Catholic Education Arizona 2016 (FYE 06.30.2017) Exempt Income Tax Return Public Disclosure Copy

BRENDA A. BLUNT, CPA
PARTNER

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STATEMENT THAT THIS IS A TAX RETURN NOT A FINANCIAL STATEMENT

The accompanying federal income tax return does **NOT** constitute a financial statement. We have not audited, reviewed or compiled the accompanying income tax return and, accordingly, do not express an opinion or any other form of assurance on it.

An income tax return is not intended to constitute financial statements prepared in accordance with generally accepted accounting principles. Accordingly, it does not necessarily include all financial information or disclosures required by generally accepted accounting principles. If the omitted financial information or disclosures were included with the tax return, they might influence the users' conclusions about the taxpayer's financial position, results of operations and cash flows. Accordingly, this income tax return is not designed to be used in lieu of financial statements.

RECORD RETENTION

Copies of your tax returns are enclosed for your files. It is your responsibility to retain copies of your tax information. We recommend the following guidelines:

- Tax returns keep indefinitely.
- Supporting documentation keep for 8 years.
- Records supporting your tax basis in personal, investment and business assets and gift documentation keep indefinitely.

Please note: Eide Bailly retains copies of tax returns, workpapers and other tax information for a period of eight years. After that, we dispose of all records. If you have questions regarding retention of tax records, please contact us.

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2017

Prepared for	
	Catholic Education Arizona 3550 N. Central Avenue No. 1020 Phoenix, AZ 85012
Prepared by	
	Eide Bailly LLP 1850 N Central Ave, Suite 400 Phoenix, AZ 85004-4527
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

** PUBLIC DISCLOSURE COPY **

990

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

16

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Signature Block	АГ	or the	2016 calendar year, or tax year beginning 001 1, 2010 and	enaing C	ON 30, ZUI/	
State	B c	heck if pplicable	C Name of organization		D Employer identific	cation number
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		_change	Doing business as		86-0	937587
City or fown, state or province, country, and ZIP or foreign postal code City or fown, state or province, country, and ZIP or foreign postal code PHOENIX, AZ 85012		Final				
PROBNIX, AZ 850.12		termin-				
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Tax-exempt status:		ition pendin	g CAME AC C ABOVE		1	
Understreib CATHOLICEDUCATIONARIZONA.ORG Htc) Group exemption number ▶ 09.28 Form of organization: \(\) Corporation \(\) Trust \(\) Association \(\) Other ▶ \(\) Lyear of formation: \(20.05 \) M State of legal demicite; AZ Part II Summary Binefity describe the organization smission or most significant activities: CATHOLIC EDUCATION ARIZONA EXISTS TO MAKE CATHOLIC EDUCATION AVAILABLE, AFFORDABLE AND 2 Check this box ▶ \(\) If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 6 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 7 Total unrelated business revenue (Part VIII, column (A), line 12 7 Total unrelated business revenue (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 23 8 Contributions and grants (Part VIII, column (A), lines 23 10 Investment income (Part VIII, column (A), lines 23 11 Other evenue (Part VIII, column (A), lines 23 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13) 13 Grants and similar amounts paid (Part X, column (A), lines 13) 14 Selaries, other compensation, employee benefits (Part X, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part X, column (A), lines 13) 16 Total rundraising expenses (Part X, column (A), lines 14) 17 Other expenses (Part X, line 16) 18 Total supplies (Part X, line 16) 19 Total supplies (Part X, line 26) 10 Total revenue less expenses. Subtract line 21 from line 20 20 Net association of prepare (other than offic					7	
Common of organization: X Corporation Trust Association Other L Year of formation: 2005 M State of legal domicilie: AZ				or 527		
1				1		
1 Briefly describe the organization's mission or most significant activities: CATHOLIC EDUCATION ARIZONA EXISTS TO MAKE CATHOLIC EDUCATION AVAILABLE, AFFORDABLE AND 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 1 12 4 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1a) 5 Total number of individuals employed in calendar year 2016 (Part VI, line 2a) 5 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (O), line 12 5 Net unrelated business revenue from Part VIII, column (O), line 2 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment Income (Part VIII, column (A), lines 3, 4, and 70) 11 Other revenue (Part VIII, column (A), lines 5, dd. 8o, so, 10c, and 11e) 12 Total revenue- add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 510) 16 Professional fundraising less (Part IX, column (A), lines 111-11d, 111c/24e) 17 Other expenses (Part IX, column (A), lines 111-11d, 111c/24e) 18 Total sopenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 10 Total revenue-and lines 13-17 (must equal Part IX, column (A), line 25) 10 Total revenue-and lines 13-17 (must equal Part IX, column (A), line 25) 10 Total revenue-and lines 13-17 (must equal Part IX, column (A), line 12) 11 Total undraising expenses (Part IX, column (A), lines 12) 12 Part II Signature Block 12 Part II Signature Block 13 Total undraising expenses (Part X, column (A), line 12) 14 Total individuals expenses, and lines 13-17 (must eq				L Year	of formation: 2005	A State of legal domicile: AZ
EXISTS TO MAKE CATHOLIC EDUCATION AVAILABLE, AFFORDABLE AND Check this box ▶	Pa				DIIGIMTON ID	T.T.O.1.1.
b Net unrelated business taxable income from Form 990-T, line 34 To	ě	1	Briefly describe the organization's mission or most significant activities: CA'I'H0	OPIC F	EDUCATION AR	IZONA
b Net unrelated business taxable income from Form 990-T, line 34 To	ano					
b Net unrelated business taxable income from Form 990-T, line 34 To	ern	2 (Check this box if the organization discontinued its operations or dispose	sed of more		
b Net unrelated business taxable income from Form 990-T, line 34 To	νoκ					
b Net unrelated business taxable income from Form 990-T, line 34 To	8					
b Net unrelated business taxable income from Form 990-T, line 34 To	es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	
b Net unrelated business taxable income from Form 990-T, line 34 To	viti	6	Total number of volunteers (estimate if necessary)		6	
b Net unrelated business taxable income from Form 990-T, line 34 To	Λcti	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to no for members (Part IX, column (A), lines 13) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total assets (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Sign Here Part II Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Part II Signature Block Primi's name PEIDE BAILLY LLP Firm's same PEIDE BAILLY LLP Phone no. 6 0 2 - 2 6 4 - 5 8 4 4	`	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 466,503. 498,866. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.		l			19,190,498.	19,490,857.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 15 5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 466 , 503 . 498 , 866 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		17,921,649.	17,255,109.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		l				
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) b 646,884. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 649,155. 626,114. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19,037,307. 18,380,089. 19 Revenue less expenses. Subtract line 18 from line 12 153,191. 1,110,768. 20 Total assets (Part X, line 16) 21,406,299. 22,723,337. 21 Total liabilities (Part X, line 26) 18,399,703. 18,605,973. 22 Net assets or fund balances. Subtract line 21 from line 20 3,006,596. 4,117,364. Part II Signature Block	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		466,503.	498,866.
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 153,191. 1,110,768. 153,191. 1,110,768. 153,191. 1,110,768. 153,191. 1,110,768. 153,191. 1,110,768. 16 Reginning of Current Year 21,406,299. 22,723,337. 18,380,089. 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 13,006,596. 4,117,364. 15 Signature Block 16 Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rure, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 18 Signature of officer 19 Print/Type preparer's name 10 Date 10 D	Ĥ				649,155.	
19 Revenue less expenses. Subtract line 18 from line 12 153,191. 1,110,768.						
Beginning of Current Year End of Year 21,406,299 22,723,337 18,605,973 18,399,703 18,605,973 18,399,703 18,605,973 18,006,596 4,117,364 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,006 19,00		19			153,191.	1,110,768.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844	or ces		·		eginning of Current Year	End of Year
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844	sets alan	20	Total assets (Part X, line 16)		21,406,299.	22,723,337.
Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844	ASS d Be	21			18,399,703.	18,605,973.
Date Print/Type preparer's name Preparer's signature BRENDA BLUNT Firm's address EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Phone no.602-264-5844 Phone no.602-264-5844 Phone no.602-264-5844 Phone no.602-264-5844 Phone no.602-264-5844 Preparer Print/Type pr	Pun	22			3,006,596.	4,117,364.
rue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT BRENDA BLUNT Firm's name Firm's name Firm's name Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Phone no. 602-264-5844	Pa	rt II	Signature Block			
Signature of officer MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name Preparer BRENDA BLUNT BRENDA BLUNT Firm's name Firm's name Firm's name Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Date O5/15/18 Firm's EIN Firm's EIN Phone no.602-264-5844	Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT BRENDA BLUNT BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Phone no. 602-264-5844	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	r has any knowledge.	
MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name BRENDA BLUNT BRENDA BLUNT BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Phone no. 602-264-5844						
MAUREEN ADAMS, PRESIDENT/CEO Type or print name and title Print/Type preparer's name Print/Type preparer's name BRENDA BLUNT BRENDA BLUNT BRENDA BLUNT Firm's name Firm's name Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Phone no.602-264-5844	Sigr	ո	Signature of officer		Date	
Print/Type preparer's name Print/Type preparer's name BRENDA BLUNT BRENDA BLUNT Firm's name EIDE BAILLY LLP Firm's address 1850 N CENTRAL AVE, SUITE 400 PHOENIX, AZ 85004-4527 Preparer's signature 05/15/18 Check PTIN			MAUREEN ADAMS, PRESIDENT/CEO			
Paid BRENDA BLUNT BRENDA BLUNT 05/15/18 Firm's name			Type or print name and title			
Preparer Firm's name EIDE BAILLY LLP Firm's elN 45-0250958 Use Only Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844			Print/Type preparer's name Preparer's signature	I .	Ollook	
Preparer Firm's name EIDE BAILLY LLP Firm's elN 45-0250958 Use Only Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844	Paid			lo)5/15/18 if self-employ	_{ed} №00075126
Use Only Firm's address 1850 N CENTRAL AVE, SUITE 400 Phone no. 602-264-5844	Prep	arer	Firm's name EIDE BAILLY LLP	I		45-0250958
PHOENIX, AZ 85004-4527 Phone no. 602-264-5844						_
•		-			Phone no. 60	2-264-5844
	Mav	the IF				

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	·
1	Briefly describe the organization's mission: CATHOLIC EDUCATION ARIZONA EXISTS TO MAKE CATHOLIC EDUCATION
	AVAILABLE, AFFORDABLE AND ACCESSIBLE SO THAT OUR YOUTH WILL PERPETUATE
	THE CATHOLIC FAITH, SERVE SOCIETY, AND TRANSFORM CULTURE.
	THE CATHODIC FAITH, SERVE SOCIETY, AND TRANSFORM COLIURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 17,522,797 • including grants of \$ 17,255,109 •) (Revenue \$
- ra	CATHOLIC EDUCATION ARIZONA PRIMARILY RECEIVES CONTRIBUTIONS UNDER
	ARIZONA INDIVIDUAL AND CORPORATE TAX CREDIT PROGRAMS FOR PRIVATE SCHOOL
	TUITION SCHOLARSHIPS. TOGETHER, THESE TAX CREDITS ALLOWED ARIZONA
	TAXPAYERS - INDIVIDUALS AND BUSINESS TO EFFECTIVELY "REDIRECT" THEIR
	DOLLARS TO PROVIDE \$17,319,772 IN SCHOLARSHIPS TO STUDENTS FROM
	QUALIFIED LOWER-INCOME FAMILIES WITH SEVERE FINANCIAL NEED.
	ZOWELLIED FOWER INCOME LIMITED WITH DEVENE LIMITED WEED.
	THE ORGANIZATION ALSO RECEIVES CONTRIBUTIONS THAT DO NOT QUALIFY FOR
	THE TAX CREDITS AND HAVE BEEN TRACKING THESE CONTRIBUTIONS SEPARATELY.
	THESE CONTRIBUTIONS FUND DISCRETIONARY AWARDS FOR SCHOLARSHIPS. THE
	TOTAL SCHOLARSHIPS GRANTED FROM THESE FUNDS WAS \$64,663 FOR THE CURRENT
	REPORTING YEAR.
41.	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
_	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 17,522,797.
4e	Total program service expenses ► 17,522,797.
	Form 990 (2016)

Form 990 (2016) CATHOLIC EDUCATION ARIZONA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
11	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
''	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	21	
ıza	Schedule D, Parts XI and XII	12a	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , ,	14a		X
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	4.4h		Х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-25
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
•	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	١.		37
	complete Schedule G, Part III	19		X

Form **990** (2016)

Form 990 (2016) CATHOLIC EDUCATION Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	22		x
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	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		x
h	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3,7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	O		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	<u></u>

Form 990 (2016) CATHOLIC EDUCATION ARIZONA Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Щ
			_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
2a	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		12			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					7.7
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the live of the state of the same of the state of the same			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			C -		x
h	any contributions that were not tax deductible as charitable contributions?			6a		
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
	to file Form 8282?		•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	۔ مدا	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIUD	I			
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		_			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		Щ.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line ca, co, or real balon, december the circumstances, proceeded, or analyses in consecute c. cos methods one.			
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			_V
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Α.
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		Х	
	more members of the governing body?	7a	Λ	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		
8		0.0	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	Territorial cooding proquests information about periode not required by the internal riorance code.		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Х	
b	Other officers or key employees of the organization	15b	Х	
	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		X
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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AZ			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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	ı finan	cial	
00	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: ►			
	3550 N. CENTRAL AVENUE, SUITE 1020, PHOENIX, AZ 85012			
	222 II OHITIME IIIHOH, DOLIH IVZV, IHOHITA, MU VOVIA			

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

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

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

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

(A)	(B)	Ĭ		(((D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	irecto	r/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	truste	al trus		yee	mper		(** = / ********************************		and related
	below	ridual	Institutional trustee	-e	Key employee	est co loyee	Эer			organizations
	line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Former			
(1) EDDIE COOK	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(2) THE MOST REV. EDUARDO NEVARES	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(3) SISTER JOAN FITZGERALD	1.00	l								
DIRECTOR	1 00	Х						0.	0.	0.
(4) ROBERT VENBERG	1.00	١							•	•
DIRECTOR	0 00	Х						0.	0.	0.
(5) MARYBETH MUELLER	2.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(6) MELISSA FEES	2.00	٠,,							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(7) MATTHEW A. SCHELLER	1.00	X						0.	0.	0
DIRECTOR	1.00	^						0.	0.	0.
(8) JONATHAN MARTONE	1.00	X						0.	0.	0.
(9) JEFF A. MIRASOLA	2.00	^						0.	0.	<u> </u>
VICE CHAIR	2.00	X		X				0.	0.	0.
(10) REV. TOM ECKERT	1.00	Δ		Δ				0.	0.	<u></u>
SECRETARY	1.00	x		x				0.	0.	0.
(11) SALLY BELL-SARLITTO	2.00			22				0.	0.	
CHAIRMAN	2.00	x		x				0.	0.	0.
(12) RICHARD CRANMER	2.00									
TREASURER	<u> </u>	x		х				0.	0.	0.
(13) MAUREEN ADAMS	40.00	 						•		
PRESIDENT & CEO		1		х				93,943.	0.	5,109.
(14) DEBRA CASTRO	40.00							20,7220		7 - 0 0 1
VP OPERATIONS AND FINANCE		1		х				86,090.	0.	7,590.
										,
		1								

I									es (continued)				
(A) (B)			_	(C	•			(D)	(E)			(F)	
Name and title Avera hours	~ I	(do n	ot ch		nore '	than o		Reportable	Reportable			timate	
wee		box, u						compensation from	compensation from related			nount o other	O†
(list a		ctor						the	organization			pensa	tion
hours		or dire				ted		organization	(W-2/1099-MI	SC)	fr	om the	Э
relate organiza		nstee	truste		يو	zs uədu		(W-2/1099-MISC)				anizati	
belo		Individual trustee or director	Institutional trustee		nploye	st com yee	<u>.</u>					d relate Inizatio	
line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Forme				9-		
		\dashv											
		+	+										
		_	_										
		+	+										
1b Sub-total	<u>_</u>						<u> </u>	180,033.		0.	1	2,69	99.
c Total from continuation sheets to Part VII, Section							>	0.		0.			0.
d Total (add lines 1b and 1c)								180,033.		0.	1	2,69	99.
2 Total number of individuals (including but not limited	to the	ose li	iste	d ab	ove	e) wh	no re	eceived more than \$100	,000 of reportab	le			0
compensation from the organization												Yes	No
3 Did the organization list any former officer, director,	or trus	stee,	key	y em	nplo	yee,	or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for such indiv	ridual										3		Х
4 For any individual listed on line 1a, is the sum of rep	ortable	e cor	npe	ensa	tion	and	d oth	her compensation from					
and related organizations greater than \$150,000? If											4		X
5 Did any person listed on line 1a receive or accrue co	•				,		elat	ed organization or indivi	dual for services	;	_		Х
rendered to the organization? If "Yes," complete Sci Section B. Independent Contractors	neaule	JTO	r su	cn p	oers	on .					5		
Complete this table for your five highest compensate		-								npens	ation f	rom	
the organization. Report compensation for the caler	idar ye	ear er	ndin	ng w	ith o	or w	ithir T	n the organization's tax (B)	year.		(C	•	
(A) Name and business address		NO	NE	:				Description of s	ervices	С	ompei	י) nsatior	ı
Total number of independent contractors (including		ot lim	ited	d to	thos	se lis	sted	d above) who received m	nore than				
\$100,000 of compensation from the organization	•					J					Form	990 (2	2016)

86-0937587 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (**D)** Revenue excluded (C) Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 19,434,355. g Noncash contributions included in lines 1a-1f: \$ 19,434,355 h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 56,502 56,502. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses **b** c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b **d** All other revenue e Total. Add lines 11a-11d

56,502.

Total revenue. See instructions.

19,490,857.

0.

Form 990 (2016) CATHOLIC EDUCATION ARIZONA Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)).
---------------------------------------------------------------------------------------------------------------------------	----

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX	, , ,	
Do	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundráising
70,	• •		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	17,255,109.	17,255,109.		
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 550	112 116	56 445	444 240
	trustees, and key employees	280,573.	113,146.	56,115.	111,312.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	140,771.	57,036.	11,015.	72,720.
8	Pension plan accruals and contributions (include		2.,000	,	, •
o		12,535.	4,331.	1,003.	7,201.
_	section 401(k) and 403(b) employer contributions)				1,401.
9	Other employee benefits	38,422.	10,973.	9,822.	17,627.
10	Payroll taxes	26,565.	10,509.	4,157.	11,899.
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,086.		2,086.	
	Accounting	40,034.		40,034.	
d	, 0				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	` •				
	column (A) amount, list line 11g expenses on Sch O.)	110,880.	48,963.	26,730.	35,187.
12	Advertising and promotion	84,644.	3,873.	343.	80,428.
13	Office expenses	113,336.	6,801.	21,952.	84,583.
14	Information technology	38,620.	2,529.	18,018.	18,073.
15					
	Royalties	28,272.	9,424.	9,424.	9,424.
16	Occupancy		9,444.	704.	1,444.
17	Travel	2,148.		704.	1,444.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,321.	103.	2,062.	8,156.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,650.		2,650.	
		2,673.		2,673.	
23	Insurance Other eveness Itamiza eveness not severed	2,013.		4,015	
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 0.)				
а	CREDIT CARD FEES	182,773.			182,773.
b	DUES	6,059.		700.	5,359.
С	MISCELLANEOUS EXPENSE	1,618.		920.	698.
d		<u> </u>			
	All other expenses				
e or		18,380,089.	17,522,797.	210,408.	646,884.
25	Total functional expenses. Add lines 1 through 24e	10,300,003.	11,344,131.	410,400.	040,004.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
62201	n 11-11-16				Form 990 (2016)

Form 990 (2016) Part X Balance Sheet

Pa	πX	Balance Sneet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			21,303,930.	2	22,590,913.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			95,956.	4	118,755.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		·			
şts		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			0.	9	9,906.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		21,648.	6 440		2 562
	b	Less: accumulated depreciation		17,885.	6,413.	10c	3,763.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			01 405 000	15	00 500 005
	16	Total assets. Add lines 1 through 15 (must equ			21,406,299.	16	22,723,337.
	17	Accounts payable and accrued expenses			20,283.	17	35,852.
	18	Grants payable			18,379,420.	18	18,570,121.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and former					
Ħ		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	,				
		parties, and other liabilities not included on lines		•		0.5	
	00	Schedule D			18,399,703.	25	18,605,973.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958		ok horo X and	10,333,103.	26	10,000,075.
"				while F 177 and			
ĕ	27	complete lines 27 through 29, and lines 33 and lines 33 and lines 34 and lines 35 and lines 35 and lines 36 and lines 36 and lines 36 and lines 37 and lines 38 a		3,006,596.	27	4,117,364.	
Fund Balances	28	Unrestricted net assets		3,000,330.	28	4,11,504,	
B	29					29	
ű	29	Organizations that do not follow SFAS 117 (A		R) check here		29	
Ē		and complete lines 30 through 34.	30 90	oj, check here 📂 📖			
S O	30			1		20	
se	30	Capital stock or trust principal, or current funds				30 31	
Net Assets or	31	Paid-in or capital surplus, or land, building, or ed				32	
Se	32 33	Retained earnings, endowment, accumulated in			3,006,596.	33	4,117,364.
		Total liabilities and not assets/fund balances			21,406,299.	34	22,723,337.
	34	Total liabilities and net assets/fund balances			21, 1 00, 200.	34	

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	1	19,49 18,38 1,11 3,00	0,8 0,0 0,7	89. 68.
10	column (B))	10	4,11	7.3	64.
Pa	rt XII Financial Statements and Reporting	10	,	. , .	
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e basis,	2b	X	
-	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?	-	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2016**

> Open to Public Inspection

Name of the organization CATHOLIC EDUCATION ARIZONA **Employer identification number** 86-0937587

Pa	rt I	Reason for Public		All organizations must co		is part) Se	ee instructions	0 0307307
		ization is not a private found					oo mondonono.	
	organ	•	•		•	•	1V A V:\	
1	\vdash	A church, convention of ch	·				I)(A)(I).	
2	Н	A school described in sect						
3	Ш	A hospital or a cooperative						
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	ped in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).	
7	X	An organization that norma						public described in
		section 170(b)(1)(A)(vi). (C			3		J	•
8		A community trust describe	•	(1)(Δ)(vi) (Complete Par	+ II)			
9	П	An agricultural research org				ad in coni	unction with a land-grant	college
9	ш	-	-			-		
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of the colleg	e or
40		university:						
10		An organization that norma	•	•	-		· · · · · · · · · · · · · · · · · · ·	
		activities related to its exen		•	` '		• •	· ·
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Щ	An organization organized	and operated exclus	ively to test for public sa	ıfety.See	section 50)9(a)(4).	
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	giving
		the supported organization						
		organization. You must o			, ,			11 3
b		Type II. A supporting org	-		tion with it	s support	ed organization(s), by ha	vina
~		control or management of						
		•			arrie perse	nis triat oc	ontrol of manage the sup	ported
_		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with	and functionally integrat	ad with
C		☐ Type III functionally inte	-				• •	ea with,
	. —	its supported organizatio		•				
C							• • • • •	
		that is not functionally int	•	• ,	•		•	iveness
		_ requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi:	zation.		
f	Ente	er the number of supported o	organizations					
g	Pro	vide the following information	about the supporte	ed organization(s).				
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
Tota	al							

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15806888.	17468839.	17215184.	19143826.	19434355.	89069092.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	15006000	18460000	15015104	10142006	10404055	0000000
	Total. Add lines 1 through 3	15806888.	17468839.	1/215184.	19143826.	19434355.	89069092.
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,						1564200
	column (f)						1764380.
	Public support. Subtract line 5 from line 4.						87304712.
	etion B. Total Support	() 2040	(1) 0040	() 004 ((1) 0045	() 0040	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2012 1 5 8 0 6 8 8 8	(b) 2013 17468839	(c) 2014 17215191	(d) 2015 19143826.	(e) 2016 1 0 4 3 4 3 5 5	(f) Total
	Amounts from line 4	13000000	1/400039.	1/213104.	19143020.	19434333.	09009092.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	44,894.	26,625.	38,969.	46,672.	56,502.	213,662.
_	and income from similar sources	44,094.	20,025.	30,909.	40,072.	30,302.	213,002.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						89282754.
	Gross receipts from related activities.	etc (see instruction	nne)			12	032027021
	First five years. If the Form 990 is fo	, ,	,	d fourth or fifth t	ax vear as a sectio		_
	organization, check this box and stop						
Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	vided by line 11, o	column (f))		14	97.78 %
	Public support percentage from 2015					15	97.19 %
	33 1/3% support test - 2016. If the					nore, check this be	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2015. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns ▶

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, please com	proto r urt m.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and	, ,	, ,			, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					i	
	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>		<u> </u>	504()(0) :	<u></u>
14	First five years. If the Form 990 is for	· ·			-	. , , , ,	
<u> </u>	check this box and stop here ction C. Computation of Publi						P
	Public support percentage for 2016 (I			acluma (fl)		15	%
	Public support percentage from 2015					16	——————————————————————————————————————
	ction D. Computation of Inves					1 10 1	70
17						17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					$\overline{}$	
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2015. If the						
-	line 18 is not more than 33 1/3%, che	· ·			*		
20	Private foundation. If the organizatio			•		•	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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2		
3a		
3b		
Зс		
40		
4a		
4b		
4c		
5a		
5b		
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9a		
9b		
9с		
10a		
10b		1

Veal No Part Part No Part Part No Part Part No Part P	Pai	t IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body or a supported organization? b A Amily member of a person described in (i) above? c A 35% controlled entity of a person described in (i) or (b) above?! Yes' to a, b, or c, provide detail in Part Vi. 11c Section B. Type I Supporting Organizations 1 Did the directors, hustees, 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 "I'V", "escribe in Part VI in our way apported organization's effectively operated, supervised, or controlled the organization's activities. If the organization derives the supported organization, describe how the powers to appoint and/or remove directors or trustees are all times during the tax year. 1 Did the directors, trustees, or membership of one or more supported organization share the supported organization, effectively operated, supervised, or controlled the supported organization's effectively operated, supervised, or controlled the supported organization other than the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization other than the supported organization's like tax year. 1 Did the organization operated, supervised, or controlled the supporting organization. 2 Did the organization operated supporting organizations. 2 Did the organization operated supporting organizations. 2 Did the organization operated organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year all organization's to trustees or against the supported organization's provided organization's provided organization's provided to develope organization's provided organization's provided organization's provided organization's p		, c c (senimos)		Yes	No
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b A family member of a person described in (a) above? A 33% controlled entity of a person described in (a) to (b) above?If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, hustess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organizations derectors or trustees at all times during the tax year? If "It's," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove dectors or trustees are all times during the tax year. 2 Did the organization operated in the organization and more than one supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove dectors or trustees were allocated among the supported organization other than the supported organization of the supported organization other than the supported organization of the supported organization or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization of the supported organization or the supported organization or the supported organization organization or supported organ	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		20		
	h		od		
	D		3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on I	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amour				
2	Amour	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in Part VI). See instructions			
9	Distrib	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distrib	utable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
_		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b					
С	From 2	2013			
	From 2				
	From 2				
		of lines 3a through e			
		d to underdistributions of prior years			
		d to 2016 distributable amount			
i		over from 2011 not applied (see instructions)			
i		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
		d to 2016 distributable amount			
		nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6		ning underdistributions for 2016. Subtract lines 3h			
	and 4k	o from line 1. For result greater than zero, explain in			
		I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 4	- I			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CATHOLIC EDUCATION ARIZONA

86-0937587

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or General	lly a section 501(c)(s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

CATHOLIC EDUCATION ARIZONA 86-0937587

Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$659,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Employer identification number

CATHOLIC EDUCATION ARIZONA

86-0937587

Part II	Noncash Property (See instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(-)			
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
	-16	Schodule P (Form	

Name of organization Employer identification number CATHOLIC EDUCATION ARIZONA 86-0937587 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CATHOLIC EDUCATION ARIZONA

Employer identification number 86-0937587

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar A	Assets(c	ontinue	d)
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	at are a si	gnificant use	of its colle	ection ite	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ney further t	he organizat	ion's exer	npt purpose i	n Part XIII		
5										
	to be sold to raise funds rather than to be ma	intained as part of t	he orga	nization's c	ollection?			Ye	es [No
Pai	t IV Escrow and Custodial Arrang								9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	ns or other as	ssets not	included		_	
	on Form 990, Part X?							🔲 Ye	∍s [No
b	If "Yes," explain the arrangement in Part XIII a									
								Am	ount	
С	Beginning balance						. 1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							🗀 Ye	es [No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	provided or	Part XIII			<u> </u>	
Pai	t V Endowment Funds. Complete if	the organization an	swered	"Yes" on Fo	orm 990, Par	t IV, line 1	0.			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three years	back (e)	Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	and administe	ered for th	ne organizatio	n		
	by:								Ye	s No
	(i) unrelated organizations							3	a(i)	
	(ii) related organizations							<u> 3</u>	a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?				L	3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part I\	/, line 11a. S	See Form 99	0, Part X,	line 10.			
	Description of property	(a) Cost or o			or other		cumulated	(d)	Book va	alue
		basis (investr	nent)	basis	(other)	dep	reciation			
	Land									
	Buildings							1		
С	Leasehold improvements							1		
d	Equipment				1 (1)		10 005			
	Other				1,648.		17,885	•	<u>3,</u>	763.
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line 1	10c.)		>	1	3,	763.

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 CATHOLIC ED	UCATION ARIZ	ONA	86-0937587 _{Page}
Part VII Investments - Other Securities.			Ţ.
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11b. See Form 990, Part >	ζ, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990. Part X	(, line 13.
(a) Description of investment	(b) Book value		on: Cost or end-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d See Form 990 Part >	(line 15
	Description	5 11d. 555 1 5111 555, 1 d. 17	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			-
(6)			-
(7)			-
(8)			<u> </u>
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	o 15)		
Part X Other Liabilities.	e 10.)		······································
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11e or 11f See Form 000	Part X line 25
(a) Description of liability	On Form 990, Part IV, IIII	(b) Book value	, Fait A, IIIIe 23.
·· · · · · · · · · · · · · · · · · · ·		(2) 2001. (4100	
(1) Federal income taxes			
(2)			
(3)			
(4)			

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Pai	rt XI	Reconciliation of Revenue per Audited Financial State		enue per Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line			10 400 055
1		revenue, gains, and other support per audited financial statements		1	19,490,857
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а		nrealized gains (losses) on investments			
b		ted services and use of facilities			
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		_
е	Add li	nes 2a through 2d		2e	0 .
3	Subtr	act line 2e from line 1		3	19,490,857
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b	<u> </u>	4c	0 .
5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			19,490,857
Pai	rt XII	Reconciliation of Expenses per Audited Financial State	tements With Exp	enses per Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total	expenses and losses per audited financial statements		1	18,380,089
2		ints included on line 1 but not on Form 990, Part IX, line 25:			
а		ted services and use of facilities	2a		
b		year adjustments			
c		losses			
d		(Describe in Part XIII.)			
			•	20	n
		nes 2a through 2d			18,380,089
3		act line 2e from line 1		3	10,300,009
4		ints included on Form 990, Part IX, line 25, but not on line 1:	1 . 1		
а		tment expenses not included on Form 990, Part VIII, line 7b			
b		(Describe in Part XIII.)	4b		
С		nes 4a and 4b			0.
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.))	5	18,380,089
		Supplemental Information.			
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		; Part V, line 4; Part	X, line 2; Part XI,
ד א כד	от v	., LINE 2:			
PAI	7.1 V	, LINE Z:			
MAI	NAGE	MENT BELIEVES THAT IT HAS APPROPRIAT	E SUPPORT FO	OR ANY TAX	POSITIONS
TAI	KEN	AFFECTING THE ORGANIZATION'S ANNUAL	FILING REQUI	REMENTS,	AND AS
SUC	CH,	DOES NOT HAVE ANY UNCERTAIN TAX POSI	TIONS THAT A	ARE MATERI	AL TO THE
FIL	NANC	IAL STATEMENTS.			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CATHOLIC	EDUCATION	ARIZONA					86-0937	587
Part I General Information on Grants a	and Assistance					•		
1 Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibili	ty for the grants or ass	sistance, and the selecti		
criteria used to award the grants or assi	istance?						X Yes	No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	funds in the Unite	d States.				
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Part I	V, line 21, for any	
recipient that received more than	 	· ·	· ·		(f) Method of			
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grar or assistance	nt
	<u> </u>							
2 Enter total number of section 501(c)(3) a3 Enter total number of other organization								

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AWARDS	5950	17,255,109.	0.		
		, ,			
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	ı (b); and any other a	dditional information.	
PART I, LINE 2:					
IN KEEPING WITH THE SOCIAL JUSTICE	PRECEPT	S OF THE C	CATHOLIC CH	URCH,	
CATHOLIC EDUCATION ARIZONA BASES I	TS AWARD	DECISIONS	FIRST AND	FOREMOST ON	
THE FINANCIAL NEEDS OF THE APPLICA	NTS, EMP	OWERING MC	RE FAMILIE	S OF ALL	
FAITHS TO CHOOSE A VALUES-BASED CA	THOLIC E	DUCATION F	OR THEIR C	HILDREN.	
FINANCIAL NEED DETERMINATION IS MA	DE THROU	GH DIRECT	APPLICATIO	N TO A	
THIRD-PARTY FINANCIAL AID EVALUATI	ON COMPA	NY. APPLIC	ATIONS ARE	MADE	
AVAILABLE ONLINE AND AT SCHOOLS, I					

Part IV Supplemental Information

OR CONSIDERING A DIOCESAN CATHOLIC SCHOOL. NEED-BASED TUITION ASSISTANCE MAY BE GRANTED AT LEVELS UP TO FULL TUITION WHERE SUFFICIENT SCHOLARSHIP FUNDS ARE AVAILABLE AND ALLOWED BY THE STATUTE. STUDENTS ARE AWARDED SCHOLARSHIPS, TWICE A YEAR, BASED ON NEED AS CALCULATED BY OUR THIRD PARTY AID EVALUATION COMPANY. SCHOOLS AND PARENTS ARE NOTIFIED OF THE AMOUNT EACH STUDENT WILL BE AWARDED FOR THE SCHOOL YEAR. SCHOOLS RECEIVE FUNDS FOR THE STUDENTS ON A QUARTERLY BASIS AND ARE MONITORED AS TO THE STATUS OF THE STUDENT. IF A STUDENT WITHDRAWS OR HAS OTHER FUNDING CAUSING THE REDUCTION OF THE AWARD, FUNDS ARE RETURNED AND REALLOCATED BASED ON THE SAME REQUIRED CRITERIA. DISCRETIONARY FUNDS ARE MONITORED THE SAME. SCHOOLS ARE REQUIRED TO SUBMIT A YEAREND REPORT AND RETURN FUNDS DUE TO WITHDRAWALS, ETC. THE REFUNDED AMOUNTS ARE UTILIZED IN THE NEXT SCHOOL YEAR.

MONIES COLLECTED FROM CORPORATE TAX CREDIT CONTRIBUTIONS ARE DIRECTED

TOWARDS STUDENTS ENTERING THEIR FIRST YEAR OF PRIVATE EDUCATION, WHETHER AS

NEW KINDERGARTEN STUDENTS OR AS PUBLIC SCHOOL TRANSFER STUDENTS OR IF THEY

RECEIVED AN ORIGINAL INDIVIDUAL SCHOLARSHIP OR A SWITCHER INDIVIDUAL

SCHOLARSHIP IN THE PAST, AS LONG AS THE STUDENT MEETS THE LOW-INCOME

THRESHOLD PRESCRIBED BY THE STATE OF ARIZONA. TO BE FINANCIALLY QUALIFIED

TO RECEIVE AN AWARD, THE FAMILY'S INCOME MAY NOT EXCEED 185 PERCENT OF THE

INCOME LIMIT REQUIRED TO QUALIFY FOR THE FEDERAL FREE AND REDUCED LUNCH

PROGRAM.

ARIZONA STATE LAW REQUIRES THAT A MINIMUM OF 90 PERCENT OF THE TAX CREDIT CONTRIBUTIONS RECEIVED BE DISTRIBUTED IN THE FORM OF TUITION

GRANTS/SCHOLARSHIPS. CATHOLIC EDUCATION ARIZONA IS PROUD TO HAVE AGAIN

EXCEEDED THIS PAYOUT THRESHOLD IN FISCAL YEAR END JUNE 30, 2017, TO

Part IV Supplemental Information
CATHOLIC SCHOOL STUDENTS IN THE FORM OF DIRECT TUITION ASSISTANCE.
ADDITIONAL INFORMATION ABOUT CATHOLIC EDUCATION ARIZONA IS AVAILABLE AT
WWW.CATHOLICEDUCATIONARIZONA.ORG.

SCHEDULE L

Transactions With Interested Persons

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 **2016**

Open To Public Inspection

Name of the organization

Employer identification number

	ATHOLI													375	87		
Part I Excess Benef	it Transa	actio	ns (s	ection	501(c)(3), secti	ion 501	(c)(4), and	d 501(c	c)(2	(29) organization	ns only	<i>'</i>).				
Complete if the or	ganization	answe	ered_"\	Yes" or	n Form 9	990, Pa	art IV, lir	ne 25a or	25b, o	or I	Form 990-EZ, P	art V,	ine 40	Ob.			
1 (a) Name of diagnalified person			(b) Relationship between disqualified				lified	(c) Description of transaction				_	(d) Co			orrected?	
(a) Name of disqualified person		person and organization					(C) D	Jes —	scription of tran	Sactio	П		Ye	es	No		
															+	_	
															+	\dashv	
2 Enter the amount of tax in section 49583 Enter the amount of tax, if																	
,	, ,	,	, ·		,		J			•••			•				
Part II Loans to and	or From	Inte	reste	ed Pe	rsons												
Complete if the or reported an amou	•						, Part V	, line 38a	or For	m	990, Part IV, lin	e 26;	or if th	ne orga	nizatio	on	
	(b) Relations			urpose		an to or		Original		(f)	f) Balance due (g) In (h)		(h) App	pproved (i) Written		ritten	
interested person	with organiza	ation	of	loan		zation?	princi	oal amou	nt			default?		comm	ittee?	agree	ment?
					То	From						Yes	No	Yes	No	Yes	No
									_								
									_								
																	<u> </u>
																	
Total									\$								
Part III Grants or Ass	sistance	Bene	efitin	g Inte	ereste	d Pei	rsons.										
Complete if the or	-	answe	ered "\	Yes" or	n Form 9	990, Pa				_							
(a) Name of interested person		(b) Relationship between interested person and the organization				(c) Amount of assistance assistance					Purpose of assistance						
JOHN SCHELLER		CHI	LD	OF	BOAR	D M		2,	715.		SCHOLARS	HIP	F	'INA			
MEGAN SCHELLER					BOAR			2,	635.	٠,	SCHOLARS	HIP	F	'INA	NCI	AL	ASS
SARA SCHELLER		CHI	LD	OF	BOAR	D M		2,	500.	٠,	SCHOLARS	HIP	F	'INA	NCI	AL	ASS
										\downarrow			_				
										+			$-\downarrow$				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

Schedule L (Form 990 or 990-EZ) 2016 CATH	IOLIC EDUCATION ARIZON. volving Interested Persons.	A	86-0937	/587	Page 2	
	ered "Yes" on Form 990, Part IV, line 28a, 2	8b or 28c				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
Part V Supplemental Information Provide additional information for r	esponses to questions on Schedule L (see	instructions).				
SCH L, PART III, GRANTS	OR ASSISTANCE BENEFIT	TING INTERI	ESTED PERSON	1S:		
(A) NAME OF PERSON: JOHN	I SCHELLER					
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AN	D ORGANIZA	rion:			
CHILD OF BOARD MEMBER						
(C) AMOUNT OF GRANT \$ 2	2,715.					
(D) TYPE OF ASSISTANCE:	SCHOLARSHIP					
(E) PURPOSE OF ASSISTANCE	CE: FINANCIAL ASSISTAN	CE				
(A) NAME OF PERSON: MEGA	N SCHELLER					
(B) RELATIONSHIP BETWEEN	I INTERESTED PERSON AN	D ORGANIZA:	TION:			
CHILD OF BOARD MEMBER						
(C) AMOUNT OF GRANT \$ 2	2,635.					
(D) TYPE OF ASSISTANCE:	SCHOLARSHIP					
	CE: FINANCIAL ASSISTAN	CE				
(-,						
(A) NAME OF PERSON: SARA	A SCHELLER					
	I INTERESTED PERSON AN	D ORGANIZA	ΓΙΟΝ:			
,						

CHILD OF BOARD MEMBER

(C) AMOUNT OF GRANT \$ 2,500.

(D) TYPE OF ASSISTANCE: SCHOLARSHIP

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

CATHOLIC EDUCATION ARIZONA

Employer identification number 86-0937587

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ACCESSIBLE SO THAT OUR YOUTH WILL PERPETUATE THE CATHOLIC FAITH, SERVE

SOCIETY, AND TRANSFORM CULTURE.

FORM 990, PART IV, LINE 27-GRANTS ALL FAMILIES WITH REGISTERED STUDENTS IN A DIOCESE OF PHOENIX CATHOLIC SCHOOL, INCLUDING DEPENDENTS AND/OR RELATIVES OF BOARD/STAFF MEMBERS, ARE WELCOME TO APPLY TO CATHOLIC EDUCATION ARIZONA FOR SCHOLARSHIP SUPPORT. ALL APPLICATIONS AND TAX FORMS ARE SUBMITTED BY THE APPLICANT DIRECTLY TO A THIRD-PARTY VENDOR, FINANCIAL AID INDEPENDENT REVIEW (FAIR), LOCATED OUT OF STATE. INDIVIDUAL APPLICATIONS ARE NOT HANDLED, REVIEWED, OR PROCESSED BY THE BOARD/STAFF OF CATHOLIC EDUCATION ARIZONA FOR THE DETERMINATION OF ANY AWARDS. INDIVIDUAL AWARD DECISIONS ARE BASED ON FAIR'S DETERMINATION OF A FAMILY'S ABILITY TO PAY TUITION. CATHOLIC EDUCATION ARIZONA STAFF EXECUTES THE PROGRAM, AND THE BOARD OF DIRECTORS OVERSEES THE PROCESS AND MONITORS THE ALLOCATIONS OF FUNDING BY SCHOOL, BUT NOT BY INDIVIDUAL FAMILIES. AT NO TIME DO BOARD/STAFF MEMBERS HAVE INFLUENCE ON THE INDIVIDUAL AWARD OF A PARTICULAR APPLICANT. THE PROCESS IS SPECIFICALLY AND INTENTIONALLY DESIGNED TO BE "ARMS-LENGTH" NOT JUST FOR DEPENDENTS OR RELATIVES OF BOARD/STAFF MEMBERS BUT FOR EVERY APPLICANT.

FAIR METHODOLOGY: TUITION ASSISTANCE IS AWARDED BY CATHOLIC EDUCATION

ARIZONA BASED FIRST AND FOREMOST ON FINANCIAL NEED. APPLICATIONS ARE

PROCESSED BY FINANCIAL AID INDEPENDENT REVIEW (FAIR) OF EAGAN,

MINNESOTA. FAIR PROVIDES A THIRD-PARTY REVIEW OF ALL APPLICANTS.

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

Schedule O (Form 990 or 990-EZ) (2016)

CATHOLIC EDUCATION ARIZONA

Employer identification number 86-0937587

SCHOLARSHIPS ARE BASED ON CALCULATED FINANCIAL NEED OF THE APPLICANT;

THUS TAX FORMS ARE REQUIRED. THE APPLICATION REQUIRES FAMILIES TO

PROVIDE INFORMATION ABOUT INCOME AND LIVING EXPENSES. FAIR METHODOLOGY

INCORPORATES INCOME, EXPENSES, NET WORTH, DISCRETIONARY INCOME, TUITION

AND THE AMOUNT OF DISCRETIONARY INCOME AVAILABLE FOR TUITION TO

CALCULATE FAMILY NEED. INSTEAD OF PROVIDING A STANDARD ALLOWANCE BASED

ON HOUSEHOLD INCOME AND SIZE, FAIR TAKES A DIFFERENT APPROACH BY USING

ACTUAL EXPENSES AS PROVIDED BY THE FAMILY, AND DETERMINING A FAMILY'S

ABILITY TO PAY TUITION.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS THE POWER OF THE BOARD OF DIRECTORS BETWEEN

MEETINGS OF THE BOARD PROVIDED, HOWEVER, THAT THE EXECUTIVE COMMITTEE DOES

NOT HAVE THE POWER TO:

- (A) FILL ANY VACANCY ON THE BOARD OF DIRECTORS OR ANY COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS,
- (B) TERMINATE ANY OFFICER,
- (C) ADOPT AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS,
- (D) MAKE ANY GRANT OR AWARD,
- (E) AMEND OR REVOKE POLICIES PREVIOUSLY ESTABLISHED BY THE BOARD RESPECTING GRANTS OR AWARDS OR THE INVESTMENT OF FUNDS,
- (F) ENCUMBER OR AUTHORIZE THE SALE OR DISTRIBUTION OF ALL, OR SUBSTANTIALLY ALL, OF THE ORGANIZATION'S ASSETS, OR
- (G) AUTHORIZED THE DISSOLUTION OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE SUPERINTENDENT OF SCHOOLS OF THE DIOCESE AND A BOARD LIAISON DESIGNATED

Name of the organization CATHOLIC EDUCATION ARIZONA	Employer identification number 86-0937587
BY THE ROMAN CATHOLIC BISHOP OF THE DIOCESE BOTH SERVE AS	VOTING EX OFFICIO
MEMBERS OF THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEW TH	E WORKING DRAFT OF
THE 990 FROM THE CPA AND ALL MEMBERS OF THE BOARD OF DIRE	CTORS RECEIVE A
COPY OF THE FINALIZED 990 PRIOR TO SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY OFFIC	ERS AND GOVERNING
BOARD. MEMBERS ARE REQUIRED TO SIGN A CONFLICT OF INTERES	T STATEMENT.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPARABILITY DATA IS UTILIZED. THE DIOCESE OF PHOENIX HU	MAN RESOURCE PAY
GRADE LEVELS ARE CONSIDERED. ARIZONA STATE UNIVERSITY LOD	ESTAR CENTER
NON-PROFIT SALARY REPORT IS ALSO UTILIZED. SALARY FOR THE	PRESIDENT/CEO IS
RECOMMENDED BY THE EXECUTIVE COMMITTEE AND SUBMITTED TO T	HE FULL BOARD OF
DIRECTORS FOR APPROVAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST TO THE PRESIDEN	T/CEO.