



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2009**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning**, 2009, and ending, 20**B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**FRIENDS OF THE ROSARY**

Number and street (or P O box, if mail is not delivered to street address) Room/suite

172 GEMINI STREET

City or town, state or country, and ZIP + 4

LAROSE, LA 70373**D** Employer identification number**72-1096017****E** Telephone number**985-693-7455****F** Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	12900.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	6399.03
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ 12900.00 of contributions reported on line 1)	6a	122950.00
b	Less: direct expenses other than fundraising expenses	6b	10026.57	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	112923.43	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ►)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	132222.46	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	90980.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ►)	16	
	17	Total expenses. Add lines 10 through 16	17	90980.00
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	41242.46
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	349275.57
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	390518.03

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	349275.57	22 390518.03
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	349275.57	25 390518.03
26 Total liabilities (describe ►)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	349275.57	27 390518.03

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

SCANNED JUL 02 2010

6.9 2

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose?	SCHOLARSHIP PROGRAM FOR NEEDY CHILDREN
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28	SCHOLARSHIP PROGRAM FOR NEEDY CHILDREN			
	21 SCHOLARSHIPS AWARDED & PROGRAM SUPPORT TO SCHOOL			
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	28a 90980.00
29				
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	29a
30				
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	30a
31	Other program services (attach schedule)			
	(Grants \$) If this amount includes foreign grants, check here	▶ <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		▶	32 90980.00

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	✓
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ▶ LOUISIANA		
42a The organization's books are in care of ▶ BONNIE B. BABIN Telephone no. ▶ 985-693-7455 Located at ▶ 172 GEMINI STREET, LAROSE, LA ZIP + 4 ▶ 70373		
b 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)?	42b	✓
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	✓
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

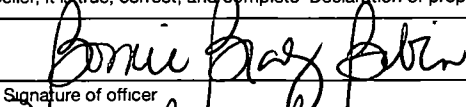
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		5/12/10 Date	
	BONNIE BRADY BABIN CHAIRPERSON Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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.)

Section A. Public Support

Calendar 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.")	60435.74	102185.99	82336.96	118076.95	135850.00	498885.64
2 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	60435.74	102185.99	82336.96	118076.95	135850.00	498885.64
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5963.09
6 Public support. Subtract line 5 from line 4.						492922.55

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	60435.74	102185.99	82336.96	118076.95	135850.00	498885.64
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1419.79	8996.10	14130.78	7038.09	6399.03	37983.79
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						536869.43
12 Gross receipts from related activities, etc. (see instructions)					12	448528.27
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	91.8 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	89.2 %
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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 purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 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, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33⅓% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

HOLY ROSARY CATHOLIC SCHOOL

FRIENDS OF THE ROSARY APPLICATION FOR TUITION ASSISTANCE

Note:

Please be sure that you have carefully read the instructions given on the cover page before beginning to complete this form.

Check here to verify that all information is completed.

Application signed _____
 Pastor signature _____
 Tax Form 1040 attached _____
 W-2 Form attached _____
 All items completed _____

NAME OF PERSON COMPLETING THIS FORM _____

(Print) Last Name

First Name

STUDENT(S) FOR WHOM YOU ARE APPLYING FOR REDUCTION IN TUITION:

Name	Grade 2007-08	Name	Grade 2007-08

Father's Name _____ Living _____ Age _____ Deceased _____

Mother's Name _____ Living _____ Age _____ Deceased _____

Parents Together _____ Parents Separated _____ Parents Divorced _____

Father Remarried _____ Mother Remarried _____ Student(s) lives With _____

Father's Religion _____ Mother's Religion _____ Child's Religion _____

Father's Address _____
 Street/P.O. Box City State Zip Phone No.

Father's Employer _____ No. of Years _____
 Name of Company/Type of work and position

Mother's Address _____
 Street/P.O. Box City State Zip Phone No.

Mother's Employer _____ No. of Years _____
 Name of Company/Type of work and position

Catholic Church Parish to which you belong _____
 Name of Parish City

Do you support your Parish through its envelope system? Yes _____ No _____

Are you involved in any programs within your Church Parish? Yes _____ No _____

Do you volunteer your services to Holy Rosary School? Yes _____ No _____

Do you give financial support to Holy Rosary School (Annual Fund, Sunday dinner, etc.) Yes _____ No _____

Name	Age	Name of School	Grade/Level 2007-08

Indicate other dependents living in household:

Name	Relationship	Monthly Income

INCOME STATEMENT:

Father's monthly wages before deductions \$ _____ After deductions \$ _____

Mother's monthly wages before deductions \$ _____ After deductions \$ _____

Indicate below all additional monthly income your household receives (if no income is received from any of the following categories, or NONE check one)

<p> Social Security Benefits \$ _____ Veteran's Benefits \$ _____ Welfare \$ _____ Old Age Pension \$ _____ Alimony \$ _____ Child Support \$ _____ </p>	<p> Rent from Property \$ _____ Royalties/Oil Lease \$ _____ Rental Income \$ _____ Any Part-time Work \$ _____ Other Income \$ _____ </p>
---	--

FINANCIAL DATA:

Cash on Hand	\$ _____	
Checking Account	\$ _____ Bank _____	Acct. No. _____
Savings Account	\$ _____ Bank _____	Acct. No. _____
Savings Certificate	\$ _____ Bank _____	Acct. No. _____
Stocks and Bonds	\$ _____ Bank _____	Acct. No. _____
Credit Union Savings	\$ _____ Bank _____	Acct. No. _____

PERSONAL ITEMS:

Number of family vehicles (parents and children):

Make/Model	Year	Owned?	Leased?	Balance Owed	Payment Amts.

Do you own your own home? Yes _____ No _____ If no Rent _____

If yes, complete the following:

Present Market Value: \$ _____ Mortgage \$ _____ Monthly Payments \$ _____

Mortgage Holder: _____

Do you own any of the following? If so, indicate total worth, monthly payments, etc.

Item	Yes/No	Purchased When?	Value or Monthly Payment
Motor Home			
Camper			
2 nd Home/Camp			
Boat			
Cellular Phone			
2 nd /3 rd Phone			
Land			
Premium Cable Channels			

Do you have child care? Yes _____ No _____ Describe _____

Do you have domestic help? Yes _____ No _____

Are you a member of a Health Club? Yes _____ No _____

Are you or a family member a member of a Mardi Gras organization? Yes _____ No _____ If yes, please name _____

Are you a member of any other clubs? Yes _____ No _____ If yes, please name _____

your child/children take Dancing lessons? Yes ___ No ___ Piano Lessons? Yes ___ No ___ Gymnastics? Yes ___ No ___

List any other paid lessons your child may participate in. (art, sports, etc). _____

Indicate other monthly fixed obligations (life insurance, hospitalization, car insurance, house insurance, child support alimony, utility book club memberships, and so forth):

Paid To:	Purpose	Monthly Payment	Balance Owed

Credit Cards Owned/Used	Amount Owed

Please give any other information that you feel the committee should know in regard to your application. Include sickness, accidents, bill, medicines NOT COVERED BY INSURANCE or other unusual circumstances (You may use another sheet if you feel it necessary)

Why do you want your child completed. to attend Holy Rosary Catholic School (You may use another sheet if necessary) .

TOTAL AMOUNT PER YEAR YOU WOULD BE PAYING IN TUITION WITHOUT ASSISTANCE: \$ _____

AMOUNT OF ASSISTANCE BEING REQUESTED: \$ _____

TOTAL AMOUNT PER YEAR YOU ARE ASKING TO PAY (Subtract line 2 from line 1)
(The above must be completed) \$ _____

RELEASE OF INFORMATION AUTHORIZATION/CONFIDENTIALITY CLAUSE

I (WE) AUTHORIZE THE "FINANCE COMMITTEE" OF THE HOLY ROSARY CATHOLIC SCHOOL BOARD TO VERIFY ALL STATEMENTS HEREIN MADE BY ME (US). I UNDERSTAND THAT ANY INFORMATION SECURED BY THE FINANCE COMMITTEE WILL REMAIN CONFIDENTIAL. A PHOTOCOPY OF THIS FORM IS AS VALID AS THIS ORIGINAL AND IS VALID FOR ONE YEAR FROM THE DATE OF SIGNING THIS FORM.

I (WE) SOLEMNLY AFFIRM TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED IN THE FOREGOING APPLICATION IS TRUE AND COMPLETE. I ALSO UNDERSTAND THAT I (WE) AM SUBJECT TO PENALTY OF LOSS OF THE ENTIRE GRANT IF THE INFORMATION STATED IS FRAUDULANT OR IF THE TYPE OR AMOUNT OF GRANT DISCLOSED BY ME.

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT'S SPOUSE

SIGNATURE OF PASTOR

PRINT NAME OF APPLICANT

PRINT NAME OF APPLICANT'S SPOUSE

DATE

For Office Use

Assistance Given _____

Tuition Due _____

FRIENDS OF THE ROSARY
Form 990EZ Part 1 Line 6a
Schedule of Special Fund Raising Events
For Fiscal Year 1/1/09- 12/31/09
72-1096017

Schedule 1

Event 1 - Annual Friends of the Rosary Dinner

**Excluding
Donations**

**Reported on
Pt 1 Ln 1 990EZ**

REVENUE:

	ACTUAL	
Silent Auction	\$89,130.00	\$89,130.00
Wine Sales	\$6,820.00	\$6,820.00
Tickets	\$27,000.00	\$27,000.00
Donations	\$12,900.00	\$0.00
	\$135,850.00	\$122,950.00

DIRECT EXPENSES:

Catering	\$2,691.56	\$2,691.56
Supplies	\$0.00	\$0.00
Janitorial Services	\$1,193.99	\$1,193.99
Auction Items	\$6,141.02	\$6,141.02
	\$10,026.57	\$10,026.57

GROSS PROFIT:

\$125,823.43	\$112,923.43
---------------------	---------------------