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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)

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

For the 2009 calendar year, or tax year beginning 2009, and ending

Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization Holy Cross Ministries of Utah		D Employer Identification Number 87-0359324
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 860 E. 4500 S. Ste. 204		E Telephone number (801) 261-3440
		City, town or country State ZIP code + 4 Salt Lake City UT 84107-3014		G Gross receipts \$ 639,008.
		F Name and address of principal officer Suzanne Brennan, 860 E. 4500 S. Salt Lake City UT 84107-3014		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) 4947(a)(1) or 527				
J Website: www.holycrossministries.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of Formation 1994 M State of legal domicile UT				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Holy Cross Ministries of Utah is committed to respond to the underserved community's need for health, education, social and legal immigration services. We connect people to community services, and assist individuals and families toward independence, full participation and integration in the community. In 2009 we served over 6,000 families teaching them to navigate complex systems, achieve an education and create safe and healthy environments.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of employees (Part V, line 2a)	27
	6	Total number of volunteers (estimate if necessary)	125
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, line 34	
8		Contributions and grants (Part VIII, line 1h)	421,699.
9		Program service revenue (Part VIII, line 2g)	107,373.
10		Investment income (Part VIII, column (A), lines 3, 4, and 5)	-470,363.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11)	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,709.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,000.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	16b	Total fundraising expenses (Part IX, column (A), line 25) ▶	800.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	378,096.
	18	Total expenses - add lines 13-17 (must equal Part IX, column (A), line 25)	1,623,134.
	19	Revenue less expenses - Subtract line 18 from line 12	-1,564,425.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)
21		Total liabilities (Part X, line 26)	222,295.
22		Net assets or fund balances - Subtract line 21 from line 20	9,504,509.

Part II Signature Block

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 Suzanne Brennan	Date 05-13-2010
Paid Preparer's Use Only	Preparer's signature Suzanne Brennan, CSC	
	Firm's name (or yours if self-employed), address, and ZIP + 4	
	Date	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions)	EIN
		Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

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

TEEA0101 07/20/09

Form 990 (2009)

SCANNED OCT 19 2010

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