table for your five high from the organization. Report compe	est compensate												mpens	ation	
	Name	(A) and business addre	ess							De	escript	(B) tion of s	ervices		(Compe	C) nsation
	RMAN INC									GENERAL	. CON	TRACTO	R		6	5,568,032
FORT	WAYNE, IN 46861 HOSPITALITY									SCHOOL	DININ	IG CONT	FRACTOR	2	5	5,608,649
	OX 91337 AGO, IL 606931137															
	NG GROUP INC EAST MILDRED STREET									MECHANI	CAL C	CONTRA	CTOR		1	,080,594
LOGA	NSPORT, IN 46947 ealth LLC									Health Ca	are					593,676
Indiar	E 96th St napolis, IN 46240									T						F67.642
	State St									Investme	nt Ma	nager				567,619
2 7	on, MA 02109  Total number of independent contracto  compensation from the organization ►		not lim	ited t	to th	ose	listed	abov	ve) who r	eceived	more	than	\$100,0	00 of		
<u> </u>															Form <b>99</b>	<b>0</b> (2019)

		(2019)	-6.5							Page <b>9</b>
Part	VIII				respo	onse or note to anv	line in this Part VIII			🗆
		Check in School		o contains a	respe	AND OF HOLE TO GITY	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
10	1a	Federated campa	aigns	5	<b>1</b> a	0		revenue		512 - 514
ants	Ŀ	<b>b</b> Membership due:	s.	. [	<b>1</b> b	0				
وي الله	(	c Fundraising even	nts .	[	1c	16,900				
ifts, ar A	(	d Related organiza	tions	s	1d	0				
£, 6	6	e Government grants	(con	tributions)	1e	0				
Contributions, Gifts, Grants and Other Similar Amounts		All other contribution     and similar amounts     above	s not	included	1f	22,638,394				
ള	2	Noncash contribution lines 1a - 1f:\$	ns in	ncluded in	1g	325,287				
Cor	ı	<b>h Total.</b> Add lines	1a-1	.f			22,655,294			
						Business Code				
	2a	Tuition & Fees for Stu	udent	ts		611110	48,537,913	48,537,913	0	0
n.	b	Student events/trans	porta	ation			216,443	216,443	0	0
Program Service Revenue	_					611110				
ice	С									
Ser	d									
an	<u>.</u>									
Togi	e									
-	f	All other program	serv	/ice revenue.			0	0	0	0
	g	Total. Add lines 2	2a-2	2f	<b>&gt;</b>	48,754,356	I			
		Investment income imilar amounts)		luding divide	nds, i	nterest, and other	6,150,660	)	-32,868	6,183,528
		Income from invest			• npt bo					
	<b>5</b> F	Royalties				<u> •</u>	•			
				(i) Rea	l	(ii) Personal	4			
	6a	Gross rents	6a	4	19,061		0			
	b	Less: rental expenses	6b	2	46,803	3	0			
		Rental income	_				-			
		or (loss)   Net rental income	6c		72,258	1	0   172,258	33,583	0	138,675
	-	. Net rental income		(i) Securit		(ii) Other		30,000		130,073
	7a	7a Gross amount from sales of assets other than inventory				3,00	0			
	b	Less: cost or other basis and sales expenses	7b	160,9	28,689	34,40	0			
	С	Gain or (loss)	7c	2,9	34,541	-31,40	0			
		Net gain or (loss)					2,903,14:		0	2,903,141
Other Revenue	8a	Gross income from fu (not including \$ contributions reporte	d on	16,900 of						
Re	h	See Part IV, line 18 Less: direct expen			8a 8b	6,370 5,860				
er		Net income or (los							0	510
	_					,				
	Уa	Gross income from See Part IV, line 19			9a	0				
	b	Less: direct expen	ises		9b	0				
	С	Net income or (los	ss) fr	rom gaming a	ctivit	ies \blacktriangleright		0	0	0
	10a	aGross sales of inve returns and allowa			10a	2,607,650				
		Less: cost of good			<b>10</b> b			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ==-	
	С	Net income or (los Miscellaneo			nvent	Business Code	1,181,502	488,665	8,754	684,083
	11	<sup>a</sup> International Med				61111	681,002	681,002	0	0
	b	Sports instruction	fees	S		61162	0 122,085	122,085	0	0
	C	Cross Country Inv	/itati	onal		61111	0 44,819	44,819	0	0
	d	All other revenue	•				159,75	159,731	0	20
	е	Total. Add lines 1	1a-:	11d		•	1,007,657	,		
	12	Total revenue. S	ee ir	nstructions .			82,825,378		-24,114	9,909,957
							22,323,370	1 00,201,241		Form <b>990</b> (2019)

Ð	art IX Statement of Functional Expenses				rage 10
	Section $501(c)(3)$ and $501(c)(4)$ organizations must c	omplete all columns.	All other organizatio	ns must complete colu	ımn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	13,854,033	13,854,033		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
	Compensation of current officers, directors, trustees, and key employees	571,800	105,000	326,800	140,000
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	25,529,710	20,383,136	2,419,612	2,726,962
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,008,469	1,519,634	325,122	163,713
9	Other employee benefits	8,014,928	6,064,200	1,297,421	653,307
10	Payroll taxes	1,563,827	1,183,212	253,145	127,470
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	438,495	0	438,495	0
c	Accounting	116,867	0	116,867	0
c	l Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	2,450,993	0	2,450,993	0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,017,331	5,509,294	1,368,593	139,444
12	Advertising and promotion	252,185	22,432	15,308	214,445
13	Office expenses	652,398	338,652	121,033	192,713
14	Information technology	1,012,491	506,245	253,123	253,123
15	Royalties	0	0	0	0
16	Occupancy	2,363,955	2,240,084	123,871	0
17	Travel	450,149	251,064	30,341	168,744
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	131,544	113,048	18,496	0
20	Interest	1,571,730	1,489,371	82,359	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	6,567,967	6,223,806	344,161	0
23	Insurance	645,978	612,129	33,849	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Program-instructional support	2,854,173	2,485,858	343,051	25,264
	<b>b</b> Maintenance-equipment rentals	1,759,407	1,343,033	416,367	7
	c Property taxes	124,981	118,432	6,549	0
	<b>d</b> Fuel	111,051	111,051		
	e All other expenses	1,093,385	634,362	308,833	150,190
25	Total functional expenses. Add lines 1 through 24e	81,157,847	65,108,076	11,094,389	4,955,382
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	0	0	0	0
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).		I		

19,900

26,867,263

8,163,449

289,293

1,912,180

92,395,056

100,509,591

356.231.208

6,476,703

5,194,084

6,138,168

38.300.000

4.000.000

35,143,637

88.775.889

69,719,734

435,277,858

504,997,592

593,773,481

Form 990 (2019)

593,773,481

908,838

150,511

24,300,141

10,954,914

420.437

1.934.858

1,399,030

87,997,412

96,744,177

373,490,606

6,730,947

5,153,330

13,455,592

38.300.000

28,207,494

85.116.416

62,920,203

456.086.414

519,006,617

604,123,033

604,123,033

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Check if Schedule O contains a response or note to any line in this Part IX . . . . . (B) Beginning of year End of year

234,733,878

142,338,822

Cash-non-interest-bearing . . . . . Savings and temporary cash investments . . . Pledges and grants receivable, net . . .

3 Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under

section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . Inventories for sale or use . .

Assets

Form 990 (2019)

2

19

20

21

Fund Balances

ō 29

Assets 30

27

28

31

32

33

Prepaid expenses and deferred charges .

10a basis. Complete Part VI of Schedule D

10b

b Less: accumulated depreciation Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 .

11 12 13 14 Intangible assets .

Other assets. See Part IV, line 11 . . .

15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . 17

Accounts payable and accrued expenses . 18

Grants payable . Deferred revenue . . . Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

Liabilities 22 23 24 25

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Other liabilities (including federal income tax, payables to related third parties,

26

Organizations that follow FASB ASC 958, check here <a> \square</a> and complete lines 27, 28, 32, and 33. Net assets without donor restrictions

Organizations that do not follow FASB ASC 958, check here > \(\begin{align\*} \text{and} \\ \text{and} \end{align\*}

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

Retained earnings, endowment, accumulated income, or other funds

Yes

Nο

Form 990 (2019)

2c

3a

3h

of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

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.

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

### Additional Data

**Software ID:** 19010655

**Software Version:** 2019v5.0 **EIN:** 35-0868071

Name: Culver Educational Foundation

Form 990 (2019)

Form 990, Part III, Line 4a: Culver promises top academics, competitive athletics and education you need to be a leader and a responsible global citizen in high school, in college and beyond. Culver encourages you to develop your individual interests and talents, all while helping you move beyond self-imposed limitations. Our mission to develop and nurture the whole person - mind, spirit and body - with our unique focus on leadership training means you receive the total educational experience that has set Culver above other schools for more than a century. Instruction is for grades 9-12, ranging from the arts and music to science, math and humanities as well as unique programs in leadership, wellness and

a servant leadership project requirement for graduation. Instruction was provided to 842 students for the year ended June 30, 2020.

Culver Academies understands the financial commitment of an independent school education and focuses on maximizing our resources to provide opportunities to those families who qualify or warrant assistance. Culver offers need based financial aid assistance as well as non-need based awards. Need based aid depends solely on a family's

financial profile and is independent from the admissions process. Scholarships / Merit awards are based on the strength of the candidate and can range from small amounts to full awards. The School provided financial assistance of \$12,888,047 both merit and need-based, to 396 Boarding (winter) School students as of June 30, 2020. Financial

Form 990, Part III, Line 4b:

aid also included \$965,986 in assistance for 215 Summer School and Camps students.

Founded in 1902, Culver Summer Schools and Camps are held on a fun- filled, naturally beautiful 1,800-acre setting where over 1,300 young people from around the world, ages 7-17, develop positive self-esteem through accomplishment and self-discipline. It is a high challenge-high support-high reward environment for learning leadership skills that improve personal confidence. The Summer Schools and Camps programs provided educational and leadership training as well as extensive outdoor activities for

Form 990, Part III, Line 4c:

1,321 campers ages 7 to 17 during the year ended June 30, 2020.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: ) (Expenses \$ 13,798,933 including grants of \$ 0) (Revenue \$ 488,645 ) Student Services Programs: A variety of student services and activities were provided, including Barber Shop, Laundry-Dry Cleaning, and Student

Health Services. Services were provided to 842 Boarding School Students and 1,321 Summer School campers as of June 30, 2020. (Code: 0 including grants of \$ 0) (Revenue \$ ) (Expenses \$ 0 `

Student Services Programs, General/Other: Auxiliary services such as required uniform and a campus bookstore provided for the convenience of students in winter and summer programs. (2,163 students)

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

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organization and related organizations

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

	any hours	C	direct	or/ti		•		organization (W-	organizations
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)
Craig J Dushossois	3.0	X		х				0	0
Vice President	0.0	^		^					
David M Culver	3.0	V		,					
Vice President	0.0	X		X				J	
Dr Margaret E Thompson	6.0	.,		,,					
Secretary/Vice President	0.0	X		Х				0	0

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and Independent Contractors

Harry L Crisp II

Vice President

Jane D Eberly

Jeffrey P Adams

Treasurer

John D Zeglis

Vice President

Miles D White

Paul C Gignilliat

Vice President

Chairman

James A Henderson

Chairman Emeritus/Vice President

Vice President (Through May 2020)

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

Officer

Institutional

Truste

Key employee

Individual trustee or director

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Highest compensated employee

Former

2/1099-MISC)

(W- 2/1099-

MISC)

0

organization and

related

organizations

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

	any hours for related organizations below dotted line)
Bernardo Quintana	3.0
•	
Trustee	0.0
COL Dartanian Warr USAF	3.0

and Independent Contractors

Trustee

Dave Chenn Trustee

Eric H Burns

Geroge T DeVries III

James E Fellowes

James S Gault Trustee

John J Bollman Trustee

Jud Q Little

Trustee

Kathryn R Booth

Trustee (Through May 2020)

Trustee

Trustee

Trustee

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

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

	any nours	Ü	irect
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee
Lara K Nicholson	3.0		
		X	
Trustee	0.0		
Laura Schacht Bilicic	3.0		
		X	
Trustee	0.0		
MG John W Peabody US Army	3.0		

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0.0

0.0 5.0

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0.0

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and Independent Contractors

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Rajiv Chopra Trustee

Richard A Jennings

Richard R Waterfield

Michael E Schrage

Michael R Wilcox

Peter A Fasseas

Trustee (Through May 2020)

Rachel Redington Werner

2/1099-MISC)

Highest compensated employee

Key employee

(W- 2/1099-

MISC)

0

0

organization and

related organizations

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

organization and related organizations

0

0

33,488

35,470

35,688

0

0

0

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

	any hours	director/trustee)						organization (W-	organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated	Former	2/1099-MISC)	(W- 2/1099- MISC)	
Robert C Vaughn	5.0	X						0		0
Trustee	0.0									
Robert H Ledbetter Jr	3.0									$\prod_{i=1}^{n}$
Trustee	0.0	Х						0		이

and Independent Contractors

Jeffry Kutch

Joshua Pretzer

Dean of Faculty

Kevin MacNeil

Chief Academic Officer

Director of Facilities

		1					ĺ
Robert C Vaughn	5.0						Г
		X			0	0	ĺ
Trustee	0.0						
Robert H Ledbetter Jr	3.0						Г
		X			0	0	ı
Trustee	0.0						ĺ
Thomas Story	3.0						Γ
		X			0	0	ı
Trustee	0.0						
Whitney Kolb Alvis	3.0						Г
,		X			0	0	ı
Trustee	0.0						
n 1 0 n; 1	60.0						Г

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Trustee	0.0								
Thomas Story	3.0								
		Х					0	0	0
Trustee	0.0								
Whitney Kolb Alvis	3.0								
Tt		Х					0	0	0
Trustee	0.0								
Douglas O Bird	60.0								
				Х			257,819	0	65,188
Head of Schools	0.0								
Richard J Tompos	50.0								
'			i I	x			175 154	l n	36 371

		Х			0	0	0
Trustee	0.0						
Douglas O Bird	60.0						
			Х		257,819	0	65,188
Head of Schools	0.0						
Richard J Tompos	50.0						
·			Х		175,154	0	36,371
Chief Financial Officer	0.0						
Holly Johnson	50.0						
,				X	215,524	0	42,682
Chief Advancement Officer	0.0				, i		,

Χ

Χ

Χ

143,901

151,117

169,110

Head of Schools	0.0						
Richard J Tompos	50.0					_	
Chief Financial Officer	0.0		X		175,154	0	36
Holly Johnson	50.0						
Chief Advancement Officer	0.0	ı		Х	215,524	0	42

and Independent Contractors (A) Name and Title

Mary L Rasch

Dean of Girls

Jerry White

James P Power

Former Head of Schools

Former Chief Operations Officer

hours per week (list any hours for related organization below dotte line)
5
(

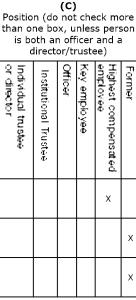
. . . . . . . . . . . . . . . . . . .

0.0

(B)

Average

widual 0.0 0.0 0.0 0.0 0.0



Institutiona

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

(D) Reportable compensation from the organization (W- 2/1099-MISC)
133,681
667,914
162,393

(E)

Reportable

compensation

from related

organizations

(W-2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related

organizations

22,714

101,181

24,322

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	- DO NOT PROCESS As Filed Data - DLN: 93493130012									
SCI	HED	ULE A	- Dublic (	Charity Statu	e and Dul	nlic Sunn	ort	OMB No. 1545-0047					
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 10-EZ.	· a section	2019					
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	ormation.	Open to Public Inspection							
Nam	e of th	nie Service ne organiza tional Foundati					Employer identific	ation number					
Cuivei	Luuca	tional i oundati	on				35-0868071						
	rt I		for Public Charity State				See instructions.						
1 ne c	rganiz		a private foundation because	•	•		(A)(:)						
		•	onvention of churches, or as										
2	<b>✓</b>		scribed in section 170(b)(		,								
3		·	or a cooperative hospital serv	-			-						
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state:											
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in <b>section 170</b>					
6			tate, or local government or	-									
7		_	ation that normally receives a (O(b)(1)(A)(vi). (Complete	· ·	s support from a	governmental u	init or from the genera	al public described in					
8		A communi	ty trust described in <b>section</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)							
9			ural research organization de rant college of agriculture. So					ege or university or a					
10		An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	ee section 509	(a)(4).						
12		more public	ation organized and operated cly supported organizations of through 12d that describes	lescribed in <b>section 5</b>	09(a)(1) or sec	ction 509(a)(2	). See <b>section 509(</b> a						
a		<b>Type I.</b> A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by						
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar									
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its					
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	<b>d.</b> A supporting organi n generally must satis	zation operated fy a distribution	in connection wi requirement and	th its supported orgar						
е			box if the organization receiver or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally					
f	Enter	the number	of supported organizations				<u> </u>						
g			ing information about the su		· '		Γ	T					
	organization organization in your governing document? monet						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
				No									
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9						

Sch	edule A (Form 990 or 990-EZ) 2019						Page <b>2</b>
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b	)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support  Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and <b>stop here</b>					▶ [	
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	<b>33 1/3% support test—2019.</b> If the						
	and <b>stop here.</b> The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	<b>33 1/3% support test—2018.</b> If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
<b>17</b> a	10%-facts-and-circumstances tes	t— <b>2019.</b> If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and <b>stop n</b> e qualifies as a publ	e <b>re.</b> Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— <b>2018.</b> If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and <b>sto</b>	p here.	
	Explain in Part VI how the organization			-		• •	. $\Box$
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for									
	(Complete only if you cl						er Part II. If			
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)					
30	Calendar year	( ) 2015	(1) 2016	( ) 2247	(1) 2010	( ) 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513  Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
<b>L</b>	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1	<del></del>			Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) <b>Total support.</b> (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and <b>stop here</b>						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin		•			15				
16	Public support percentage from 2018 S	-	<u> </u>			16				
	Investment income percentage for 201			line 13 column (f	:))	17				
17 10										
18 10-	331/3% support tests—2019. If the		•			18   33 1/3% and lin	e 17 is not			
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•					
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

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

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> 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.

3a 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.

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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

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 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 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 the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

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

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," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
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	-		
2	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	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			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?	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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	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		
ı	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 Part VI 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		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O  Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<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	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in <b>Part VI</b> ). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to wh details in <b>Part VI</b> ). See instructions	sive (provide		
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ).			

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions							
<b>9</b> Distributable amount for 2019 from Section C, line 6							
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
1 Distributable amount for 2019 from Section C, line 6							
Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.							
3 Excess distributions carryover, if any, to 2019:							
a From 2014							
<b>b</b> From 2015							
c From 2016		-					

10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
a From 2014			
<b>b</b> From 2015			
c From 2016			
<b>d</b> From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			

**h** Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

**a** Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4.

instructions)

d Excess from 2018. e Excess from 2019.

\$

<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.		
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2015		
<b>b</b> Excess from 2016	_	
c Excess from 2017	·	·

Schedule A (Form 990 or 990-EZ) (2019)

### **Additional Data**

Software ID:	19010655
Software Version:	2019v5.0
EIN:	35-0868071
Name:	Culver Educational Foundation
de the explanations required b	by Part II, line 10; Part II, line 17a o

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).

instructions).

Facts And Circumstances Test

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493130012511

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE C** (Form 990 or 990-

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information. If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• 5	Section 501(c) (other than section 5	501(c)(3)) organizations: Complete Parts		Do not complete Part I-B.	
	Section 527 organizations: Complet	te Part I-A only. n Form 990, Part IV, Line 4, or Form 9	90-F7 Part VI lis	ne 47 (Lobbying Activities	c) than
• 5	Section 501(c)(3) organizations that	t have filed Form 5768 (election under s	section 501(h)): Co	emplete Part II-A. Do not co	omplete Part II-B.
• 5	Section 501(c)(3) organizations that	t have NOT filed Form 5768 (election ur	nder section 501(h	)): Complete Part II-B. Do i	not complete Part II-A.
		n Form 990, Part IV, Line 5 (Proxy Tax	x) (see separate i	nstructions) or Form 990	-EZ, Part V, line 35c
	ky Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz				
	ne of the organization	zadone. Complete Fait III.		Employer iden	tification number
Culv	er Educational Foundation			25 222274	
Daw	II-A Complete if the organ	nization is exempt under section	n F01/c) or ic	35-0868071	-ation
				<del>-</del>	
1	Provide a description of the organ "political campaign activities")	nization's direct and indirect political car	npaign activities ir	n Part IV (see instructions f	or definition of
2		litures (see instructions)			\$
3		paign activities (see instructions)			¥
		nization is exempt under section			
1	<u> </u>	ax incurred by the organization under se			¢
2	· ·	ax incurred by organization managers u			\$ \$
3		tion 4955 tax, did it file Form 4720 for t			
3	•	,	,		☐ Yes ☐ No
4a	Was a correction made?				🗌 Yes 🔲 No
b	If "Yes," describe in Part IV.		F01/a)		
		nization is exempt under section			
1	• •	led by the filing organization for section			\$
2		anization's funds contributed to other o			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and o	n Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5		employer identification number (EIN) of			
		each organization listed, enter the amount that were promptly and directly deliver			
		ee (PAC). If additional space is needed,			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	contributions received
				funds. If none, enter	and promptly and
				-0	directly delivered to a separate political
					organization. If none,
					enter -0
1					
2					
3					
4					
5					
6					
For P	aperwork Reduction Act Notice, see	the instructions for Form 990 or 990-EZ.	Cat	. No. 50084S Schedule C (	Form 990 or 990-EZ) 2019

Return Reference

Schedule C. Part II-B. Line 1 DETAILED DESCRIPTION OF THE LOBBYING

**ACTIVITY** 

Schedule C (Form 990 or 990-EZ) 2019 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Part II-B Form 5768 (election under section 501(h)). (a) (b) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes | No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, 1 including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? ..... Nο Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ....... Nο Media advertisements? Nο C Mailings to members, legislators, or the public? Nο Publications, or published or broadcast statements? Nο e Grants to other organizations for lobbying purposes? ..... Nο Direct contact with legislators, their staffs, government officials, or a legislative body? ..... Nο Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ...... Nο Other activities? Yes 16,179 Total, Add lines 1c through 1i 16,179 Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .... Nο 2a If "Yes," enter the amount of any tax incurred under section 4912 ..... If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ...... If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? ..... Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? ..... 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? ..... 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... 3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political 2 expenses for which the section 527(f) tax was paid). Current year 2a Carryover from last year 2b h C Total ..... 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . 3 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Taxable amount of lobbying and political expenditures (see instructions) ...... 5 Part IV **Supplemental Information** Provide the descriptions required for Part |-A, line 1; Part |-B, line 4; Part |-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

organizations in Fiscal Year 2019-2020 were \$16,179.

Explanation The School is a member of a number of associations such as the National Association of Independent

Schools, Independent Schools Association of the Central States and The Association of Boarding Schools,

which may use a portion of membership dues to lobby on behalf of their members. Total dues paid to these

**SCHEDULE D** 

DLN: 93493130012511

OMB No. 1545-0047

**Supplemental Financial Statements** 

(Form 990)

	,	► Complete if the or Part IV, line 6, 7, 8, 9, 3		red "Yes," on Form 99 11d, 11e, 11f, 12a, or		2	019	
	rtment of the Treasury nal Revenue Service		Attach to Form !	990.			n to Public spection	
	me of the organ				Employer	identification	number	
	Tor Educational Four				35-086807	<b>1</b>		
Pa		zations Maintaining Donor Advi te if the organization answered "Ye			or Accounts	S.		
	Сопріє	te il tile organization answered Te		advised funds	<b>(b)</b> Fu	unds and other	accounts	
•	Total number at	end of year			,			•
<u> </u>	Aggregate value	of contributions to (during year)						•
:	Aggregate value	of grants from (during year)						
Ļ	Aggregate value	at end of year						•
5		ation inform all donors and donor adviso roperty, subject to the organization's ex					Yes 🗌 No	•
•	charitable purpo	ation inform all grantees, donors, and do uses and not for the benefit of the donor 	r or donor advisor, o	r for any other purpose		permissible	Yes 🗌 No	
Рa		vation Easements.					res 🗆 No	
		te if the organization answered "Ye	es" on Form 990,	Part IV, line 7.				
-	Purpose(s) of co	onservation easements held by the orga	nization (check all t	nat apply).				
	☐ Preservation	on of land for public use (e.g., recreation	n or education)	Preservation of an	historically in	mportant land a	area	
	☐ Protection	of natural habitat		Preservation of a	certified histo	ric structure		
	☐ Preservation	on of open space						
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservati	on contribution in the fo		ervation Id at the End o	of the Year	
а	Total number of	conservation easements			2a			
b	Total acreage re	stricted by conservation easements			2b			
c	Number of conse	ervation easements on a certified histori	ic structure included	in (a)	2c			
d		ervation easements included in (c) acqu n the National Register	ired after 7/25/06, a	and not on a historic	2d			
3	Number of constax year ▶	ervation easements modified, transferre	ed, released, extingu	ished, or terminated by	the organizat	ion during the		
	· —	es where property subject to conservation	on opcoment is locat	ad 🏲				
•	and enforcemen	zation have a written policy regarding tl at of the conservation easements it hold:	ne periodic monitori s?	ng, inspection, handling	of violations,	☐ Yes	□ No	
,	Staff and volunt	eer hours devoted to monitoring, inspec	cting, handling of vi	plations, and enforcing c	onservation e			
	<b>-</b>							
,	Amount of expe  ▶ \$	nses incurred in monitoring, inspecting,	handling of violatio	ns, and enforcing conser	vation easem	ents during the	e year	
3		ervation easement reported on line 2(d) (h)(4)(B)(ii)?			70(h)(4)(B)(i	i) <b>Yes</b>	□ No	
)	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the org					
ar		zations Maintaining Collections		al Treasures, or Oth	er Similar	Assets.		
		te if the organization answered "Ye						
.a	art, historical tre	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finar	public exhibition, e	ducation, or research in t				
b	historical treasu	ion elected, as permitted under SFAS 11 res, or other similar assets held for pub nts relating to these items:						
(	_	led on Form 990, Part VIII, line 1			▶\$			
		in Form 990, Part X						
2	If the organizati	ion received or held works of art, historints required to be reported under SFAS	ical treasures, or oth	er similar assets for fina				
а	-	ed on Form 990, Part VIII, line 1	, ,	-	► \$			
b	Assets included	in Form 990, Part X			. ▶\$	<del></del>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

d Equipment .

Sche	edule D (Form 990) 2019									Page <b>2</b>
Pai	t IIII Organizations Ma	aintaining Collections o	of Art, Histo	rical Tre	asures, o	r Other	Similar Ass	sets (conti	nued)	
3	Using the organization's acq items (check all that apply):	uisition, accession, and other	records, chec	ck any of th	e following	that are a	significant us	e of its coll	ection	
а	✓ Public exhibition		d		oan or exch	ange prog	ırams			
b	Scholarly research		e	· 🗆 o	ther					
С	✓ Preservation for future	generations								
4	Provide a description of the Part XIII.	organization's collections and	explain how	they further	the organi	zation's e>	kempt purpos	e in		
5		anization solicit or receive do nds rather than to be maintai						☐ Yes	<b></b> N	0
Pa		odial Arrangements. ganization answered "Yes	" on Form 9 <sup>,</sup>	90, Part I\	/, line 9, c	r reporte	ed an amour	nt on Form	າ 990,	Part
<b>1</b> a	Is the organization an agent							_	_	
	included on Form 990, Part 3	X?						☐ Yes	□и	0
	TE IIV II	on the Deat VIII and accord					Λ	nount		_
b c	, , , <del>,</del>	ement in Part XIII and comple 		-		1c	All	lount		_
d						1d				_
						1e				_
e f		r				1f				_
•	Ending balance					11				_
2a	Did the organization include	an amount on Form 990, Par	t X, line 21, f	or escrow o	r custodial a	account lia	ability?	☐ Yes	□N	o
b	If "Yes," explain the arrange	ment in Part XIII. Check here	e if the explan	ation has b	een provide	d in Part)	XIII			
Pa	ert V Endowment Fund									
	Complete if the org	ganization answered "Yes				bl.	(d) Thurs	h - (-)	F	
1 2	Beginning of year balance .	<b>(a)</b> Currer	,292,916	) Prior year 445,854,8		years back 20,329,211	(d) Three year	94,956		558,155
	Contributions		,537,060	7,626,7		13,880,013	· ·	87,615		796,637
		<u> </u>	,897,971	32,884,5		36,902,068	· ·	62,321		426,463
	Net investment earnings, gair	13, 4114 103363	,037,137.2	02/001/05	-		3072			
	Grants or scholarships				+					
	Other expenditures for facilities and programs	19	,756,617	19,450,1		22,861,769	· .	55,477		827,060
	Administrative expenses .		,450,992	2,623,1		2,394,677	· ·	60,204		906,313
g	End of year balance	452	,520,338	464,292,9	16 4	45,854,846	420,3	29,211	383,	194,956
2	Provide the estimated percei	ntage of the current year end	l balance (line	1g, columr	ı (a)) held a	as:				
а	Board designated or quasi-e	ndowment ► 13 %								
b	Permanent endowment >	80 %								
c	Temporarily restricted endov	vment ► 7 %								
	The percentages on lines 2a	, 2b, and 2c should equal 100	0%.							
3а	organization by:	·	organization t	hat are held	and admin	istered fo	r the		Yes	No
	(i) unrelated organizations							3a(i)	Yes	
	(ii) related organizations .							3a(ii)		No_
b	If "Yes" on 3a(ii), are the rel							3b		
4		ended uses of the organizatio	n's endowmer	nt funds.						
20	rt VI Land, Buildings,	• •	" on Form O	00 Dort IV	/ line 115	Soo For	m 000 Bar	+ V line 1	^	
	Description of property	ganization answered "Yes (a) Cost or other basis	(b) Cost or oth		<del> </del>	. See For			ook valu	e
	, p p. opul,	(investment)	,	(				()		
1 ~	Land	0		2,546,	576				-	2,546,576
	Buildings	0		173,358,			105,624,411			7,733,742
	Leasehold improvements	0		1,3,336,	0		0		- 07	0
					~ 1		0			J

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

51,773,967

7,055,182

15,059,556

7,055,182

92,395,056

36,714,411

	Complete if the organization answered "Yes" (a) Description of security or category	(b) Book value	(c) Method	of valuation:
) Financia	(including name of security)		Cost or end-of-	year market value
Closely-I	neld equity interests			
Other Private E		77,642,373		F
Hedge Fu	unds	170,302,834		F
Short ter	m investments	102,979,146		F
) Real esta		5,146,820		F
	eous other	160,035		F
;)	0.1.0.	200,000		•
5)				
H)				
tal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>▶</b> 356,231,208		
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' (  (a) Description of investment	on Form 990, Part IV, line 1	1c. See Form 990, I	Part X, line 13.  (c) Method of valuation: Cost or end-of-year market value
L)				
2)				
3)				
l)				
)				
)				
)				
)				
,				
`				
tal. (Columi	n (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.		<b>&gt;</b>	
tal. (Columi	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
al. (Columi	Other Assets.		•	t X, line 15.  (b) Book value
tal. (Column	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Potal. (Columnia) Part IX  1) 2)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX  L)  L)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX  1)  2)  3)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX  L)  2)  3)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX  2) 3) 5)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
Part IX  2)  3)  5)  6)  7)	<b>Other Assets.</b> Complete if the organization answered 'Yes' o		•	
tal. (Column art IX ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	Other Assets.  Complete if the organization answered 'Yes' o  (a) Descrip	ption	•	
cital. (Columnia)	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.	bition	1d. See Form 990, Par	(b) Book value
tal. (Column	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value
tal. (Column  ) ) ) ) ) ) tal. (Column  Part X	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15.  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value
art IX  ) ) ) ) ) tal. (Column  Part X	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value
htal. (Columniant IX  ) ) ) ) ) ) tal. (Columniant IX )  part X  Part X  Accrued ) Accrued ) Interest	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value
tal. (Columnart IX  ) ) ) ) ) ) ) tal. (Columnart IX ) Part X  ) Federal in Accrued ) Accrued ) Interest in Gift annuments	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476
cart IX  art IX  art IX  b)  c)  c)  c)  c)  c)  c)  c)  c)  d)  final, (Columnation of the columnation of t	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021
chal. (Columnia in the columnia in the columni	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021
Part IX  2)  3)  4)  5)  6)  7)  6)  Part X  L) Federal i  1) Accrued  2) Interest i  3) Gift annuments in the second sec	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021
Part IX  2)  3)  4)  5)  6)  7)  6)  Part X  1) Federal in the second of	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021
art IX  art IX  art IX  b)  c)  c)  c)  c)  c)  c)  c)  c)  c)	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021
art IX  art IX  ) ) ) ) ) tal. (Column ) ) ) tal. (Column )  Accrued Interest Gift annu Capital le ) )	Other Assets.  Complete if the organization answered 'Yes' o  (a) Description  min (b) must equal Form 990, Part X, col.(B) line 15.7  Other Liabilities.  Complete if the organization answered 'Yes' o  (a) Description  ncome taxes  pension liability  rate swap agreement  lities	n Form 990, Part IV, line 1	1d. See Form 990, Par	(b) Book value  990, Part X, line 25. (b) Book value  16,125,476 14,001,787 4,220,021

2

а

b

C

Part XII

5

1

2

C

d

3

4

5

b

Part XIII

See Additional Data Table

Schedule D (Form 990) 2019

Page 4

-19,796,935

82,053,196

772,182

82,825,378

76,268,911

11,416,090

64,852,821

16,305,026

81.157.847

d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	

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

Donated services and use of facilities . . .

Prior year adjustments . . . . .

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

D	Donated services and use of facilities	•	•
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d		
3	Subtract line 2e from line 1		

b	Donated services and use of facilities
C	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

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 .

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:

Other (Describe in Part XIII.) Add lines **4a** and **4b** . . . . . . . . . . . .

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements . . . . . .

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . .

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2a

2b 2c 2d

2a 2b

2c

2d

4a

4b

Explanation

evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.  Reconciliation of Expenses per Audited Financial Staten	<u> </u>			5	
nes <b>4a</b> and <b>4b</b>				4c	
(Describe in Part XIII.)	4b		-1,678,811		
ment expenses not included on Form 990, Part VIII, line 7b .	4a		2,450,993		
its included on Form 990, Part VIII, line 12, but not on line 1:					

1

2e

3

4c

5

2e 3

-5,942,902

-13.854.033

11,416,090

2,450,993

13,854,033

Schedule D (Form 990) 2019

chedule D (Forn	n 990) 2019	Page <b>5</b>
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

## **Additional Data**

Software ID: 19010655
Software Version: 2019v5.0

**EIN:** 35-0868071

Name: Culver Educational Foundation

## **Supplemental Information**

Return Reference	Explanation
Schedule D, Part III, Line 1a Collections of art - financial statement footnote	Per Footnote 1 of the 2019-2020 audited financial statements: Contributions of works of ar t, historical treasures, and similar assets held as part of a collection for education, re search or public exhibition purposes, rather than for sales or financial gain, are not recognized part capitalized on the financial statements.

Supplemental Information							
Return Reference	Explanation						
Schedule D, Part III, Line 4 Collections of art - description of collections	The Culver Educational Foundation maintains a collection of art works including portraits, paintings, photographs, and sculptures donated to the school. The Art Collection is house d within the Fine Arts Department, and items are displayed throughout campus on a rotating basis. The Crisp Arts Center has two galleries showcasing exhibits of the Culver collection. In addition, the School has a stamp collection maintained for student education, which is periodically displayed.						

Supplemental Information	
Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	The School's endowment is used for support of financial aid, faculty salaries, capital pro jects, facilities maintenance, and academic and student projects.

Supplemental Information							
Return Reference	Explanation						
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The School is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Co de and, except to the extent the School has unrelated business income, is exempt from fede ral income taxes. There was no provision for income taxes due on unrelated business income in fiscal years 2020 and 2019. The School recognizes as tax benefit from an uncertain tax position only if it is more likely than not that the tax position will be sustained on ex amination by the taxing authorities. Management evaluated the School's tax positions and c oncluded that the School had no material uncertainties in income taxes as of June 30, 2020						

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Financial Aid13854033

Supplemental Information							
Return Reference	Explanation						
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Costs Of Good Sold Auxiliary Department1426148 Golf Outing Expense5860 Rental Expense246803						

Supplemental Information	
Return Reference	Explanation
Other expenses in audited	Cost of Goods Sold Auxiliary Department - 1426148 Golf Outing expense - 5860 Pledge Write- offs - 399938 Change in Charitable Annuities expense - 230087 Minimum Pension Liability - 4088559 Present Value of Future Swap Payments - 4664456 Rental expense - 246803 Change in Cash Surrender Value - 58683 Change in Trusts - 295556

-

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Financial Aid - 13854033

s

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130012511 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** Culver Educational Foundation 35-0868071 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . . . . . . . . . . . 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? . . . . . . . . 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? . . . . . . 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo b Has the organization's right to such aid ever been revoked or suspended? . . . . . . . . . . . . . 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. . . . . . . . . . . . Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019) Page 2 Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions. Return Reference Explanation The Culver Educational Foundation's admissions materials and applications for Schedule E. Part I. Line 3 RACIALLY Winter School and Summer Camps include a statement of the School's non-NONDISCRIMINATORY POLICY discrimination policy. Human Resources includes a non-discrimination statement on all recruitment materials and advertisements for employment with the school. Schedule F (Form 990 or 990-F7) (2019)

SCHEDULE F	State	ement of A	Activities (	Outside the Un	ited S	tates	OMB No. 1545-0047	
(Form 990) Department of the Treasury	► Comp	► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1!  ► Attach to Form 990.  ► Go to www.irs.gov/Form990 for instructions and the latest information					2019 Open to Public Inspection	
Internal Revenue Service								
Name of the organizatio Culver Educational Four						Employer ider	tification number	
						35-0868071		
	Information D, Part IV, line		Outside the U	Jnited States. Comple	ete if the	organization a	nswered "Yes" on	
other assistance	, the grantees'	eligibility for th	e grants or assi	substantiate the amoun stance, and the selectior	_		☐ Yes ☐ No	
2 For grantmake outside the Unit		Part V the orga	anization's proce	dures for monitoring the	use of it	s grants and ot	her assistance	
3 Activites per Regi	on. (The followi	ng Part I, line 3 t	able can be dupli	cated if additional space is	needed.)	)		
(a) Regio	n	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program spe	rity listed in (d) is a service, describe scific type of (s) in the region	(f) Total expenditures for and investments in the region	
See Add'l Data				,				
3a Sub-total .  b Total from continu Part I .	ation sheets to	0	0				60,115,82	
c Totals (add lines	3a and 3h)	0					60,115,82	
C . Otalo (add IIIICo	Ja ana Jbj		·				00,113,02.	

Cat. No. 50082W Schedule F (Form 990) 2019

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

Type of grant or assistance	uplicated if addit (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash	<b>(h)</b> Method of valuation
		recipients	Cash grant	aispui sement	assistance	assistance	(book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page <b>4</b>
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	<b>✓</b> Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	<b>☑</b> No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	<b>✓</b> Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	<b>⊻</b> Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	<b>✓</b> Yes	□No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	<b>✓</b> Yes	□No

Schedule F (Form 990) 2019						
Part V	amounts of investmethod); and Part	formation ation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; nents vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide mation. See instructions.				
90 Schedule F, Supplemental Information						
Return Reference Explanation						

The School separately tracks foreign expenditures in its records and accounting system.

Schedule F, Part I, Line 3

## **Additional Data**

Caribbean

Sub-Saharan Africa

**Software ID:** 19010655 **Software Version:** 2019v5.0 **EIN:** 35-0868071 Name: Culver Educational Foundation Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of	(c) Number of	(d) Activities conducted	(e) If activity listed in (d)	
	offices in the	employees or	in region (by type) (i.e.,	is a program service,	
	region	agents in	fundraising, program	describe specific type of	
		region	services, grants to	service(s) in region	
		_	recipients located in the		
I .					1

0 Investments

	region	agents in region	services, grants to recipients located in the region)	describe specific type of service(s) in region	
Central America and the		0	Investments		

(f) Total expenditures for region

55,484,100

848,191

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) North America (Canada & 3,733,411 0 IInvestments Mexico only) 12,438 East Asia and the Pacific 0 Program Services Admissions travel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) East Asia and the Pacific 0 | Fundraising Alumni events 4.146 Europe (Including Iceland and 0 Program Services Admissions travel 8,794 Greenland)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Europe (Including Iceland and 0 | Fundraising 2.932 lAlumni events Greenland) Middle East and North Africa 2,209 0 Program Services Admissions travel

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) Middle East and North Africa 0 | Fundraising 737 Alumni events North America (Canada & 0 Program Services Admissions travel 6,529 Mexico only)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) 0 | Fundraising 2.176 North America (Canada & lAlumni events Mexico only) Sub-Saharan Africa 0 Program Services Admissions travel 379

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) Sub-Saharan Africa 0 | Fundraising Alumni events 126 South America 0 Program Services Admissions travel 7,240

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) South America 0 | Fundraising 2.413 lAlumni events

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130012511 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** 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. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization Culver Educational Foundation 35-0868071 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 10 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 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. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	dule G (Form 990 or 990-EZ) 2019  rt III Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990 Part IV line 18	or reported more
	than \$15,000 of fundraising e gross receipts greater than \$!	vent contributions and			
	g. 000 , 000, p. 0 g, 000, 00, 00, 00, 00, 00, 00, 00, 0	(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through
		Parent's Golf outing (event type)	(event type)	(total number)	col. <b>(c)</b> )
a)					
Revenue					
Rev					
	1 Gross receipts	23,270			23,270
	2 Less: Contributions	16,900			16,900
	3 Gross income (line 1 minus line 2)	6,370	0	0	6,370
	4 Cash prizes	0			0
ses	5 Noncash prizes	375			375
Direct Expenses	7 Food and beverages	229			229
<u>ធ</u> ៥	8 Entertainment	0			0
Dire	9 Other direct expenses	5,256			5,256
	10 Direct expense summary. Add lines 4 t	through 9 in column (d)		•	5,860
Do	11 Net income summary. Subtract line 10 t III Gaming. Complete if the orga			<b>&gt;</b>	510
Fal	<b>Gaming.</b> Complete if the organization on Form 990-EZ, line 6a.	anizacion answered re	s on Form 990, Part 1	.v, lille 19, of reported	more than \$15,000
Revenue		(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
<u> </u>	1 Gross revenue				
ses	2 Cash prizes				
Direct Expense	3 Noncash prizes				
eg E	4 Rent/facility costs				
ā	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes %	
	<b>6</b> Volunteer labor	□ No	□ No	□ No	
	<b>7</b> Direct expense summary. Add lines 2 t	through 5 in column (d)		•	
	8 Net gaming income summary. Subtrac	t line 7 from line 1, colum	n (d)		
9	Enter the state(s) in which the organizati				
a b	Is the organization licensed to conduct go If "No," explain:				☐ Yes ☐ No
-	·				
10a b	Were any of the organization's gaming lik	censes revoked, suspende	d or terminated during the		Yes No

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age <b>3</b>
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ing activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· 🗆 Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ $ angle$	anization ▶ \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ►						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$	<del></del>				
	Description of services provided	<b>d</b> ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	•		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spen	Ī	□ 1es		
		pt activities during the tax year 🕨	•				
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

DLN: 93493130012511

Open to Public Inspection

nternal Revenue Service							
ame of the organization ulver Educational Foundation						Employer identifica	ition number
						35-0868071	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mair the selection criteria used t						ce, and	☑ Yes ☐ No
Describe in Part IV the orga	•	_	_				
Part II Grants and Other A	<b>Assistance to Dom</b> than \$5.000. Part II	estic Organizations a can be duplicated if add	ind Domestic Governme ditional space is needed.	ents. Complete if the or	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
2 Enter total number of secti	on 501(c)(3) and go	overnment organizations	s listed in the line 1 table			<b>&gt;</b>	
B Enter total number of other	r organizations liste	d in the line 1 table .				• <u> </u>	

(Form 990)

Department of the

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

laid. The School maintains records of the recipients and awards, which are available upon request.

Schedule I (Form 990) 2019

Part III

(2) (3) (4)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

(5) (6)

(7)

Return Reference Explanation

Scholarships and need-based financial aid are granted to students who attend Culver Military Academy, Culver Girls Academy and the Culver Summer Schools and Camps. Scholarships are based upon merit, as determined by faculty-administrative staff committees, or upon financial need, determined by family information from

Schedule I, Part I, Line 2 Procedures for monitoring use of SSS data. Detailed records are available at the Culver Educational Foundation. A Student Life committee reviews student academic performance and community grant funds. involvement annually before renewing merit scholarships. Financial need is reviewed annually by the Financial Aid department before extending additional need-based

Page 2

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	30012	:511
Sch	nedule J	Co	mpensati	ion Information	01	MB No.	1545-0	0047
(Forr	m 990)	▶ Attach to Form 990.						)
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	<u>v/Form990</u> for	instructions and the latest inform	mation.	Open i Inst	to Pul ectio	
Nar	ne of the organiza				Employer identifica			
Culv	er Educational Foun	dation			35-0868071			
Pa	rt I Questi	ons Regarding Compensa	tion		100 000071			
							Yes	No
1a				f the following to or for a person liste y relevant information regarding the				
	First-class	or charter travel	lacksquare	Housing allowance or residence for	personal use			
	_	companions	님	Payments for business use of perso				1
		nification and gross-up payment	s 📙	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	ffeur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ne la?			
3	organization's C	EO/Éxecutive Director. Check al	l that apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain i				
	<b>✓</b> Compensa	ation committee		Written employment contract				
		ent compensation consultant	<b>▽</b>	Compensation survey or study				
	<b>✓</b> Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	trol payment? .			4a		No
b	Participate in, o	r receive payment from, a suppl	emental nonqual	ified retirement plan?		4b	Yes	
c		. ,	,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			=	the organization pay or accrue any				
		ontingent on the revenues of:		, , , , ,				
а	The organization	1?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Yes	s," describe in Pa	the organization provide any nonfixe rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," documents of the contract that was		8		No
9				presumption procedure described in		9		INU
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 5	50053T Schedule J	(Forn	1 9901	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation reportable compensation Form 990 compensation 1 Douglas O Bird 257,364 0 0 (i) 455 20,241 44,947 323,007 Head of Schools 0 0 0 0 0 0 (ii) 2 Richard J Tompos 174,468 (i) 0 686 20,214 16,157 211,525 0 Chief Financial Officer 0 0 0 0 (ii) 0 0 0 3 Holly Johnson 215,189 (i) 0 335 20,856 21,826 258,206 0 Chief Advancement Officer 0 0 0 0 0 0 0 (ii) 4 Kevin MacNeil 166,916 (i) 0 2,194 19,157 16,531 204,798 0 Chief Academic Officer 0 0 0 0 0 0 0 (ii) 5 Joshua Pretzer 150,878 (i) 0 239 20,172 15,298 186,587 0 Dean of Faculty 0 0 0 0 0 0 0 (ii) 6 Jeffry Kutch 142,729 (i) 0 0 1,172 19,051 14,437 177,389 Director of Facilities 0 0 0 0 0 0 0 (ii) 7 Mary L Rasch 132,008 (i) 0 0 1,673 9,449 13,265 156,395 Dean of Girls 0 0 0 0 0 0 0 (ii) 0 8 James P Power (i) 0 667,914 22,573 78,608 769,095 154.545 Former Head of Schools 0 0 0 0 0 0 0 (ii) 0 9 Jerry White (i) 0 0 162,393 13,322 11,000 186,715 Former Chief Operations 0 0 0 0 0 0 0 (ii) Officer

Schedule 1 (Form 990) 2019

efile GRAPHIC pr	int - DO	NOT PROCES	S As Fi	iled Data -					DL	.N: 93	49313	001251	
Schedule L		Tran	sactio	ns with li	ntereste	d Persor	าร			0	MB No. 1	.545-0047	
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26,								5,	2019				
		27, 28a,	28b, or 28	Sc, or Form 99 th to Form 99	0-EZ, Part V,	line 38a or 4	40b.				<b>Z</b> U	17	
Department of the Treasury Internal Revenue Service		▶Go to <u>www.i</u>					forma	tion.			Open to Inspe	Public	
Name of the organiza							Er	nplo	yer ide	entifica	ation nu	mber	
Culver Educational Foun	dation						35	5-086	8071				
Part I Excess I	Benefit T	ransactions (	section 501	(c)(3), section	501(c)(4), and	section 501(c				s only	).		
Complete	if the orgar	nization answere	d "Yes" on F	orm 990, Part	IV, line 25a or	25b, or Form	990-E						
<b>1 (a)</b> Na	me of disq	ualified person	(b)	Relationship be		ified person ar	nd		escript		<u> </u>	Corrected	
					organization			tr	ansacti	on	Ye	s No	
							+						
							+						
							+						
2 Enter the amou	nt of tax in	curred by the or	ganization n	nanagers or dis	qualified perso	ns during the	year u	ınder	sectio	n	•		
4958		any on line 2					•			\$ —— \$			
5 Enter the amoun	it of tax, ii	any, on mie 2, a	above, reiiiii	oursed by the c	ngamzadon .		•	•		<sup>3</sup> —			
		or From Interganization answe			Part V line 3	8a or Form 99	20 P2	r+ T\/	line 26	s or if	the orga	nization	
		nt on Form 990,			, raic v, iiie 3	oa, or roim 5.	, i a		mie Ze	, 01 11	tile orga	mzacion	
(a) Name of interested person with		hip (c) Purpose ion of loan		to or from the nization?	(e) Original principal amount	<b>(f)</b> Balance due		(g) In (h Approv			ed by agreement?		
										committee?			
			То	From			Yes	No	Yes	No	Yes	No	
					-								
Total				<u> I</u>	<b>\$</b>								
Part IIII Grants	or Assis	tance Benefit	ing Inter	ested Perso	ns.								
		rganization an	swered "Y			1							
(a) Name of intereste	d person	(b) Relationship interested perso organizat	n and the	(c) Amount	of assistance	( <b>d)</b> Type	of assi	stanc	:e	(e) Pu	rpose of	assistanc	
(1) See Part V See Part V					104,493	Discounted to	uition		E	Employee Benefit			
(2) See Part V		See Part V			49,528	Discounted to	uition		E	Employee Benefit			
									+				
or Paperwork Reduction	n Act Notic	e. see the Instru	ctions for Fo	rm 990 or 990-l	<b>-7</b> . (a	t. No. 50056A		Sal	andula	l (Eor-	000 00	990-F7) 20	

Schedule L (Form 990 or 990-EZ) 2019					Page <b>2</b>				
	ns Involving Interested Per zation answered "Yes" on Form		a, 28b, or 28c.						
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	f (d) Description of transaction	(e) Sh o organiz reven	f ation's				
				Yes	No				
Part V Supplemental Information Provide additional information	nation ition for responses to questions on	Schedule L (see instructi	ons).						
Return Reference	Explanation								
Schedule L, Part II Grants or	PER THE IRS INSTRUCTIONS FOR SCHEDULE L, COLLEGES, UNIVERSITIES, AND PRIMARY AND SECONDARY								

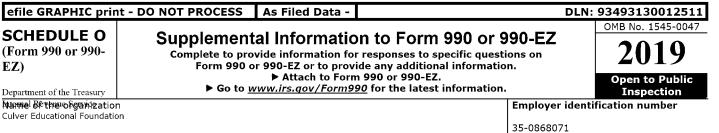
SCHOOLS ARE NOT REQUIRED TO IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED Assistance Benefiting Interested

Persons SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE. INSTEAD, THESE ORGANIZATIONS MUST GROUP EACH TYPE OF FINANCIAL ASSISTANCE PROVIDED TO INTERESTED PERSONS IN SEPARATE LINES. FOR EACH LINE, THE SCHOOL IS TO REPORT IN COLUMN (C) THE TYPE OF ASSISTANCE AND AGGREGATE DOLLAR AMOUNT OF THAT ASSISTANCE; COLUMNS (A) AND (B) ARE TO BE LEFT BLANK.

Schedule L (Form 990 or 990-EZ) 2019

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493130012511 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶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 **Employer identification number** Name of the organization Culver Educational Foundation 35-0868071 Part I 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 . . Χ 10,350 Other - DONOR APPRAISAL Art-Historical treasures Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles **7** Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 12 272,542 Market value 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures . . . . Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy . . . . . 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► ( Horses ) 42,395 Other - DONOR APPRAISAL 26 Other ▶ ( \_\_\_\_\_\_) 27 Other ▶ ( \_\_\_\_\_\_) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 2 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 isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	Ition. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	The School receives security gifts through its custodial bank, who uses a broker/dealer to process security contributions.
	Schedule M (Form 990) (2019)



Return Reference	Explanation
Form 990, Part I, Line 1	Located in Culver, IN, Henry Harrison Culver first founded Culver Military Academy in 1894 "for the purpose of thoroughly preparing young men for the best colleges, scientific scho ols and businesses of America." Culver Summer Schools and Camps began in 1902 and today br ings over 1,300 campers from around the world to Culver to learn leadership skills that im prove personal confidence. Coeducational since 1971, Culver Girls Academy was founded for the purpose of encouraging young women to attain the highest degree of self-development. C ulver's mission is to educate its students for leadership and responsible citizenship in s ociety by nurturing the whole individual- mind, spirit and body - through integrated progr ams that emphasize the cultivation of character. In addition, significant activities at Cu Iver include The Ron Rubin School for the Entrepreneur, a Senior Service Project, the Glob al Pathways Spring Program and the Culver Equestrian Program. In today's global marketplac e, entrepreneurship is the indispensable element to America's growth and prosperity and ab solutely essential to our continued economic and political leadership in the world. Founde d in 2006, The Ron Rubin School for the Entrepreneur provides adventurous Culver students with dynamic opportunities to learn—and practice—the skills of entrepreneurship that wil I prepare them for the real-world challenges of the 21st century. The program's fundamenta I objectives include helping participants gain a deeper understanding of creative and inno vative thinking, adaptability, articulating arguments, collaboration and competition, lear ning from failures, and developing a global mind-set. Through interaction with highly succ essful entrepreneurs, field trips to exciting destinations, and challenging tasks that req uire collaboration and teamwork, students gain a deeper appreciation for innovation, creat ivity, and the magic of the entrepreneurial spirit. The Senior Service Project is the caps tone of a student's Culver career and a requireme

990 Schedule O, Supplemental Information

Return Explanation

Reference	·
Form 990, Part I, Line 1	y, but also the broader qualities of patience, perseverance, grit, and courage - the true hallmarks of an equestrian.

990 Schedule O, Supplemental Information

Return Reference	Explanation
	Culver educates its students for leadership and responsible citizenship in society by developing and nurturing the whole individual-mind, spirit, and bodythrough integrated programs that emphasize the cultivation of character. Culver offers challenging programs in our classrooms and on the athletic fields and a strong sense of community. Culver creates opportunities for students to practice critical thinking and problem-solving to deepen understanding. Our integrated wellness program helps students understand and practice healthy lifestyles. Our commitment to spiritual development includes required weekly religious services. We are a community who believes in educating its students in the virtues of wisdom, justice, courage and moderation. Culver's philosophy is embodied in its Honor Code, its student leadership systems, and Ethics and Service-Learning requirements for graduation. We have high ideals and equally high expectations.

Return Reference	<b>Explanation</b>
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 13,798,933 including grants of \$ 0)(Revenue \$ 488,645) Student Services Programs: A variety of student services and activities were provided, including Barber Shop, Laundry-Dry Cleaning, and Student Health Services. Services were provided to 842 Boarding School Students and 1,321 Summer School campers as of June 30, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 0 including grants of \$ 0)(Revenue \$ 0) Student Services Programs, General/Other: Auxiliary services such as required uniform and a campus bookstore provided for the convenience of students in winter and summer programs. (2,163 students)

Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The organization has an executive committee. The Executive Committee shall consist of the Chairman, the Vice Chairman (if one has been elected), the Head of Schools and at least two (2) other trustees elected by a majority of all the trustees at each annual board meeting. During intervals between meetings of the Board of Trustees, the Executive Committee shall have and exercise all of the authority of the Board of Trustees in the management of the Foundation, except where prohibited by law; provided, however, that the Executive Committee may only appropriate funds not budgeted or otherwise authorized by the Board of Trustees up to \$75,000 total between Board meetings for the purposes of the Foundation; and provided, further, that the Executive Committee shall make no changes in policies of the Foundation without the express authority of the Board of Trustees. In addition to the authority granted in the preceding sentence, the Executive Committee, to the extent specified by the Board of Trustees, may exercise the authority of the Board of Trustees, except where prohibited by law. The Executive Committee shall cause minutes of its proceedings to be kept and filed with the minutes of the proceedings of the Board of Trustees, and shall make a report at each regular or special meeting of the Board of Trustees of all acts of the Committee since the last meeting of the board. A majority vote of the members of the Executive Committee shall be necessary for any action by the committee.

Evolopotion

990 Schedule O, Supplemental Information

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Reference	ехрынацон
Form 990, Part VI, Line 4 Significant changes to organizational documents	The Governing Documents have been updated during the fiscal year to update the composition and duties of the Board.

Evolunation

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Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by the Business Office and reviewed by the Controller before external review by the School's tax firm. It is then reviewed and approved (excluding Schedule B) by the Budget, Audit and Human Resources committee. The full Board of Trustees has access to the Form 990 (excluding Schedule B) and is provided a summary briefing prior to filing the Form 990 with the Internal Revenue Service.

Evolunation

D -4.....

Reference	Explanation
Form 990, Part VI, Line	Each member of the Board of Trustees completes an annual Conflict of Interest Statement disclosing any potential conflicts. Officers of the Board and administrative employees also complete an annual Conflict of Interest Statement. The Conflict of Interest
12c Conflict of interest	Statements are reviewed and maintained in the Head of School's office. Any disclosure determined to be in violation of policy is addressed between the Head of Schools, the Chairman of the Board of Trustees, and the respective Trustee, Officer or employee.

Funlamation

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	The Compensation Committee of the Board of Trustees reviews performance and determines compensation for the Head of Schools. The committee reviews comparative compensation for the Head of Schools and school officers every May, with the most recent compensation review completed in May 2020. Compensation is based upon performance and peer school review, as supported recommendations and industry benchmarks. The committee documents the compensation deliberations and decisions in the minutes of the meeting.

Return Reference	Explanation
to establish	The Compensation Committee of the Board of Trustees reviews performance and determines compensation for the Head of Schools. The committee reviews comparative compensation for the Head of Schools and school officers every May, with the most recent compensation review completed in May 2020. Compensation is based upon performance and peer school review, as supported recommendations and industry benchmarks. The committee documents the compensation deliberations and decisions in the minutes of the meeting.

Return

the public

Reference	· ·
Form 990,	Financial statements, conflict of interest policy and governing documents are available upon request for the same period of
Part VI, Line	disclosure as set forth in Section 6104(d) from the Director of the Business Office & Controller or the Head of Schools of the Culver
19 Required	Educational Foundation. Copies of the documents are provided with state tax and corporate return filings and are regularly
documents	included with filings for property tax exemption and grant proposals as needed. In addition, information is provided to investment
available to	managers, bank officers and approved contractors as necessary or requested.

**Explanation** 

Return Reference	Explanation
,	- Total Revenue: 159751, Related or Exempt Function Revenue: 159731, Unrelated Business Revenue: 0, Revenue Excluded from Tax Under Sections 512, 513, or 514: 20;

D -4.....

Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Minimum pension liability4088559; Present value of future swap4664456; Temp restricted cash surrender value58683; Beneficial interest in trusts295556; Pledge write-offs399938; Charitable gift annuities230087;

Funlamation

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.

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

► Attach to Form 990.

OMB No. 1545-0047

DLN: 93493130012511

Open to Public Inspection

Name of the organization Culver Educational Foundation				Employer ident	tification number		
Cuiver Educational Foundation				35-0868071			
Part I Identification of Disregarded Entities. Comple	ete if the organization answ	ered "Yes" on Form	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (s or foreign count	tate (d) Total income	(e) End-of-year assets	( <b>f)</b> Direct controllin entity	ıg	
(1) CULVER CHAPEL COLUMBARIUM LLC 1300 ACADEMY ROAD CULVER, IN 465111291	COLUMBARIUM	IN	(	319,936	Culver Educational Founda	ition	_
							_
							_
							_
Part II Identification of Related Tax-Exempt Organiza related tax-exempt organizations during the tax ye		anization answered	"Yes" on Form 990	), Part IV, line 34	because it had one o	r more	_
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section (13) co	g) n 512(lontrolle tity?
(A) Laurentine Found Communities	Company time of Company in a big or	TNI	F04(-)(2)	Town of I	The Colores Education of	Yes	No
(1)Lowenstine Fund Corporation 1300 Academy Road	Supporting Organization	IN	501(c)(3)	Type I	The Culver Educational Foundation	Yes	
Culver, IN 465111291 85-1352682							
							_
						_	_
							_
For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.	Cat. No. 5013	5Y		Schedule R (Forn	n 990) 2	019

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominincome(re unrelate excluded tax und sections	lated, total inc ed, from ler 512-		Disprop	h) ortionate otions?	(i) Code V-U amount in 20 of Schedule I (Form 106	ox ma	<b>(j)</b> eneral or anaging artner?	Perce	
					514)			Yes	No		Ye	es No	1	
art IV Identification of Related Organiz because it had one or more related or	organizations treated as	s a corporation	on or tru			ir.	answered "Y	es" on F	orm 9	990, Part	IV, li	ne 34		
		s a corporation	on or tru (c) egal micile or foreign	st during t			(f) Share of tot	al Share	(g) e of end- year assets	-of- Pe	IV, ling (h) centagenershi	je !	(i) Section (13) cor enti	512i itroll ty?
because it had one or more related of (a)  Name, address, and EIN of	organizations treated as	s a corporation	on or tru (c) egal micile	St during t  Direct  Culve Educa	he tax yea (d) it controlling entity	(e) Type of entity (C corp, S corp	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor	512 itrol ty?
because it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512( troll
Decause it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational undation  00 Academy Road 159 lver, IN 46511	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512i itroll ty?
Decause it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational undation  00 Academy Road 159 lver, IN 46511	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512i itroll ty?
Decause it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational undation  00 Academy Road 159 lver, IN 46511	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512( itroll ty?
Decause it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational undation  00 Academy Road 159 lver, IN 46511	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512( itroll ty?
Decause it had one or more related of (a)  Name, address, and EIN of related organization  ) aritable Remainder Trusts (5) CO - Culver Educational undation  00 Academy Road 159 lver, IN 46511	rganizations treated a:  (b)  Primary activity	s a corporation	on or tru (c) egal micile or foreign untry)	St during t  Direct  Culve Educa	he tax yea  (d)  tt controlling entity  r ational	(e) Type of entity (C corp, S corp or trust)	(f) Share of tot	al Share	(g) e of end- year	-of- Pe	(h)	je !	Section [13] cor enti	512i itroll ty?

Page **3** 

art V	Transactions with i	Related Organizations.	Complete if the organization answered	res on Form 990,	Part IV, line 34, 350, or 36.	
Note	- Complete line 1 if any as	ation is like and in Decade II III .	T\ / - E +  - :      -			

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
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		No
d	Loans or loan guarantees to or for related organization(s)	<b>1</b> d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		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)	1i		No
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
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
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	<b>1</b> p		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
s	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) Name of related organization  (b) Transaction type (a-s)  (c) Amount involved Method of determining an	nount i	nvolved	

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.

<b>(a)</b> 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)	Ar	(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ate ?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General d managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
			1			ı				Schedul	e R (Form	990	0) 2019

Schedule R (Fo	Page 5 Part VII Supplemental Information			
Part VII	Supplemental Info	ormation		
	Provide additional infor	mation for responses to questions on Schedule R. (see instructions).		
Retu	ırn Reference	Explanation		