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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public Inspection

A Fo	rthe 2	2009 calend	ar yea	, or tax year beginn		and ending 12	-31-2009		.	
		pplicable Plea		C Name of organization BENEDICT CENTER IN						dentification number
_	Iress ch	labe	lor	Doing Business As					39-12264 E Telephone	
	ne char	type	. See	•					(414) 347	
_	ıal retur	Inst	cific ruc-	Number and street (o 135 W WELLS ST SUN		is not delivered to str	eet address) Room/suite	G Gross receipt	
_	minated		s.							<u> </u>
_	ended r			City or town, state or MILWAUKEE, WI 532		+ 4				
J App	lication	pending								
				ne and address of pr O LETTE WA LSH	ıncıpal officer				nis a group retu ates?	rn for
		1	35 W	WELLS ST SUITE 7				aiiiii	ates	j tes je no
		^	IILWA	UKEE, WI 532031	844				all affiliates inclu	·
T Ta:	x-exem	pt status	501(c)	(3) ◄ (insert no) 「	4947(a)(1) or	<u> </u>			lo," attach a lıs up exemptıon r	t (see instructions)
J W	ebsit e	∷► WWW BE	NEDI	CTCENTER ORG				H(C)	ap exemption i	
			orporat	on Trust Associati	on Cother ►		<u>'</u>	L Year of f	ormation 1975	M State of legal domicile WI
Pa	1 I		•	e organization's mis:						
& Governance		is fair and tre for change to prison altern criminal just community a women and t	eats evoluments ative, ice systems the internal heir fa	veryone with dignity in in conflict with the grounded in educati stem, emphasizing r tives to incarceratio	and respect We law through the on and substantes estorative comport through the interfaith Jail Ch	Vithin this missior he Womens Harm nce abuse treatmo nmunity justice, a Justice Advocacy naplain Program, a	n, the age Reductio ent, Advo nd senten Program and Reach	ncys overa n Program, cate for fur icing plans , Provide s n out to me	ll goals are to a holistic, geno idamental systo that support sa piritual support n and women in	
<u>8</u>	2	Check this b	ox ► 厂	ıf the organization	discontinued it	s operations or d	ısposed o	f more thar	25% of its net	tassets
Activities &	3	Number of v	oting n	nembers of the gove	rnıng body (Pa	rt VI, line 1a) .			•	3 13
S A	4	Number of in	depen	dent voting member	s of the govern	ning body (Part VI	, line 1b)			413
				iployees (Part V , lin						516
				lunteers (estimate i			12			6
		•		ed business revenu ness taxable income		, , , , ,		•		7a 0 7b 0
	_					,		Pri	or Year	Current Year
	8	Contributio	ns and	grants (Part VIII,	ıne 1h)				709,262	572,626
nte	9	Program se	rvice i	evenue (Part VIII,	lıne 2g)				65	51,778
Revenue	10			ne (Part VIII, colum		•				0
ш.	11			art VIII, column (A)			•		28,609	7,734
	12			ld lines 8 through 1:		•			737,936	632,138
	13			r amounts paid (Par						0
	14	Benefits pa	ıd to o	r for members (Part	IX, column (A)), line 4) . .				0
88	15	Salaries, ot 10)	her co	mpensation, employ	ee benefits (Pa	art IX, column (A)), lines 5-	-	438,176	424,636
Expenses	16a	,	al fundi	raising fees (Part IX	, column (A), lı	ıne 11e)			,	0
흜	ь	Total fundrais	ıng expe	enses (Part IX, column (I	D), line 25) ► 75,7	773				
ш	17		-	Part IX, column (A),			. .		282,577	264,131
	18	•		dd lines 13–17 (m	·		•		720,753	688,767
	19	Revenue le	ss exp	enses Subtract line	18 from line 1	.2			17,183	-56,629
Net Assets or Fund Balances								_	ng of Current Year	End of Year
See.	20	Total asset	s (Par	t X, line 16)					145,640	94,632
A A	21	Total lıabılı	ties (P	art X, line 26) .					84,759	90,380
	22			d balances Subtrac	t line 21 from l	ıne 20 			60,881	4,252
Pai	t II	Signatui								
										o the best of my knowledge arer has any knowledge
Sign	1	*****						2010	0-08-10	
		1 D -						Date		
Here		Signature	of office	r						
_		MARICOLE	TTE WA	LSH PRESIDENT						
_		[TTE WA	LSH PRESIDENT						
Here		MARICOLE Type or pr	TTE WA	LSH PRESIDENT		Date 2010-08-10	Ch sel	eck if	Preparer's iden	ntifying number ns)
Here	•	MARICOLE Type or pr Preparer's signature	TTE WA Int name	LSH PRESIDENT e and title Miller CPA		2010-08-10	se			
Paid Prepa	arer's	MARICOLE Type or pr Preparer's signature Firm's name (if self-employe	TTE WAI int name Kelly K or yours	SCRIBNER COHEN A		2010-08-10	se	lf		
Here	arer's	MARICOLE Type or pr Preparer's signature Firm's name (4)	TTE WAI int name Kelly K or yours	LSH PRESIDENT e and title Miller CPA		2010-08-10	se	lf	EIN F	ns)
Paid Prepa Use (arer's Only	MARICOLE Type or pr Preparer's signature Firm's name (of self-employe address, and z	TTE WAInt name Kelly K or yours ed), IP + 4	SCRIBNER COHEN A	TREET SUITE 300	2010-08-10 CPAs	sei en	lf	EIN F	

Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission

The Benedict Center is an interfaith, nonprofit criminal justice agency working with victims	, offenders and the community	to achieve a system
of justice that is fair and treats everyone with dignity and respect		

2	Did the organization ur the prior Form 990 or 9			s during the year wh	ıch were not listed on	┌ Yes ┌ No
	If "Yes," describe thes	e new services on Sch	edule O			
3	Did the organization ce services?	ease conducting, or ma	ke significant cha	nges in how it condu	icts, any program	┌ Yes ┌ No
	If "Yes," describe thes	e changes on Schedule	e O			
4		501(c)(4) organization	ns and section 49	47(a)(1) trusts are	gest program services b required to report the am vice reported	•
4a	(of Probation or Parole), Cobligations and 75% compearns the woman a dismis prior to completing their graduction Program each wouring their time at the Camanage anger and stress, abuse, accept referrals for focus on health and wellne perform community services.	Community Corrections, Chil bleted treatment goals or we ssed or mitigated sentence, oals and obligations for varia voman participates in setting enter, women variously raise develop good parenting sk mental and physical health ess, prepare for successful e	nen were referred to t dren's Court, Prison Ro ere continuing in the p avoidance of revocations ous reasons, including pher own goals in con e their literacy levels, lls, participate with the problems, participate mployment, engage in inployment, move on	e-entry and Jail or House rogram at year-end Suc on and reincarceration, a illness, employment, dis junction with fulfilling the earn high school equival eir children in family nurt in groups on women's son customer service traini to college or technical traini	e of Correction 95% of the water state of the water state of the water state of the water state of the courts of the court of the courts of th	: Center programming usually ition when appropriate 25% left rrest Within the Women's Harm or Department of Corrections
	(Code) (Expenses \$	83,616 includ	ling grants of \$) (Revenue \$	\
	practices through the Won Center and Neighborhood Community Justice Council the Council's Executive Coneducation and Outreach Theorem Proceducation and Outreach Theorem Proceducation of the Internating significant policy in through Benedict Center a pretrial detainees, Restitut Women Voters, CARS (Coreporting center) and a pil the Benedict Center launch defender, children's service the year to re-establish the social and criminal history, respect to the victim and offederal case in Cook Counalternatives to facilitate all SAM began in 2008 and reanother being developed in the Communication of the service of the service of the victim and confidence	nen's Harm Reduction Progra Justice Centers In 2009 that a collaborating body that in a collaborating body that in the Benedict Center Executive national Community Correct ne State level, the Executive ecommendations to the Leg dvocacy include County Boa tion Work Program as an all urt Alternative to Revocatio ot South Side Community Juned a Sentencing Advocacy es, private defense counsel, e program in 2010 or early in needs and strengths, community The Sentencing ty, IL SAM (Sentencing Advocacy ternative sentences for the emains underway. The Bene	am and other commure Center participated vincludes all criminal juses in planning and pole Director is also involuents Association and we Director served on a islature for the 2010-1 and approval of a new ernative to incarceration and Suspension), Allustice Center serving a Project in 2005 to contain and probation officers 2011 Sentencing plansicularly resources and coacy in Milwaukee) in creasing numbers of dict Center's goal is to to for Corrections and y	atty alternatives its justice with the National Institute stice and local governme cy development on issurved in state and nationa with the executive comm Legislative Council Special in a safer, more humber at the House of Correction and in the program was promote structured, effort of the House of Community prepared cases in Milwa prepared cases in Milwa made its debut in 2004 anonviolent defendants of merge the site with a service of the struction of the site with a service	e advocates help initiate, like of Corrections in the evaluate of Corrections in the evaluate of Corrections in the evaluate of Programs and Interventic I criminal justice issues, recentitee of the National Alliance of al Committee on Justice Reimford the other significant works of the other significant works of the other supervision mode, ection, Court Monitoring in consentencing Directory, Commit is predominantly Latino Undesentencing plans in conjunction as in active in 2008, a new bused in a conjunction of the program of the service, restitution and/or utkee, Door, Waukesha, Ozaul is a searchable, web-based cloming through the Milwaukeel in illar effort underway in the Standard in the service of th	restment Oversight, charged with Justice previously initiated Revolving Bail Fund for indigent junction with the League of Junity Justice Resource Center (dayer the umbrella of Justice Advocacy on with the federal and state public isiness plan was prepared during atton based on the defendant's other restorative processes in see, and Racine Counties, and one searinghouse of community County Jail A major update of
4c	of more than 15,000 titles the libraries at the Jail and College instructors, as wel	Approximately 60% of the House of Correction Until Las reading group voluntee	riodicals to a daily pop inmates took advanta November, the Libraria s, to create a culture	age of library services ur an worked in concert wit of reading and writing in	ntil November when the Sherif h Milwaukee Public Schools ar	continued the reading groups and
	religious rites and services volunteer assistants work Coordinator works with teathic of the coordinator, the demonstrate accountability from treatment and classification with the community gardens Sister in 2009 enabled reactivation prostitution, including work.	and spiritual support to the directly with about 2,500 in ams of 5 to 6 men and won he teams provide services to y for the harm their offense oom studies to employment econd Harvest of Wisconsin, is Project Although the Siste on of street intervention to	gail ministry work of m 900 men, women and nates and several hur nen fulfilling alternative residents and nonpro s have caused, to imp More than 20 neight the Wisconsin Human rs Project was inactive women working in dru	I youth incarcerated in t idred families Restorative e community sentences fits in neighborhoods mo rove the wellbeing of the orhood sites served dail e Society, 8th District Gi in 2008 due to the absigs and prostitution. Siste	the Milwaukee County Jail on a e Community Service The Re at the Community Justice Res ost affected by crime and pove e community and to practice g y in 2009 include Habitat for F affiti Removal Project, and nu ence of sufficient funding, a fe ers Project street teams include	ource Center Modeling the work erty They provide service to ood work habits as they transition lumanity, Salvation Army Feed the
		,_				
4d		es (Describe in Sched	•		\/Payanua #	1 084)
	(Expenses \$	· · · · · · · · · · · · · · · · · · ·	ding grants of \$) (Revenue \$	1,984)
40	LOTAL DIOGRAM COMMO	- avnoncecttr	7 to 1 7 7 0			

Part IV	Check	dist 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ	ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ì	N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
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		N o
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		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2009)

orm	990 (2009)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	 			
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 reportable			
	gaming (gambling) winnings to prize winners?	1c		
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
L	return?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
Ь	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
	Did the organization make any taxable distributions under section 4966?	9a		
a b		9b		
10	Section 501(c)(7) organizations. Enter	- 55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 $\boldsymbol{b} \quad \text{If "Yes," enter the amount of tax-exempt interest received or accrued during the} \\$

12b

135 WEST WELLS STREET MILWAUKEE, WI 53203 (414) 347-1774

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

Se	ection A. Governing Body and Management			
	Ction A. Governing body and Planagement		Yes	No
			103	140
1a	Enter the number of voting members of the governing body	3		
b	Enter the number of voting members that are independent 15	;]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
_	filed?	5		No
5 6	Did the organization become aware during the year of a material diversion of the organization's assets?	6		No
	Does the organization have members or stockholders?	-		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form		V	
118	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
IIA	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
_	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
	,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website 🔽 Another's website 🔽 Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of t	he orga	anızatıor	n 🕨
	KIT MURPHY MCNALLY			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did n	ot compens	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours		(C tion (hat a	che)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MARICOLETTE WALSH PRESIDENT	1 00	х		х				0	0	0
ATTY JOSEPH WALL VICE PRESIDENT	1 00	х		Х				0	0	0
DIANE S POLLARD PHD SECRETARY	1 00	х		Х				0	0	0
BONNIE J VERMIGLIO TREASURER	1 00	х		Х				0	0	0
MARIA E FLORES DIRECTOR	1 00	х						0	0	0
JOAN HOULEHEN DIRECTOR	1 00	х						О	0	0
JAMIE LEWISTON RN MS DIRECTOR	1 00	х						0	0	0
FR MARK MASTIN SCJ DIRECTOR	1 00	х						О	0	0
LINDSEY PAULSEN DIRECTOR	1 00	х						0	0	0
MARIA I RODRIGUEZ DIRECTOR	1 00	х						0	0	0
DR WILLIAM ROGERS PHD DIRECTOR	1 00	х						0	0	0
STEPHANIE RUSSELL DIRECTOR	1 00	х						0	0	0
SUSAN WATKINS DIRECTOR	1 00	х						0	0	0
KIT MURPHY MCNALLY EXECUTIVE DIRECTOR	50 00			Х				63,776	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Individua or direct)			Reportable compensation	(E) Reportable compensation	(F) Estima amount o	ated fother
d trustee or	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compens from t organizati relati organiza	:he on and ed
					<u>. </u>	 	63,776	0		0
				sted	labove	e) wh	o received more tha	ın		
	١	limited to	limited to tho		limited to those listed		Imited to those listed above) wh	limited to those listed above) who received more tha	limited to those listed above) who received more than	limited to those listed above) who received more than

			103	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(B) Description of services	(C) Compensation
	(B) Description of services

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

zaru v	4444	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ \$	1a	Federated campaigns 1a					
E E	ь	Membership dues 1b					
50 €							
के ह	C	Fundraising events 1c					
<u>≅.</u> ਰ	d	Related organizations 1d					
چ`E	e	Government grants (contributions) 1e	278,531				
들ᅏ	l f	All other contributions, gifts, grants, and 1f	294,095	į	į		
至至		similar amounts not included above					
豊富	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$	_	572.626			
ुं ख	h	Total. Add lines 1a-1f	•	572,626			
œ.			Business Code				
Ę	2a	SERVICE FEES	624,100	51,778	51,778		
e E	ь						
or Œ							
Ģ S	C .						
Ŕ	d						
Ë	e						
<u>e</u>	f	All other program service revenue					
Program Service Revenue							
	g	Total. Add lines 2a-2f		51,778			
	3	Investment income (including dividends	·				
		and other similar amounts)	⊢				
	4	Income from investment of tax-exempt bond pro	ceeds				
	5	Royalties	•				
		(ı) Real	(11) Personal				
	6a	Gross Rents					
	ь	Less rental expenses					
	l c	Rental income					
	١.	or (loss)	<u> </u>				
	d	Net rental income or (loss)					
		(i) Securities	(II) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	Ь	Less cost or					
		other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u>o</u>		events (not including					
둢		\$					
Çe		of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
<u>.</u>	_	<u> </u>					
둦	b	Less direct expenses b	7,157	4,927			4,927
~	C	Net income or (loss) from fundraising ev	ciito "	7,327			7,327
	9a	Gross income from gaming activities See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	, c	Net income or (loss) from gaming activit	ies				
		Gross sales of inventory, less					
		returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	c	Net income or (loss) from sales of invent	tory 📂				
			Business Code				
	11a	OTHER	624,100	2,807			2,807
	ь						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d	· · ·	2,807			
			· L	,			
	12	Total revenue. See Instructions	· •	632,138	51,778	0	7,734

Part IX Statement of Functional Expenses

	Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns.						
	ll other organizations must complete column (A) but are not required to co		ns (B), (C), and (B)	(D). (C)	(D)		
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV , line 21 $$						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	63,776	31,888	31,888			
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	290,982	229,385	10,758	50,839		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)						
9	Other employee benefits	40,284	21,077	15,969	3,238		
10	Payroll taxes	29,594	19,888	5,879	3,827		
11	Fees for services (non-employees)						
а	Management						
ь	Legal						
c	Accounting	23,640		23,640			
d	Lobbying	,		·			
e	Professional fundraising See Part IV, line 17						
f	Investment management fees						
g	Other	56,331	48,369	7,962			
12	Advertising and promotion	,	,	,			
13	Office expenses				_		
14	Information technology				_		
15	Royalties						
16	Occupancy	98,679	65,951	19,756	12,972		
17	Travel	14,161	8,432	4,635	1,094		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	14,101	0,432	4,033	1,094		
19	Conferences, conventions, and meetings	3,940	2,512	941	487		
20	Interest	2,193	2,312	2,193	107		
21	Payments to affiliates	2,173		2,173			
22	Depreciation, depletion, and amortization	1,067		1,067			
23	Insurance	1,007		1,007			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)						
а	CLIENT ASSISTANCE	21,757	21,733	24			
a b	SUPPLIES	18,778	9,766	8,951	61		
	RENTAL AND MAINTENANCE	,	,	,	773		
c C		8,881	2,552	5,556			
d	TELEPHONE	6,232	1,094	4,922	216		
e	MISCELLANEOUS	2,485	216	2,094	175		
f ar	All other expenses	5,987	2,485	1,411	2,091		
25	Total functional expenses. Add lines 1 through 24f	688,767	465,348	147,646	75,773		
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Pa	rt X	balance Sneet			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			14,657	1	23,476
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			106,820	3	49,563
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key er	nployees, and			
		Schedule L				5	_
	6	Receivables from other disqualified persons (as defined under sec persons described in section $4958(c)(3)(B)$ Complete Part II of	tion 4	958(f)(1)) and			
w		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
S .	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges			13,922	9	12,419
	10a	Land, buildings, and equipment cost or other basis $\it Complete Part VI of Schedule D$	10a	40,410			
	ь	Less accumulated depreciation	10b	37,476	4,001	10 c	2,934
	11	Investments—publicly traded securities \ldots . \ldots .				11	
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV , line 11			6,240	15	6,240
	16	Total assets. Add lines 1 through 15 (must equal line 34)			145,640	16	94,632
	17	Accounts payable and accrued expenses .			34,759	17	40,380
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>a</u>	21	Escrow or custodial account liability	D.	•		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ï		persons Complete Part II of Schedule L		-		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties $\ \ .$		•	50,000	24	50,000
	25	Other liabilities $$ Complete Part X of Schedule D $$. $$. $$. $$.				25	
	26	Total liabilities. Add lines 17 through 25			84,759	26	90,380
ces		Organizations that follow SFAS 117, check here ▶ and complete through 29, and lines 33 and 34.	te line	es 27			
<u>a</u>	27	Unrestricted net assets			59,153	27	-30,748
e G	28	Temporarily restricted net assets			1,728	28	35,000
Ξ	29	Permanently restricted net assets				29	
or Fund Balance		Organizations that do not follow SFAS 117, check here \blacktriangleright \sqcap and lines 30 through 34.	compl	ete			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32	
ĕ	33	Total net assets or fund balances			60,881	33	4,252
_	34	Total liabilities and net assets/fund balances			145,640	34	94,632

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

BENEDICT CENTER INC

h

Name of the organization

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. See separate instructions.

Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other ∏ Туре I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e lion in ted in erning	(v) Did you no organizat col (i) o	tify the tion in f your	Is the organization of (i) or	(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support				<u> </u>			
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	209	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	872,39	1 827,49	4 693,927	709,262		572,626	3,675,700
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3	872,39	1 827,49	4 693,927	709,262		572,626	3,675,700
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from line 4	1						3,675,700
S	ection B. Total Support							-
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	872,391		693,927	709,262		572,626	3,675,700
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	8,006	23,127	6,505	13,432		7,734	58,804
11	Total support (Add lines 7 through 10)							3,734,504
12	Gross receipts from related activiti	es, etc (See inst	ructions)			12		71,217
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a	501(c)(3) organız	ation, ▶□
<u> </u>	ection C. Computation of Pul Public Support Percentage for 200°			11 column (fl)		14		98 4 30 %
- · 15	Public Support Percentage for 200			(.//		—		
	33 1/3% support test—2009. If the	•	•	von ling 12 and l	ine 14 ie 33 1/20/-	15 or more	check +	98 280 %
b	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test	alifies as a public organization did n qualifies as a pu — 2009. If the orga	y supported orga not check the bo iblicly supported anization did not	inization x on line 13 or 16 organization check a box on lin	a, and line 15 is 3 e 13, 16a, or 16b	3 3 1/3% o	or more, o	► ✓
	is 10% or more, and if the organiza in Part IV how the organization med organization	ets the "facts and	cırcumstances"	test The organiza	ation qualifies as	a publicly	y support	ed ▶┌
b	10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza	nızatıon meets the	facts and circu	ımstances" test, c	heck this box and	stop he	ere.	▶ ┌
18	supported organization Private Foundation If the organizat instructions	ion did not check	a box on line 13	, 16a, 16b, 17a or	17b, check this	box and s	3 e e	P ▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493224018600

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** BENEDICT CENTER INC 39-1226475

Par	organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
	organization answered Tes to Form 9	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	, ,	
2	Aggregate contributions to (during year)		
3 /	Aggregate grants from (during year)		
4	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the beiconferring impermissible private benefit		·
Par	Conservation Easements. Complete	ıf the organization answered "Yes" t	to Form 990, Part IV, line 7.
2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	rion or pleasure)	certified historic structure
	casement on the last day of the tax year		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements	5	2b
c	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
	Number of conservation easements modified, transf	erred, released, extinguished, or terminat	ed by the organization during
4	Number of states where property subject to conserv	ation easement is located 🛌	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation easer	nents during the year 🛌
7	A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easement	s during the year ► \$
	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sec	ction Yes No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	l statements that describes
Part	Organizations Maintaining Collection Complete if the organization answered		or Other Similar Assets.
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
_	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research	·
	(i) Revenues included in Form 990, Part VIII, line :	L	► \$
	(ii) Assets included in Form 990, Part X		► \$
	If the organization received or held works of art, his following amounts required to be reported under SFA		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$

Part	IIII Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	<u>easur</u>	es, or O	<u>ther</u>	· Similar	<u>Asset</u>	t s (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	lowing	that are	a sıgnıfıca	nt us	e of its coll	ection		
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other	-						
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	v the	y furthe	er the or	ganızatıon	s exe	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					llar	Γv	'es	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	d "Y€	es" to Forn	n 990,	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribu	itions or	other ass	ets n	ot	Г	'es	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г			A mour	nt	
c	Beginning balance							1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?				<u>L</u>				'es	┌ No
	If "Yes," explain the arrangement in Part XIV									, .		,
	t V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	TV. line 1	0.		
		(a)Current Year		Prior `			Years Back		hree Years Ba		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment ► %											
c	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and ad	mınıstered	fort	:he	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•				•	_	3a(i)		<u> </u>
	(ii) related organizations								🖺	Ba(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
	t VI Investments—Land, Buildings					90 Par	t X line	1 Ո				
ı dı	Threstments Land, Bandings	s, una Equipme			a) Cost	•	(b)Cost or		(c) Accumu	lated		
	Description of investment					estment)	basis (oth		depreciat		(d) B	ook value
1a	and		•									
									I			
b l	Buildings		•	<u> </u>								
	Buildings		•									
c l	· ·	· · · · · · · ·					40),410		37,476		2,934
c l d l e (easehold improvements	· · · · · · · · · · · · · · · · · · ·	· ·),410		37,476		2,934

(a) Description of security or category		(c) Method of valuation	
(including name of security)	(b)Book value	Cost or end-of-year market valu	<u>e</u>
Financial derivatives			
Closely-held equity interests Other			
	+		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market valu	e
7 1-1 (0.1 (1.) 1 - (1.) (1.) (1.) (1.) (1.) (1.)	*		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X,			
(a) Descr		(b) Book valu	ıe
SECURITY DEPOSITS			6,240
Tabal (Caluman (b) abouted agreed Forms 000, Part V, and (B) line	15)		6.240
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part			6,240
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability			6,240
Part X Other Liabilities. See Form 990, Part	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
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Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
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Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25.		6,240
Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	X, line 25. (b) A mount		6,240

-611	Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	632,138
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	688,767
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-56,629
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10		10	-56,629
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XII Reconciliation of Revenue per Audited Financial Statements With Revenue Per		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	632,138
- 2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
- а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	632,138
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	632,138
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	· · · · · · · · · · · · · · · · · · ·
1	Total expenses and losses per audited financial		688,767
	statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	1	
Ь	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIV)	-	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	688,767
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	1	
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	688,767

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Retur

Return Reference | Explanation

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As Filed Data -

DLN: 93493224018600

OMB No 1545-0047

2009

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

Supplemental Information to Form 990

Open to Public Inspection

Name of the organization BENEDICT CENTER INC

Employer identification number

39-1226475

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE, EXECUTIVE DIRECTOR, AND OPERATIONS MANAGER PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		EACH DIRECTOR AND PRINCIPAL OFFICER WITH GOVERNING BOARD DELEGATED POWERS MUST ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT
Form 990, Part VI, Section B, line 15		PERIODIC REVIEWS ARE CONDUCTED TO INSURE WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE, BASED ON SURVEY INFORMATION AND THE RESULT OF ARM'S LENGTH BARGAINING
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
		THE ORGANIZATION'S PROCESS FOR ASSUMING RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:

Software Version:

EIN: 39-1226475

Name: BENEDICT CENTER INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CLIENT ASSISTANCE	21,757	21,733	24	
SUPPLIES	18,778	9,766	8,951	61
RENTAL AND MAINTENANCE	8,881	2,552	5,556	773
TELEPHONE	6,232	1,094	4,922	216
MISCELLANEOUS	2,485	216	2,094	175