

## 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

**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)

OMB No 1545-0047

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

Form **990** (2009)

Α	For the	$\sim$ 2009 calendar year, or tax year beginning $ m~JUL~1$ , $ m~2009$ and ending	JUN 30, 2010	
В	Check if applicable	Please use IRS	D Employer identific	cation number
	Addres change	ss label or point or SACRED HEART COMMUNITY SERVICE		
	Name change		<del></del>	179787
L	Initial retum Termin	See Number and street (or P 0 box if mail is not delivered to street address) Room/s Specific Instruc-	uite E Telephone numbei (408	
-	Jated □ Amend	110000	G Gross receipts \$	20,020,020.
	Iretum Applica tion	SAN JOSE, CA 95110	H(a) Is this a group re	turn
	pendin	F Name and address of principal officer PONCHO GUEVARA	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	
		empt status X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW.SACREDHEARTCS.ORG	If "No," attach a  H(c) Group exemption	list (see instructions)
			Year of formation 1964 N	
	art I	Summary	1 car of formation = 1 1 1 1 1 1 1 1	
	1	Briefly describe the organization's mission or most significant activities. UNITE TH	E COMMUNITY T	O ENSURE
Activities & Governance		THAT EVERY CHILD AND ADULT IS FREE FROM POVE	ERTY.	
e.u		Check this box  if the organization discontinued its operations or disposed of	1 . 1	
န္တ		Number of voting members of the governing body (Part VI, line 1a)	3	$\begin{array}{c} 10 \\ 10 \end{array}$
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)	4	93
Ţ.	1	Total number of employees (Part V, line 2a)	5	36900
ξį		Total number of volunteers (estimate if necessary) Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
ď		Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	1		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	14,251,503.	19,762,376.
	9	Program service revenue (Part VIII, line 2g)		
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,658.	20,260.
4	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,558.	796.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,278,719.	19,783,432.
		Grants and similar amounts-paid-(Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	10,665,111.	14,169,335.
es	15	Salaries, other compensation, employee benefits, Fart IX, column (A), lines 5-10)	2,458,414.	4,001,413.
Expenses	16a	Professional fundasinglyees (Part IX, polymn (A) line 11e)		940.
X	b	Total fundraising expenses (Part IX, column (D)) line 25)	042 440	2,006,201.
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	843,448. 13,966,973.	20,177,889.
	18	Total expenses. Add lines 13 1/2 (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 18 from line 12	311,746.	-394,457.
70	3	hevenue less expenses. Subtract line to from line 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	8,172,538.	8,842,108.
Ass	21	Total liabilities (Part X, line 26)	447,579.	1,492,910.
Net Assets or	22	Net assets or fund balances Subtract line 21 from line 20	7,724,959.	7,349,198.
P	art II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (ethos than officer) is based on all information of which preparer has any know	ents, and to the best of my knowled ledge	ge and belief, it is true, correct,
			15/12/1	•
Sig		Sugnature of officer	)/12/1/	· · · · · · · · · · · · · · · · · · ·
He	re		4000 /	
		PONCHO GUEVARA, EXECUTIVE DIRECTOR  Type or print name and title		
_		Preparer's Date		er's identifying number
Pai	id	signature RANDY G. PETERSON, CPA 05/11/13		structions)
	parer's	Firm's name (or BERGER LEWIS ACCOUNTANCY CORP.	EIN ►	
Us	e Only	self-employed),   55 ALMADEN BLVD., STE 600	<u> </u>	
		address, and ZIP+4 SAN JOSE, CA 95113	Phone no ► (	408) 494-1200
Ma	v the IF	BS discuss this return with the preparer shown above? (see instructions)		X Yes No

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

<u>-7</u>	17	9	7	87	Page 2	2

HOPE, OPPORTUNITY, PPEOPLE TO IMPROVE THE VOLUNTEERS TO LOVE,  2 Did the organization undertake any signs the prior Form 990 or 990-EZ?  If "Yes," describe these new services on 3 Did the organization cease conducting, if "Yes," describe these changes on Sol Describe the exempt purpose achievem Section 501(c)(3) and 501(c)(4) organizations to others, the total expenses	ALLD A COMMUNITY FREE FROM POVERTY BY CREATING AND ACTION. WE PROVIDE ESSENTIAL SERVICES, EMPOWER IEIR LIVES, ADVOCATE FOR JUSTICE, AND INSPIRE SERVE, AND SHARE. IT EXPRESSES NOT ONLY THE Inflicant program services during the year which were not listed on Improved the services of the services of the services of the organization of the elargest program services by expenses altions and section 4947(a)(1) trusts are required to report the amount of grants and services, and revenue, if any, for each program service reported SEE SCHEDULE O FOR CONTINUATION(S)	
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4a (Code ) (Expenses \$	SEE SCHEDULE O FOR CONTINUATION(S)	
	15,585,664. including grants of \$14,065,207.) (Revenue \$	<u> </u>
DECLINITIE DERVICE	13/303/001. Including grants of \$11/003/207. (Nevertice \$	,
	ES PROGRAM WELCOMES THE WORKING POOR AND HOMELESS	
OF SANTA CLARA COUNT		
	TH DAY. OUR FOOD PANTRY DISTRIBUTES PRODUCE AND	
	LIES TWICE A MONTH. CUSTOMERS COME TO US FOR	
	G - IN MANY CASES CLOTHES AND SHOES THEY NEED FOR	
	SING OFFICE PROVIDES FINANCIAL ASSISTANCE FOR	
	TILITY PAYMENTS, TRANSPORTATION AND OTHER EMERGENC	v
	DLUNTEERS IN ALL AREAS OF ESSENTIAL SERVICES, WITH	<u> </u>
	PAY WORKING TO ENSURE WE HELP EVERY PERSON WHO COME	·C
TO OUR DOOR.	AT WORKING TO ENDURE WE HELF EVERT PERSON WHO COME	
10 COR BOOK.		
4b (Code. ) (Expenses \$	1,881,361. including grants of \$ 85,190.) (Revenue \$	
4b (Code. ) (Expenses \$ SELF-SUFFICIENCY PRO		,
	GENCY NEEDS ARE MET, WE PROVIDE EDUCATION	
	RESCHOOL THROUGH JUNIOR HIGH, AND COMPUTER AND	
LANGUAGE CLASSES FOR		
	WHILE CHILDREN RECEIVE MULTILINGUAL KINDERGARTEN	
	AND FATHERS RECEIVE PARENTING EDUCATION, HEALTH	
	ASSISTANCE. AS THE CHILDREN GROW, THEY ATTEND OUR	
	LUB. VOLUNTEERS, WORKING UNDER DIRECTION FROM	<del></del>
	EN WITH HOMEWORK COMPLETION. LANGUAGE AND MATH	
	T FOCUS. HUNDREDS OF ADULTS LOOKING TO IMPROVE	
	LS ATTEND OUR ESL AND COMPUTER LITERACY CLASSES.	
India working bill	THE MITTING OOK BEE MAD CONTOURN ENTERACT CHARDED.	
4c (Code: ) (Expenses \$	422,525 • Including grants of \$ 13,924 • ) (Revenue \$	
COMMUNITY OUTREACH A		,
	CATION STAFF ENGAGES THOUSANDS OF VOLUNTEERS FROM	
	TIONS, CIVIC ORGANIZATIONS, SCHOOLS, BUSINESSES,	
	OUGHOUT THE COMMUNITY IN ALL ASPECTS OF OUR WORK.	
	VIDUALS AND GROUPS THAT HAVE AN INTEREST IN THE	
	THEM ABOUT THE STATE OF POVERTY IN SANTA CLARA	
	ENGES FACED BY LOW-INCOME FAMILIES, AND OFFER THEM	
	RIENTIAL AND SERVICE LEARNING OPPORTUNITIES. OUR	
	OVIDES COLLEGE STUDENTS AND WORKING ADULTS WITH	—
	RNING EXPERIENCES THAT PREPARE THEM FOR	
	· · · · · · · · · · · · · · · · · · ·	
	ORTS AND INITIATIVES IS TO INSPIRE VOLUNTEERS TO	
4d Other program services. (Describe in Sc		
(Expenses \$ 805,111 ⋅ Inc.  4e Total program service expenses ►\$	Sluding grants of \$ 5,014 • ) (Revenue \$ )	
Te Total program service expenses	Form <b>990</b> (20	)09) 

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Form	990 (2009) SACRED HEART COMMUNITY SERVICE 23-7179	787	Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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	ļ <u>.</u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	X	
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	N/	A
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		X
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	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		Х
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			l
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			ĺ
	If "Yes," complete Schedule D, Part V	10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	Ì		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	İ		1
	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 167 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	ŀ		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			1
	Schedule D, Parts XI, XII, and XIII	12	X	ļ
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	ļ	ļ	ļ <u>.</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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	<u> </u>	X
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 United States? If "Yes," complete Schedule F, Part II	15	ļ	X
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 United States? If "Yes," complete Schedule F, Part III	16	<b> </b>	X
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	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a <sup>o</sup> If "Yes," complete Schedule G, Part II	18	ļ	X
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	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	L	X

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Form 990 (2009)

SACRED HEART COMMUNITY SERVICE

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
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 19 If "Yes," complete Schedule I, Parts I and II	21		X
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 <sup>7</sup> If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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			1,,
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00-	1	Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	00-	İ	х
00	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	Λ
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<del>                                     </del>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31	•	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u></u>		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<del> </del>		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>		
••	If "Yes," complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
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	Х	

SACRED HEART COMMUNITY SERVICE Part 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									
c	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 2a 93									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>						
b	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		<u>X</u>						
b	·									
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and									
	Financial Accounts.			Х						
5a										
b										
С	c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited									
_	Tax Shelter Transaction?									
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		X						
Ь	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).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a	х							
provided to the payor?										
	If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b	Х							
С	to file Form 8282?	7c		Х						
٦	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 21						
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal									
C	benefit contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
a	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	Х							
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?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966? N/A	9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
_ <u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	L	000							
		Form	<b>990</b> (	2009)						

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

Sec	tion A. Governing Body and Management		<u></u>			
		1 .	I	1.0	Yes	No
	Enter the number of voting members of the governing body	1a		10		
ь	Enter the number of voting members that are independent	1b	J	10		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other			17
_	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision			37
	of officers, directors or trustees, or key employees to a management company or other person?			3	ļ	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X
6	Does the organization have members or stockholders?			6		_ X
/a	Does the organization have members, stockholders, or other persons who may elect one or more me	ember	s of the	_		v
	governing body?			7a		X
	Are any decisions of the governing body subject to approval by members, stockholders, or other per			7b		Х.
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during	the year			
	by the following.			_	.,	
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the			7,
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		<u>X</u>
sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code)			
40-	Development of the first of the				Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a		X
Þ	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?			10b	1,	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	lling th	e form?	11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld gıv	e rise			
	to conflicts?			12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes, "	descnbe			
	In Schedule O how this is done			12c	X	
13	Does the organization have a written whistleblower policy?			13	X	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	•	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
4.6	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)					
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment v	/ith a			
	taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva					
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	anızatı	on's			
<u> </u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure			-		
17	List the states with which a copy of this Form 990 is required to be filled CA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(	c)(3)s only) ava	ulable for		
	public inspection. Indicate how you make these available. Check all that apply.					
	X Own website X Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict	of interest pol	icy, and fina	ncıal	
	statements available to the public.			_		
20	State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the org	anization: 🕨		<u> </u>
	MICHAEL SOUKUP - (408) 278-2181					
	1381 SOUTH FIRST STREET, SAN JOSE, CA 95110					
				F	000	

# 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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	<b>(B)</b> Average hours	(cl	<b>(C)</b> Position (check all that apply)					( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOSE LUIS SALCIDO	3.00	Х		Х				0.	0.	0.
PRESIDENT JIM GIBBONS	3.00	^		Λ				0.	•	
VICE PRESIDENT	5.00	X		X				0.	0.	0.
DAN WEED	3.00						<u> </u>			
TREASURER	3.00	Х		x				0.	0.	0.
GARY SERDA					-	<u> </u>				
SECRETARY	3.00	Х		Х				0.	0.	0.
MANUEL ALBA										
BOARD MEMBER	3.00	X						0.	0.	0.
ASH KALRA										
BOARD MEMBER	3.00	X				_		0.	0.	0.
CORA TOMALINAS										
BOARD MEMBER	3.00	Х	_			<u> </u>		0.	0.	0.
FATHER JON PEDIGO	2.00		ļ							
BOARD MEMBER	3.00	X	┞	_			ļ	0.	0.	0
JAIME ALVARADO	3.00	х				ŀ		0.	0.	0
BOARD MEMBER	3.00	^	┢	├	-	├		0.	0.	
HON. PAUL FONG BOARD MEMBER	3.00	Х					ŀ	0.	0.	0
PONCHO JOSE GUEVARA	3.00		┢							
EXECUTIVE DIRECTOR	40.00	i		X				139,138.	0.	4,063
MICHAEL SOUKUP										
FINANCE MANAGER	40.00	ļ	_	Х				72,361.	0.	3,736
										5 000 (000

	(A)  Name and title	(B) Average			(C Pos	C) itior	)		(D)  Reportable	(E) Reportable	(F)		
		hours per week	Individual frustee or director	Institutional trustee	all to		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	C) cor	othempens from t ganizand relaganiza	er sation the ation ated
							_					<u>,</u>	
			_										
	Total						<u> </u>		211,499.		0.	7,	799.
2	Total number of individuals (including but compensation from the organization	not limited to th	hose	liste	ed a	bov	e) wl	no r	eceived more than \$100	0,000 in reportable		Yes	1 s No
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or h	nighest compensated e	mployee on	3	10.	X
<b>4</b> 5	For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive o	50,000? If "Yes	," cc	mpl	ete (	Sch	edul	e J i	for such individual		4		х
Sec	the organization? If "Yes," complete Schetion B. Independent Contractors										5		Х
1 —	Complete this table for your five highest of the organization NONE	compensated in	dep	ende ——	ent c	ont	racte	ors t	<del>r.</del>	\$100,000 of com			
	(A) Name and busines	ss address							( <b>B)</b> Description of	services		(C) ensat	ion
													<del>- 1 </del>
											<u> </u>		
					<del></del>								
2	Total number of independent contractors \$100,000 in compensation from the orga		not l	mite	ed to		se li	sted	d above) who received r	more than		<del></del>	·····
							-		· · · · · · · · · · · · · · · · · · ·		Forr	n <b>99</b> 0	(2009)

932009

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

D.	All other organizations must comp	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	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	14,169,335.	14,169,335.		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				<u>.</u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	219,298.		219,298.	
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	3,075,749.	2,494,069.	384,714.	196,966.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	457,877.	353,358.	76,628.	27,891.
10	Payroll taxes	248,489.	188,556.	45,050.	27,891. 14,883.
11 a	Fees for services (non-employees):  Management				
b	Legal				
С	Accounting	62,809.		62,809.	
đ	Lobbying				
е	Professional fundraising services See Part IV, line 17	940.			940.
f	Investment management fees	5,009.	000 500	5,009.	000
9	Other	930,455.	820,569.	108,888.	998.
12	Advertising and promotion	392,755.	211,690.	56,503.	124,562.
13	Office expenses	56,552.	42,912.	10,253.	3,387.
14	Information technology	30,332.	42,712.	10,233.	3,307.
15 16	Royalties	210,657.	163,057.	35,881.	11,719.
17	Occupancy Travel	25,315.	17,078.	8,215.	22.
18	Payments of travel or entertainment expenses	23,013.	17,070	- 0,2201	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,948.		2,948.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	200,326.	152,009.	36,319.	11,998.
23	Insurance	44,051.	29,063.	12,694.	2,294.
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	VOLUNTEER EXPENSES	30,608.	30,608.		
b	PROFESSIONAL DEVELOPMEN	22,521.	11,014.	7,739.	3,768.
С	OTHER EXPENSES	22,113.	11,343.	10,503.	267.
d e	BAD DEBT	82.		82.	
f	All other expenses				
25	Total functional expenses Add lines 1 through 24f	20,177,889.	18,694,661.	1,083,533.	399,695.
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				Form <b>990</b> (2009)

932010 02-04-10

Part X Balance Sheet (A) (B) Beginning of year End of year 1,238. 38,230. 1 1 Cash · non-interest-bearing 790,373. 346,551. 2 2 Savings and temporary cash investments 1,939,649. 818,545. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 6 Part II of Schedule L 7 Notes and loans receivable, net Assets 136,650. 103,373. Inventories for sale or use 88,958. 59,047. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 6,715,430. 10a basis Complete Part VI of Schedule D 1,629,402. 5,166,576. 5,086,028. 10c 10b b Less accumulated depreciation 11 11 Investments - publicly traded securities 643,719. 613,188. 12 12 Investments - other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 13 14 14 Intangible assets 586,921. 595,600. 15 15 Other assets See Part IV, line 11 8,842,108. 8,172,538. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 333,065. 1,088,534. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 114,514. 404,376. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities. Complete Part X of Schedule D 1,492,910. 447,579. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,548,620. 6,033,285. 27 27 Unrestricted net assets 714,894. 854,468. 28 28 Temporarily restricted net assets 461,445. 461,445. 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 7,724,959. 7,349,198. 33 33 Total net assets or fund balances

8,842,108. Form **990** (2009)

8,172,538.

34

Total liabilities and net assets/fund balances

			Yes	No
1	Accounting method used to prepare the Form 990			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
đ	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	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	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		İ	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3ь	Х	}

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number 23-7179787

Part I	Reason	for Public Chari	ty Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.					
The organ	ization is not a	private foundation i	pecause it is (For lines 1	through 1	11, check of	only one b	ox)						
1 🗀		•	, or association of churc	_		•							
2			0(b)(1)(A)(ii). (Attach Sch										
3			al service organization o	•	n section	170(ь)(1)(	A)(iii).						
4	•	· ·	pperated in conjunction					(b)(1)(A)(iii	i). Enter t	he hospital	's name,		
	city, and state		.,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,	•			
5	•		penefit of a college or un	iversity ov	vned or or	erated by	a governr	nental uni	describe	ed in			
•		(b)(1)(A)(iv). (Comple					- g						
6			ent or governmental unit	described	d in sectio	n 170(h)(1	1/41/61						
7 X		•	eives a substantial part o					r from the	general r	nublic desc	ribed in		
القفا	•	b)(1)(A)(vi). (Comple	•	or its supp	ort nom a	governine	ina om o	1 110111 (110	generary	300110 0000	11000 111		
8			ection 170(b)(1)(A)(vi). (	Complete	Part II )								
9 🗔	•			•	•	rom contril	outions m	amharshii	n fees an	nd aross re	ceints from		
3 L	An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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.												
				ion o i i ta	A) 110111 Du	311103303 0	icquired b	y tile orga	mzation c	arter ourie c	10, 1373.		
10		509(a)(2). (Complete	erated exclusively to tes	at for publi	o pofoty S	eco contin	n 500(a)(4	11					
10	-		perated exclusively to test perated exclusively for th	•	_				, out the	DUIDOSSS (	of one or		
•••	•	•	tions described in section		•								
							) See Sec	ilion sost	ajtoj. One	CK THE DOX	unat		
			organization and comple Type II		e III - Func		agratad		4	Type III - 0	Othor		
_ []	a Type I		* *						u				
e []			t the organization is not										
		-	nan one or more publicly		_				(a)(1) or s	section 508	(a)(2)		
f			ten determination from t	ne IRS tha	atitisaiy	ре і, туре	ii, or Type	111			<u> </u>		
		rganization, check th		.61			£ 10 £ . 11		0		L.,,,		
g	-		rganization accepted an			-					V N-		
	•		rectly controls, either al	one or tog	etner with	persons d	escribea i	n (II) and (I	iii) below,		Yes No		
	<del>-</del>	•	ipported organization?							11g(i)			
	•	•	described in (i) above?		_					11g(ii)			
			person described in (i) o							11g(iii)			
h	Provide the fo	ollowing information	about the supported org	ganization	(s).								
		ı	(iu) Tupo of	l	<del></del>	<u> </u>		() (-	46-				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) is  organizatio		(vii) Ar	nount of		
org	anization		(described on lines 1-9		sted in your document?			(i) organız U S	ed in the	sup	port		
			above or IRC section	ļ									
			(see instructions))	Yes	No	Yes	No	Yes	No				
					j			İ					
	·										_		
				1	1								
		<u> </u>											
									]				
	··		.,,	ļ	<u> </u>	ļ			<u> </u>				
Total				1				L					

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

23-7179787 Page 2 Schedule A (Form 990 or 990-EZ) 2009 SACRED HEART COMMUNITY SERVICE 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 !) Section A. Public Support (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not 10700486. 11102682. 12476882. 14251503. 19762376. 68293929. include any "unusual grants") 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 10700486.11102682.12476882.14251503.19762376.68293929. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 68293929. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 10700486.11102682. 12476882. 14251503.19762376.68293929. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties 28,545 19,399. 204,556. 52,163. 38,252. 66,197. and income from similar sources 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 796. 796. assets (Explain in Part IV) 68499281. 11 Total support. Add lines 7 through 10 201,867 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage 99.70 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) % 99.62 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 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

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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.

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

Pa	rt III Support Schedule for C	)rganizations	Described in	Section 509(a	)(2) (Complete only	ıf you checked the bo	x on line 9 of Part I )				
Sec	ction A. Public Support										
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received (Do not										
	ınclude 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											
	are not an unrelated trade or bus-			1		]					
	iness under section 513		1								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf										
_	·										
5	The value of services or facilities furnished by a governmental unit to the organization without charge										
6	Total. Add lines 1 through 5										
	Amounts included on lines 1, 2, and										
	3 received from disqualified persons										
t	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)										
	ction B. Total Support		•								
Cal	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</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										
t	Unrelated business taxable income										
	(less section 511 taxes) from businesses										
	acquired after June 30, 1975						r				
	Add lines 10a and 10b  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			-							
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)			-							
	First five years. If the Form 990 is for	the organization'	s first, second, thu	rd. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration.				
	check this box and stop here		,	,	,		▶ 🗀				
Sec	ction C. Computation of Publ	ic Support Pe	ercentage	· · · · · · · · · · · · · · · · · · ·		-·· ·· - ·· · · · · · · · · · · · · · ·					
15	Public support percentage for 2009 (			column (fl)		15	%				
16	Public support percentage from 2008		•	00.0 (1,7)		16	%				
	ction D. Computation of Inves					1.0					
17						17	<u></u> %				
18	Investment income percentage from 2	,	•	ne 73, column (i)		18					
	•			on line 14 and lin	a 15 is mare then						
198	33 1/3% support tests - 2009. If the						. Is not ⊾				
	more than 33 1/3%, check this box a		· ·				<b>▶</b>				
t	33 1/3% support tests - 2008. If the						ano <b>⊾</b> □				
00	line 18 is not more than 33 1/3%, che										
20	Private foundation. If the organization	ii dia not check a	box on line 14, 19	a, or 190, check t	·		0.000 570 0000				
					20	neaule A (FORM 99	0 or 990-EZ) 2009				

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service or organizations are inperferent morning randon doction out (a) and doction

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

• Coction E01(a)(4) (5) or (6) organizations: Complete Part III

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

_	ne of orga	nization	ions complete rait in		Empl	oyer identification number
			HEART COMMUNITY			23-7179787
Pa	art I-A	Complete if the org	janization is exempt und	der section 501(c)	or is a section 527 o	rganization.
1	Provide a	a description of the organiz	ation's direct and indirect politi	cal campaign activities	in Part IV	
2	Political	expenditures			▶\$	<del></del>
3	Voluntee	r hours				
Pε	art I-B	Complete if the org	janization is exempt un	der section 501(c)	(3).	
			incurred by the organization un		▶\$	<del></del>
			incurred by organization manag		_	
		•	n 4955 tax, did it file Form 4720	-		Yes No
48	Was a co	orrection made?		•		Yes No
Ŀ	If "Yes,"	describe in Part IV.				
Pê	art I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section 501(	c)(3).
1	Enter the	amount directly expended	by the filing organization for s	ection 527 exempt fund	ction activities	
2	Enter the	amount of the filing organ	ization's funds contributed to c	ther organizations for s	section 527	
	exempt f	unction activities			▶\$	·
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL	-1	
	line 17b				▶\$	
4	Did the f	iling organization file Form	1120-POL for this year?			Yes No
5	Enter the	names, addresses and er	nployer identification number (E	EIN) of all section 527 p	olitical organizations to whic	h payments were made.
	For each	organization listed, enter t	he amount paid from the filing o	organization's funds. Al	so enter the amount of polit	ical contributions received
	that were	e promptly and directly del	vered to a separate political org	ganization, such as a se	eparate segregated fund or a	a political action committee
	(PAC). If	additional space is needed	, provide information in Part IV			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and
					funds. If none, enter -0-	promptly and directly delivered to a separate
				}		political organization.
						If none, enter -0-
		· · · · · · · · · · · · · · · · · · ·				

932041 02-04-10

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Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009		EART COMMUNIT		23-	7179787 Page <b>2</b>
Part II-A Complete if the org	anization is e	kempt under sectio	n 501(c)(3) and file	ed Form 5768	
(election under sec					
A Check  if the filing organization	tion belongs to an	affiliated group			
B Check 🕨 🔲 if the filing organizat	ion checked box A	A and "limited control" pro	ovisions apply	·	
	s on Lobbying Ex litures" means an	penditures nounts paid or incurred.	)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	rence public opinio	on (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influ	•				
c Total lobbying expenditures (add li	~	, , , , , , , , , , , , , , , , , , , ,			
d Other exempt purpose expenditure	•				
e Total exempt purpose expenditure		i 1d)			
f Lobbying nontaxable amount Ente	•		h columns		
If the amount on line 1e, column (a) o	r (b) is. The	lobbying nontaxable am	ount is:		
Not over \$500,000	1	of the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000 \$100	0,000 plus 15% of the exc	ess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175	5,000 plus 10% of the exc	cess over \$1,000,000		
Over \$1,500,000 but not over \$17,	000,000 \$225	5,000 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,0	00,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)	· <del>-</del> · · · · ·			
h Subtract line 1g from line 1a If zero	o or less, enter -0-				
i Subtract line 1f from line 1c If zero	or less, enter -0-				
j If there is an amount other than ze	ro on eithe <mark>r li</mark> ne 1h	or line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year <sup>9</sup>				Yes No
	ations that made	Averaging Period Under a section 501(h) election the instructions for line	n do not have to comp		
	Lobbying Ex	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
4 0					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
(1507) Of lifte 2d, Coldifilit (e))		-	<u> </u>		<u> </u>
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009  $\,$  .

Schedule C (Form 990 or 990-EZ) 2009 SACRED HEART COMMUNITY SERVICE 23-717978

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)				
		Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?	X	·			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С	Media advertisements?		Х			
d	Mailings to members, legislators, or the public?		X		·	
е	Publications, or published or broadcast statements?	X				
f	Grants to other organizations for lobbying purposes?		Х			
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities? If "Yes," describe in Part IV		X			
-	Total Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		<del></del>	
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<b>-</b>			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	: 504(-)	(5)	- 4.5		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion sut(c)	(5), or se	ction		
	501(c)(6).			Yes	No	
	Mars authorizable all (000) as marsh duca received a sadeducible by masshage?		4	103	110	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		3			
Dar	Did the organization agree to carryover lobbying and political expenditures from the prior year?  t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)		ction	L	
4 64	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa				]	
	"Yes."				•	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
ь	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			· · · · · · · · · · · · · · · · · · ·	
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political				
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	and Part II-B,	line 1ı. Alsı	o, complete	this part	
	ny additional information.					
PA	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				<del></del>	
FOR	R A PERIOD OF ABOUT 30 DAYS, WE POSTED INFORMATION.	AL MATI	ERIALS	ABOU	<u>r</u>	
ME	ASURE A, A PROPOSED BALLOT MEASURE WHICH CALLED FO	R VOTE	RS TO	APPROV	JE	
A I	PARCEL TAX ON COUNTY LAND THAT WOULD GENERATE REVE	NUE TO	SUPPO	RT THI	<u> </u>	
HE	ALTHY KIDS PROGRAM OVER THE NEXT 10 YEARS. THIS W.	AS AN	ISSUE	тнат		
DII	RECTLY IMPACTED THE HEALTH AND WELL-BEING OF THE P					
		Schedu	iie C (Form	990 or 990	D-EZ) 2009	

Schedule C (Form 990 or 990-EZ) 2009 SACRED HEART COMMUNITY SERVICE  Part IV Supplemental Information (continued)	23-7179787	Page 4
THE COST OF POSTING THIS INFORMATION WAS NOMINAL AND THE AC	CTIVITY WAS	
AN INSIGNIFICANT PART OF ALL THE ACTIVITIES, PROGRAMS, AND	SERVICES	
PROVIDED BY OUR ORGANIZATION.		
		<u></u>
		,

#### 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.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number

Pa	t I Organizations Maintaining Donor Advise		Z3-/1/9/0/
Pa	<del></del>		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	(b) Fullus 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		
5	Did the organization inform all donors and donor advisors in v		[——]
_	are the organization's property, subject to the organization's	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a		•
	for charttable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	
Do	mpermissible private benefit?  †    Conservation Easements. Complete if the org		Yes No
		- · ·	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Half all a Fall all a Taylor
	T. I		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С.	Number of conservation easements on a certified historic stri	` ·	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and or	•	
8	Does each conservation easement reported on line 2(d) above	re sausty the requirements of section 170	Yes No
9	and section 170(h)(4)(B)(ii)?		<del></del>
9	In Part XIV, describe how the organization reports conservati	· ·	
	include, if applicable, the text of the footnote to the organization conservation easements.	non s illianciai statements that describes	the organization's accounting for
Pa	t III Organizations Maintaining Collections of	f Art Historical Treasures or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form	•	Alloi Ollimai Addotti
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and h	salance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these	·	iblic service, provide, in Fart Arv, the text of
b	If the organization elected, as permitted under SFAS 116, to		one shoot works of art, historical transuras
	or other similar assets held for public exhibition, education, o		
	these items:	research in furtherance of public service	e, provide the following amounts relating to
			<b>▶</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		► \$ ► \$
2		anuran ar athar almiler annets for for an	
2	If the organization received or held works of art, historical tree		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	ro relating to these items:	•
d L	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
D	Assets included in Form 990, Part X		Ψ

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Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Sec	e Form 990, Part X, line 1	2		
(a) Description of security or category (including name of security)	(b) Book value	Со	(c) Method of valuation st or end-of-year market	
Financial derivatives				
Closely-held equity interests				
Other				
HELD FOR ENDOWMENT - CORP				
DEBT	256,624	COST		
HELD FOR ENDOWMENT - EQUITY				
SECURITIES	225,353	COST		
FEDERAL AND STATE GOVERNMENT				
OBLIGATIONS	161,742.	COST		
	-			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	643,719	,	······································	····
Part VIII Investments - Program Related. Se				· · · · · · · · · · · · · · · · · · ·
			(c) Method of valuation	on.
(a) Description of investment type	(b) Book value	Co	st or end-of-year marke	
				<del></del>
			<del> </del>	
	,		· · · · · · · · · · · · · · · · · · ·	
			- <del></del>	
			· · · · ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 13 )		,	······································	
Part IX Other Assets. See Form 990, Part X, line	15	<u> </u>		
L	Description			(b) Book value
RESTRICTED CASH				588,150.
DEPOSIT	<del></del>			7,450.
DEFORT				774301
	<del></del>			
-				
· · · · · · · · · · · · · · · · · · ·				
		•		
			· · · · · ·	
T.A.I.(O.1	451			595,600.
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			<u> </u>	393,000.
Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability	line 25.	(h) Amount	T	
		(b) Amount	-	
Federal income taxes		···	4	
			4	
			4	
			-	
			4	
			1	
		<u> </u>	1	
			1	3
			1	
		··		
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)		<u></u>	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. 932053 02-01-10

	dule D (Form 990) 2009 SACRED HEART COMMUNITY SER						71797	'87 Pa	ge <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Fina	ncial St	tate	men			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				83,43	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				77,88	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				194,45	
4	Net unrealized gains (losses) on investments			4				18,69	<del>)</del> 6.
5	Donated services and use of facilities			5					
6	Investment expenses			6					
7	Prior period adjustments			7					
8	Other (Describe in Part XIV.)			8				10 66	
9	Total adjustments (net) Add lines 4 through 8			9				18,69	16.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		5	10		<del></del> -		375,76	<u> </u>
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Reve	enue pe	er Re			107 1	
1	Total revenue, gains, and other support per audited financial statements					1	19,7	97,1	19.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ı	1	10 60	_ [				
а	Net unrealized gains on investments	2a		18,69	16.				
ь	Donated services and use of facilities	2b							
С	Recoveries of prior year grants	2c		.,			,		
d	Other (Describe in Part XIV.)	2d							
е	Add lines 2a through 2d				j	2e		18,69	96.
3	Subtract line 2e from line 1					3_	19,7	78,42	<u>23.</u>
4	Amounts 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		5,00	9.				
b	Other (Describe in Part XIV)	4b	<u> </u>						
С	Add lines 4a and 4b					4c		5,00	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5		83,43	<u>32.</u>
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ents '	With Exp	enses	per	Retu			
1	Total expenses and losses per audited financial statements					1	20,1	72,88	30.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.								
a	Donated services and use of facilities	2a							
b	Prior year adjustments	2b							
c	Other losses	2c							
d	Other (Describe in Part XIV)	2d							
е	Add lines 2a through 2d					2e			0.
3	Subtract line 2e from line 1				1	3	20,1	72,88	30.
4	Amounts 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		5,00	9.				
b	Other (Describe in Part XIV.)	4b							
С	Add lines 4a and 4b					4c		5,00	09.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	20,1	.77,88	39.
Pa	t XIV Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines	1a and 4, f	art IV, lin	es 1	and	2b; Part \	/, line 4, P	art
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	olete th	is part to p	rovide an	y add	litiona	l informat	ion.	
	RT V, LINE 4: THE ENDOWMENT FUNDS ARE USED								
PUI	RPOSES.								
PAI	RT X: EFFECTIVE JULY 1, 2009 THE ORGANIZAT	ION	IMPL <sub>E</sub>	MENTE	ED				
THI	NEW ACCOUNTING REQUIREMENTS ASSOCIATED W	ITH	UNCER	TAINT	Ϋ́	IN	INCOM	1E	
TAX	KES. ACCORDINGLY, THE ORGANIZATION SHALL I	NIT	ALLY	RECOC	 SNI	ZE	THE		
	NANCIAL STATEMENTS EFFECTS OF A TAX POSITI	•				**			
	RE-LIKELY-THAN-NOT, BASED ON THE TECHNICAL		-	тнат	тн	E Þ	OSTTI	ON	
93205- 02-01-		FILI	<u> </u>	THAT				orm 990)	2009
02-01-	10								

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Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Employer identification number 23-7179787	X Yes No	21, for any	(h) Purpose of grant or assistance	,			<b>A A</b>	Schedule I (Form 990) 2009
Emplo	stance, and the selection	es" to Form 990, Part IV, line (Form 990) if additional space	(g) Description of non-cash assistance					
	for the grants or assi	nization answered "Yer IV and Schedule 1-1	(f) Method of valuation (book, FMV, appraisal, other)					
	grantees' eligibility	omplete if the orga	(e) Amount of non-cash assistance					
ш	or assistance, the	United States. C	(d) Amount of cash grant					for Earm 000
NITY SERVICE	amount of the grants	Organizations in the	(c) IRC section if applicable				lanizations	anditoriation
ART COMMUN	substantiate the tance?	Sovernments and	(b) EIN				nd government org	tion Act Motice
Name of the organization  SACRED HEART COMMUNITY  Part   General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any societation and other this how if no one recinent received more than \$5 000. Chark this how if no one recinent received more than \$5 000. Chark this how if no one recinent received more than \$5 000. If additional space is needed	1 (a) Name and address of organization or government				Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	For Division Act and Because & Dedication Act Nation and the Instructions for Form 000
Name of th	1 Does criter	12	1 (a) N				2 Enter	Ί.

23-7179787

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(f) Description of non-cash assistance RENTAL ASSISTANCE, UTILITIES, FOOD, CLOTHING, TOYS, FOOD, TRANSPORTATION HOUSEHOLD ITEMS (book, FMV, appraisal, other) THE NEED BY REVIEWING 2: THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information GOING THROUGH A SCREENING PROCESS WITH THE ORGANIZATION'S HOUSEHOLDS APPLY FOR ETC. WHEN ASSISTANCE IS AWARDED, PAID DIRECTLY TO THE VENDOR (LANDLORD, UTILITY COMPANY, 2,564,180,COST FMV (d) Amount of non-cash assistance 605,155. 11 SACRED HEART COMMUNITY SERVICE'S STAFF VERIFY 0 0 (c) Amount of cash grant FOR HOUSING-RELATED COSTS FOR FAMILIES IN CRISIS. 50000 (b) Number of recipients 10000 ETC. CALLING LANDLORDS, (a) Type of grant or assistance LINE SPECIFIC ASSISTANCE TO INDIVIDUALS SPECIFIC ASSISTANCE TO INDIVIDUALS EVICTION NOTICES, PART THESE FUNDS BY SCHEDULE I, FUNDS ARE STAFF.

Schedule I (Form 990) 2009

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number 23-7179787

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of c rever	determini	ing	
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		7,031,878.			LE"	<u>STU</u>
6	Cars and other vehicles	X	10	5,388.	AUCTION PR	ICE		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities · Closely held stock		· ·					
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous	<u> </u>				<del></del>		
13	Qualified conservation contribution -	1						
	Historic structures	<u> </u>						
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial  Real estate - Other	<u> </u>						
17 10	Collectibles							
18 19	Food inventory	X	2,788,000	4,460,292.	"FEEDING A	MERT	CA"	STU
20	Drugs and medical supplies		2,,00,000	2,100,000				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (TOYS)	X	4,100	62,154.	PUBLISHED	STUD	IES	FR
26	Other (EDUCATIONAL M)	Х	800		PUBLISHED			
27	Other ( )							
28	Other ( )							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1-28 th	at it must hold for			1
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exer	npt purposes for			
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	outions?	31		X
32a	Does the organization hire or use third parties	or related or	rganızatıons to sol	ıcıt, process, or sell noncash	1			
	contributions?					32a	_X_	ļ
b	If "Yes," describe in Part II.							
33	if the organization did not report revenues in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							
1 111	For Privacy Act and Danonwork Poduction	Act Notice	see the Instruct	ions for Form 990	Schadula	M (Form	n 990	2009

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number 23-7179787

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SPECIFIC WAYS THAT WE ADDRESS THE CONDITIONS OF POVERTY, BUT AN
UNDERSTANDING THAT WE DO SO IN WAYS THAT WILL HAVE A DEEP AND LASTING
IMPACT. HOPE IS CREATED WHEN WE PROVIDE RESOURCES IN A COMPASSIONATE
AND DIGNIFIED WAY. OPPORTUNITY IS CREATED WHEN WE INVEST IN THE SKILLS
AND POWER RESIDING IN INDIVIDUALS AND GROUPS. ACTION IS CREATED WHEN WE
ORGANIZE VOLUNTEERS, LEADERS, AND INSTITUTIONS TO ACT IN INDIVIDUAL AND
COLLECTIVE WAYS TO ELIMINATE POVERTY IN OUR COMMUNITY.
FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:
ENERGY AND WEATHERIZATION - LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM:
PROVIDES ASSISTANCE WITH ENERGY BILLS FOR LOW-INCOME HOUSEHOLDS;
WEATHERIZATION ASSISTANCE PROGRAM: PROVIDES WEATHERIZATION SERVICES TO
HOMES OWNED OR RENTED BY LOW-INCOME HOUSEHOLDS TO PROMOTE ENERGY
EFFICIENCY AND REDUCE THE COST OF ENERGY BILLS (REPLACING OLD
APPLIANCES, UPGRADING INSULATION AND VENTING, INSTALLING LOW-FLOW
SHOWER HEADS, WEATHER STRIPPING).
ABOUT 1,032 PEOPLE WERE SERVED DURING THE 2009-2010 FISCAL YEAR.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ABOUT 47,685 PEOPLE WERE SERVED DURING THE 2009-2010 FISCAL YEAR.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FAMILIES EXPERIENCING FINANCIAL CRISIS, DOMESTIC VIOLENCE AND EMOTIONAL

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

Schedule O (Form 990) 2009

Department of the Treasury Internal Revenue Service

(Form 990)

## **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number 23\_7179787

SACKED HEART COMMONTH SERVICE 23-117707
CHALLENGES RECEIVE LONG-TERM COUNSELING, ASSISTANCE AND MENTORING FROM
OUR FAMILY SUPPORT TEAM. WE WORK WITH THE FAMILIES FOR ONE YEAR TO HELP
THEM ACHIEVE FINANCIAL AND EMOTIONAL STABILITY.
OUR JOBLINK PROGRAM TRAINS AND ADVISES ADULTS SEEKING FULL-TIME
EMPLOYMENT. TRAINED STAFF AND VOLUNTEERS PROVIDE RESUME ASSISTANCE,
INTERVIEW PRACTICE, PROFESSIONAL CLOTHING, AND ONE-ON-ONE COACHING.
SERVICES PROVIDED INCLUDE COMPUTER ACCESS FOR EMAIL, VOICEMAIL, FAX AND
COPYING.
ABOUT 1,641 PEOPLE WERE SERVED DURING THE 2009-2010 FISCAL YEAR.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LOVE, SERVE, AND SHARE. ABOUT 36,000 INDIVIDUALS PARTICIPATED IN THESE
PROGRAMS DURING FY 09-10.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
POLICY AND ORGANIZATION - IDENTIFIES AND DEVELOPS LEADERS WITHIN THE
LOW-INCOME COMMUNITY TO ORGANIZE PEOPLE TO ACT ON THEIR OWN BEHALF TO
SOLVE PROBLEMS AND IMPROVE THEIR COMMUNITIES.
ABOUT 530 WERE SERVED DURING THE 2009-2010 FISCAL YEAR.
ENERGY AND WEATHERIZATION - LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM:
PROVIDES ASSISTANCE WITH ENERGY BILLS FOR LOW-INCOME HOUSEHOLDS;

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

Schedule O (Form 990) 2009

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number 23-7179787

WEATHERIZATION ASSISTANCE PROGRAM: PROVIDES WEATHERIZATION SERVICES TO
HOMES OWNED OR RENTED BY LOW-INCOME HOUSEHOLDS TO PROMOTE ENERGY
EFFICIENCY AND REDUCE THE COST OF ENERGY BILLS (REPLACING OLD
APPLIANCES, UPGRADING INSULATION AND VENTING, INSTALLING LOW-FLOW
SHOWER HEADS, WEATHER STRIPPING).

ABOUT 2,878 PEOPLE WERE SERVED DURING THE 2009-2010 FISCAL YEAR.

EXPENSES \$ 805111. INCLUDING GRANTS OF \$ 5014. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE

FINANCE COMMITTEE FOR ACCURACY AND COMPLETNESS. ANY QUESTIONS ARISING

DURING THIS REVIEW ARE RESOLVED PRIOR TO FILING OF THE TAX RETURN. AFTER

FINANCE COMMITTEE REVIEW, THE FORM 990 IS PRESENTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED

ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF

INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO

SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED

ANNUALLY AND TURNED IN TO THE DIRECTOR OF ADMINISTRATION. THE DIRECTOR OF

ADMINISTRATION IS RESPONSIBLE FOR COLLECTING ALL THE FORMS AND FOLLOWING

UP.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON THE

COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA, APPROVED BY THE BOARD

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

Schedule O (Form 990) 2009

02-03-10

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

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

Attach to Form 990.

2009
Open to Public Inspection

**Employer identification number** Name of the organization 23-7179787 SACRED HEART COMMUNITY SERVICE AND DOCUMENTED IN THE MINUTES. HR MANAGER WORKS WITH BOARD PRESIDENT TO DO REVIEW OF EXECUTIVE COMPENSATION USING GUIDESTAR, AND 990S FROM COMPARABLE NONPROFITS INCLUDING: UNITED WAY, SILICON VALLEY, COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY, MACSA HOUSING CORPORATION NUMBER 2, AND SUNNYVALE COMMUNITY SERVICES. EXECUTIVE DIRECTOR'S COMPENSATION INCREASE IS VOTED ON AND APPROVED AT THE BOARD MEETING IN CLOSED SESSION. THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES: THE COMPENSATION OF THE FINANCE MANAGER IS DETERMINED BY COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA. 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 FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

Form 0000 (Day 4 0044)					Dogo 0
Form 8868 (Rev _1 2011)  If you are filing for an Additional (Not Automatic) 3-Mc	meth Evennoinn a	complete only Part II and chack this h			Page 2
Note. Only complete Part II if you have already been grant					
● If you are filing for an Automatic 3-Month Extension, o			2 . 0	0000.	
Part II Additional (Not Automatic) 3-Mo			copies r	needed)	
Name of exempt organization				loyer identification	n number
Type or					
Print SACRED HEART COMMUNITY S	SACRED HEART COMMUNITY SERVICE			3-7179787	
Number, street, and room or suite no. If a P.O.	box, see instruc	tions.			
due date for 1381 SOUTH FIRST STREET					
City, town or post office, state, and ZIP code.	For a foreign add	Iress, see instructions			
SAN JOSE, CA 95110					
Patanta Datan da familia da Matthe		An amalandan famanah sebuah			0 1
Enter the Return code for the return that this application is	for (file a separa	te application for each return)	••		
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	(2)	Form 1841-A			08
Form 990-EZ	03	Form A70			09
Form 990-PF		Form 5227			10
Form 990-T (sec_401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already g		<u>natic 3-month extension on a previou</u>	usly file	d Form 8868.	
The books are in the care of MICHAEL SOU	KUP	TAVNO N			
Telephone No ► (408) 278-2181  If the organization does not have an office or place of b	——	FAX No.   puted States check this hav			
If this is for a Group Return, enter the organization's for			ns is fo	r the whole group,	check this
box . If it is for part of the group, check this box		ach a list with the names and EINs of al		•	
4 I request an additional 3-month extension of time un		15, 2011			
5 For calendar year, or other tax year beginn			JUN	30, 2010	·
6 If the tax year entered in line 5 is for less than 12 mo		1 1	Final r	eturn	
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED	TO PREPA	RE A COMPLETE AND AC	CCUR	ATE RETUR	<u>v.                                    </u>
On KAND and bed in for Form COO DI COO DE COO T	4700 6000 -	-to-the testative tay less say	Т	<u> </u>	
8a If this application is for Form 990-BL, 990-PF, 990-T, nonrefundable credits. See instructions.	4720, or 6069, e	nter the tentative tax, less any	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or	6069 enter any	refundable credits and estimated	00	Ψ	
tax payments made Include any prior year overpayr					
previously with Form 8868.			8b	s	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using					
EFTPS (Electronic Federal Tax Payment System) Se	e instructions.		8c	\$	0.
	Signature an	d Verification			
Under penalties of perjury, I declare that I have examined this form	, including accomp	panying schedules and statements, and to the	ie best o	f my knowledge and t	belief,
t is true, correct and complete, and that I am authorized to prepai			_	. 2/7/1	1
Signature Ti	le CPA		<u>Date</u>	<del></del>	<u>,                                      </u>
1/				Form <b>8868</b> (R	rev. 1-2011)