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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)

OMB No 1545 0047 2009

For the 2009 calendary year, or tax year beginning 7/01 2009, and ending 6/30 2010 B Check of application in the 2009 calendary year or tax year beginning 7/01 2009, and ending 6/30 2010 B Check of application in the 2009 calendary year or the 2009 calendary yea	Inter	rnal Rever	nue Service	\	I he organiza	ition may have to	use a cor	by of this return to	satisty state report	ing requirer	nents	Ope	i to Public In	SP&CUO!!			
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Paid Preparer's signature Supposed, address, and ZIP + 4 Preparer's SR, RUTH FOX, PRESIDENT Type or print name and bite Date Check if self-(see instructions) Preparer's identifying number (see instructions) Proparer's identifying number (see instructions)	Sig	yn 💮	1	VC	uti,	DOW					10) – <u> </u> 7	- 10				
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	May	the IR	S discuss this re	turn with	the prepare	er shown abov	/e [?] (se	e instructions)	-								

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



TEEA0113L 12/29/09



Form 990 (2009)

orm '990 (2009) Part III Sta	atement of Program Ser	DICTINE FOUNDATION vice Accomplishments		422317	
	ibe the organization's mission		······································		
EDUCATI	ON AND RELIGION				
				 	
		ant program services during the year which	were not listed on the prior		
Form 990 or				∐ Yes	X
· ·	cribe these new services on Sch				(
		nake significant changes in how it conducts	, any program services?	Yes	X
•	cribe these changes on Schedu				
4 Describe the	exempt purpose achievements organizations and section 49	s for each of the organization's three largesi 47(a)(1) trusts are required to report the arr	t program services by expenses	Section 501(0 o others, the t	:)(3) otal
expenses, a	nd revenue, if any, for each pro	ogram service reported	tourn or granto and anotations t	0 00.015, 1110 0	
4a (Code) (Expenses \$	157, 644. including grants of \$	75,717.) (Revenue	\$	
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INFIRM.					
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4b (Code) (Expenses \$	including grants of \$) (Revenue	Ś	
,					
					
4c (Code) (Expenses \$	including grants of \$) (Revenue	\$	
•	······································		, , ,		
	-				
			-		
		·			
4d Other progra	m services (Describe in Sched	ule O)			
(Expenses		•) (Revenue \$)
	m service expenses ►	157 - 644 -	7 (

Part IV

			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	Х	
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		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V	10		Х
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	Х	
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional. Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
k	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		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		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		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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		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		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) SACRED HEART BENEDICTINE FOUNDATION
Part IV | Checklist of Required Schedules (continued)

			tes	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 1? 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 ⁷ 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? <i>If 'Yes,' complete Schedule J</i>	23	!	Х
24 a	a 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, and 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		Х_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25 a		X
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
k	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	·	X
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? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		X
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)? If Yes, 'complete Schedule R, Part V, line 2 .	35		_X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		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	
		F	. 000	(0000)

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Form 990 (2009)

a	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1 a	Inter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter 0- if not applicable 1a 0			
t	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable			ŀ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a	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 1			
21	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			•
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X_
Ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		<u> </u>
4 a	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		Х
k	olf '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			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
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?	5c		
6 a	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		Х
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
ā	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
Ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	I If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ł	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	,	-
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	1	[
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12]		Į.
Ŀ	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from other members or shareholders			
	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>. </u>
_ b	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			<u>-</u>

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Form **990** (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

	Schedule O See Instructions				_
Sec	tion A. Governing Body and Management				
	Colonia de la co	٠ ا -	F	Yes	No
	Enter the number of voting members of the governing body Enter the number of voting members that are independent.	1a / 1b 4			
	Did any officer, director, trustee, or key employee have a family relationship or a business rel				
	officer, director, trustee or key employee?	,	2		X
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other person	nder the direct supervision n?	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization	's assets?	5		X
6	Does the organization have members or stockholders?		6		X
7 <i>a</i>	Does the organization have members, stockholders, or other persons who may elect one or m governing body?	nore members of the	7a		X
ŀ	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following.	taken during the year by			
a	The governing body?		8a	x [
k	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	not be reached at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not	required by the Interna			
Reve	enue Code)				
				Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a		<u>X</u> _
t	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing the form?	11	Х	
11/	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	SEE SCHEDULE O	<u> </u>		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a		<u>X</u>
t	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	hat could give rise	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the poli Schedule O how this is done	cy? If 'Yes, describe in	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	Χ	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and deci	pproval by independent sion?			
a	The organization's CEO, Executive Director, or top management official		15a	[X
þ	Other officers of key employees of the organization		15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions)				
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a entity during the year?	rrangement with a taxable	16a	l	Х
b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard t status with respect to such arrangements?	to evaluate its participation he organization's exempt	16b		
Sec	tion C. Disclosures		.55		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and inspection. Indicate how you make these available. Check all that apply.	I 990-T (501(c)(3)s only) avai	lable fo	or pub	olic
	Own website Another's website X Upon request				
	Describe in Schedule O whether (and if so, how) the organization makes its governing docume statements available to the public. SEE SCHEDULE O				ıal
	State the name, physical address, and telephone number of the person who possesses the bo		nizatior)'	
	SR. RUTH FOX PO BOX 364 RICHARDTON ND 58652-0364 (701) 97	4 6161			

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 organizations'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 employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

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

(A)	(B)	(c)						(D)	(E)	(F)		
Name and Title	Average	Posi	tion (hat app	ly)	Reportable compensation from		Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations		
SR. RENEE BRANIGAN												
DIRECTOR	0.5	X	_					0.	0.	0.		
RUTH FITTERER]				ļ	Ì	ļ					
DIRECTOR	0.5	X			_	<u></u>		0.	0.	0.		
STEVE SCHNEIDER	1	1			ļ	ĺ		ļ	:	10		
DIRECTOR	0.5	X				<u></u>		0.	0.	0.		
ERNIE STRUBE]	1			}	•						
DIRECTOR	0.5	X			<u></u>			0.	0.	0.		
SR. RUTH FOX		1										
PRESIDENT	1			X				0.	0.	0.		
BEV KADRMAS												
VICE PRESIDENT	0.5			Х				0.	0.	0.		
SR. PHOEBE SCHWARTZE												
SEC./TREASURER	11			X				0.	0.	0.		
	<u> </u> 											
					_							
	-											

Part VII Section A. Officers, Directors, Trus	tees,	ees, Key Employees, an						nd Highest Co	mpensated En	Employees (con			
(A)	(B)	_			c)			(D)	(E)	(F)			
Name and Title	Average hours per week	<u> </u>	Г.:	Officer		-		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of off compensation from the	her		
		Individual trustee or director	institutional trustee	eq	employee	Highest compensated employee	Jer .	(, , , , , , , , , , , , , , , , , , ,	organization and related organization	d		
		stee	rustee		ro	ensated				ľ			
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					-		-				_		
		<u> </u>		l	<u> </u>					<u> </u>			
1 b Total								0.	0.	. [0.		
2 Total number of individuals (including but not limited	to thos	e lisi	ted:	abov	ve) י	who	rece	eived more than \$	100,000 in reporta	ble compensati	on		
from the organization 0													
3 Did the organization list any former officer, director of	or truste	e, k	ey e	mpl	oye	e, oı	r hig	nhest compensate	d employee	Yes	No		
 on line 1a? If 'Yes,' complète Schedule J for such in 4 For any individual listed on line 1a, is the sum of repthe organization and related organizations greater the 			pen	satio	oņ a	ınd (othe	r compensation fr	oṃ	3	Х		
ındıvıdual .										4	Х		
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mpensa edule J	tion for s	froi such	m ar per	ny u rson	nrel	ated	l organization for :	services	5	Х		
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d inden	ende	ent (cont	ract	orc i	that	recoved more th	an \$100,000 of				
compensation from the organization.							u iai	received more an					
(A) Name and business address	s							Description of	of Services	(C) Compensation	n		
			_										
2 Total number of independent contractors (including b	out not li	mıte	d to	tho	se I	ıste	d ab	ove) who received	d more than				
\$100,000 in compensation from the organization								-					

Pa	t viii Statement of Revenue	(4)	(P)	·C)	(D)
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
25	1a Federated campaigns 1a				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b				
2,5	c Fundraising events 1c				
R A	d Related organizations 1d				
S.S.	e Government grants (contributions) 1e	1			
S S	f All other contributions, gifts, grants, and	1			
플폼	similar amounts not included above 1f 181, 477.				
Ž O	g Noncash contribus included in los 1a-1f. \$ 10,892.				
양축	h Total. Add lines 1a-1f	181,477.			
3	Business Code	,			
YEN.	2a				
2	b			, , ,	
Š	c			····	
SER	d				
Σ	e				
920	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f ▶				
	3 Investment income (including dividends, interest and	22.5 2.5	016 145		
	outer sitting attrourtes).	216,145.	216,145.		
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents				
		1			
	b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)	1			
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory 62,779.				
		1			
	b Less cost or other basis and sales expenses				
	c Gain or (loss) 62,779.	1			
	d Net gain or (loss)	62,779.	62,779.		
UE	8a Gross income from fundraising events (not including \$			······································	
ĒN	of contributions reported on line 1c).				
25	See Part IV, line 18				
OTHER REVEN	b Less: direct expenses b				
6	c Net income or (loss) from fundraising events.]			
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory)			
	Miscellaneous Revenue Business Code				
	11a ADMINISTRATIVE FEES	7,790.	7,790.		
	b				
	С				
	d All other revenue				
	e Total. Add lines 11a-11d	7,790.			
	12 Total revenue. See instructions	468,191.	286,714.	0.	0.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (D) (A) Do not include amounts reported on lines Program service Management and Fundraising Total expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 75,717 line 21 75,717 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 0 0 0 trustees, and key employees. 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages 34,173 34,173 Pension plan contributions (include section 401(k) and section 403(b) employer 1,015. 1,015. contributions) Other employee benefits 10,912 10,912 2,301 Payroll taxes 2,301 11 Fees for services (non-employees). a Management **b** Legal c Accounting 5,660 5,660 **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 1,508 13 Office expenses 1,508 Information technology 15 Royalties Occupancy 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 22,008 19 22,008. Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 34,447 a CONTRACTED SERVICES 34,447 **b** AMORITZATION ON SPLIT INTEREST 11,063 11.063 9,829. c DONOR RECOGNITION 9,829. d PRINTING AND PUBLICATIONS 9,210 9,210. e SOFTWARE MAINTANCE 2,679 2,679 1,040. f All other expenses 1,495 455 25 Total functional expenses Add lines 1 through 24f 222,017. 157,644 54,544. 9,829. 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

Balance Sheet

Part X

BAA

Form 990 (2009)

(A) (B) End of year Beginning of year Cash - non-interest-bearing 25,326 1 37,365. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 9,367 3 16,933. Accounts receivable, net 4 900 1,033. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Notes and loans receivable, net 4,194 7 4,598. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment, cost or other basis 10 a Complete Part VI of Schedule D **b** Less accumulated depreciation. 10 b 10 c Investments - publicly-traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 2,033,967 15 2,264,587. Total assets. Add lines 1 through 15 (must equal line 34) 16 2,073,754. 16 2,324,516. 17 Accounts payable and accrued expenses 8,989. 17 12,208. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties. 24 Other liabilities. Complete Part X of Schedule D 53,136. 25 54,505. 26 Total liabilities. Add lines 17 through 25 66,713. 62,125 26 Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. 27 Unrestricted net assets 1,953,869 27 2,182,626. Temporarily restricted net assets 57,760 28 75,177. Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here > and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 2,011,629 33 2,257,803. 34 Total liabilities and net assets/fund balances. 2,073,754 34 2,324,516.

TEEA0111L 01/30/10

orm 990 (2009) SACRED HEART BENEDICTINE FOUNDATION	45-0422317	Pε	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 \square Cash \square Accrual \square Other			
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	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overs review, or compilation of its financial statements and selection of an independent accountant?	eight of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O.	in		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	h in the Single		Х

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

3b

SCHÈDULE A (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.

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2009

SACI			DICTINE FOUNDA							122317			
Part	I Re	eason for Pu	blic Charity Statu	is (All organizations	must	compl	ete thi	s part	.) See	instruc	tions		
The o	rganıza	tion is not a priv	vate foundation becaus	se it is (For lines 1 throu	gh 11, c	heck on	ly one b	ox)					
1	X A c	hurch, conventi	on of churches or asso	ociation of churches desc	ribed in	section	170(b)(1	χΑχι).					
2	∏ A s	chool described	i in section 170(b)(1)(A	(Attach Schedule E	.)								
3	MA H	ospital or coope	erative hospital service	organization described	ın sectio	n 170(b)	(1)(A)((ii	i).					
4	☐ A n	nedical research	organization operate	d in conjunction with a ho	ospital d	escribed	in secti	on 170(b)(1)(A)	(iii) Ente	er the hosp	ıtal's	
		ne, city, and sta											
5	170(bX1)(A)(iv). (Complete Part II)												
6 7													
8				70(b)(1)(A)(vi). (Complete	e Part II)							
9	_	•		1) more than 33-1/3 % of			contrib	utions	member	chin fee	s and ares	e race	unts
J	fror Inv	m activities relate estment income	ted to its exempt funct	ions – subject to certain ss taxable income (less s	exception	ons, and	l (2) no r	nore th	an 33-1/	3 % of it	s support f	rom gr	ross
10	An	organization or	ganized and operated	exclusively to test for pu	blic safe	ty See	section	509(a)(4	i).				
11	mo سا	re publicly supp	orted organizations d	exclusively for the benef escribed in section 509(a ation and complete lines	(1) or s	ection 5	09(a)(2)	tions of . See s	, or carr ection 5 6	y out the 0 9(a)(3).	e purposes Check the	of one box t	or hat
	a∫	Type I	b Type II	c ☐ Type II	I – Fund	ctionally	ıntegrat	ed		d 🗍	Type III-	Other	
e	└─ tha			ganization is not controllent one or more publicly su									r
f		ne organization eck this box	received a written det	ermination from the IRS	that is a	Туре I,	Type II (or Type	lil supp	orting or	ganization,		
g	Sin	ce August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition froi	m any o	f the fol	lowing p	ersons?			
												Yes	No
	(i)	a person who below, the go	directly or indirectly overning body of the si	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	nd (III)	11 g (i)		
	(ii)	a family mem	nber of a person desc	ribed in (i) above?							11 g (ii)		<u></u>
	(iiı)	a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)	L	<u> </u>
h	Pro	vide the followi	ng information about t	ne supported organizatio	ns								
		ne of Supported rganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	ls the tion in col d in your ming ment?	(v) Did y the organ col i your su	ization in	organizat	zed in the l	(vii) Amour	it of Sup	port
			<u> </u>		Yes	No	Yes	No	Yes	No			
						ł	,						
	_		ļ		<u> </u>								
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												_	
			· · · · · · · · · · · · · · · · · · ·										
Total													

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

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part	1)						
Sec	tion A. Public Support									
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al 	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')									
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf									
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.							,,		
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)	шри и гирри г г гиг								
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support			1						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	al ———	
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources									
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									
12	Gross receipts from related activi	ities, etc. (see ins	structions)	-			12			
13	First five years. If the Form 990 organization, check this box and		ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)) 	▶ □	
	tion C. Computation of Pu									
	Public support percentage for 200	• ,	.,	e 11, column (f)			14		<u>%</u>	
15	Public support percentage from 2						15		<u>%</u>	
16 a	33-1/3 support test - 2009. If the and stop here. The organization				the line 14 is 33-1.	/3 % or more	e, ched	ck this box	► 🗌	
b	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 tes or more, and if the organization in the organization meets the 'facts	neets the 'facts-a	nd-circumstances	test, check this t	oox and stop here	. Explain in	Part I\	/ how	► □	
b	o 10%-facts-and-circumstances test or more, and if the organization re organization meets the 'facts-and	neets the 'facts-a	nd-circumstances	test, check this i	oox and stop here	. Explain in	Part I\		► [
18	Private foundation. If the organiz	ation did not ched	ck a box on line,	13, 16a, 16b, 17a,	or 17b, check this	s box and se	e instr	ructions	▶	
BAA					S	chedule A (F	orm 9	90 or 990-E2	2009	

Schedule A (Form 990 or 990-EZ) 2009 SACRED HEART BENEDICTINE FOUNDATION 45-0422317 Page 3 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 yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 **(e)** 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) > (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include

gain or loss from the sale of capital assets (Explain in Part IV.)

13	Total support. (add Ins 9, 10c, 11, and 12)				
14	First five years. If the Form 990 organization, check this box and	tion's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)

Sec	ction 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	

S	ection D). Computat	ion of Inves	tment Incor	ne Percen	tage

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

19a 33-1/3 support tests -	2009. If the organization did	not check the box	on line 14, and line	15 is more than 33-1/3%,	and line 17 is not
more than 33-1/3%, ch	eck this box and stop here.	The organization q	ualifies as a publicly	supported organization	İ

o 33-1/3 support tests –	2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and lir	ne 18
is not more than 33-1/	%, check this box and stop here. The organization qualifies as a publicly supported organization	

17

18

%

%

%

%

Schedule A	4 (Form 990	or 990-E2	2009	SACRED	HEART	BENEDI	CTINE	FOUNDA	MOITA	45-0422317	Page 4
Part IV	Supplem Part II. III	ental Ir ne 17a	nformat or 17b:	tion. Com and Part	plete th	is part to 12. Prov	provid	e the ex	planation	45-0422317 ns required by Part II, I information. See instr	ine 10;
											
			-~								
											-
		- 									
						-					
-											
						-					
	-										
						- -					- -
				-							
-										·	
					_ ~						
						- -					

SCHEDULE D (Form 990)

Supplemental Financial Statements

2009

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization

Employer Identification number

SAG	CRED HEART BENEDICTINE FOUNDAT	NOI		45-0422317	
В.	41 0	A1: 15 1 01 0: " =			
Pa	the organization answered 'Yes'	or Advised Funds or Other Similar Fu to Form 990, Part IV, line 6.	nds or Ac	counts Complet	e it
		(a) Donor advised funds	(b) F	unds and other acc	ounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)			<u></u>	
4	Aggregate value at end of year			·	
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in doing to the organization's exclusive legal control?	nor advised	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for a stit ²²	s may be any other	∏Yes	□No
Pa	<u> </u>	ete if the organization answered 'Yes	to Form 9	990 Part IV line	
	Purpose(s) of conservation easements held by		10 1 01111 .	550, 1 are 10, mile	
•	Preservation of land for public use (e.g., r		of an historic	ally important land a	raa
	Protection of natural habitat	F=4		storic structure	11 64
	Preservation of open space		or cortined in	storic structure	
2	<u>.</u>	on held a qualified conservation contribution in t	he form of a	conservation easem	ent on the
				Held at the End of	the Year
á	Total number of conservation easements		2a		
ì	Total acreage restricted by conservation ease	ments	2b		
•	Number of conservation easements on a certi	fied historic structure included in (a)	2c		
	Number of conservation easements included i	n (c) acquired after 8/17/06	2d		
3	Number of conservation easements modified, year ►	transferred, released, extinguished, or terminat	ed by the org	anization during the	tax
4	Number of states where property subject to co	nservation easement is located ►	_		
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, han at the lds?	dling of viola	tions, Yes	No
6	during the year ►	ng, inspecting, and enforcing conservation ease			_
7	Amount of expenses incurred in monitoring, in during the year ▶	specting, and enforcing conservation easement	s \$_		_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	etion	Yes	☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote tonservation easements.	orts conservation easements in its revenue and of the organization's financial statements that de	l expense sta escribes the o	tement, and balance rganization's accoui	e sheet, and nting for
Pai	Organizations Maintaining Colle Complete if the organization and	ections of Art, Historical Treasures, of swered 'Yes' to Form 990, Part IV, line	r Other Si 8.	milar Assets	
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	SFAS 116, not to report in its revenue stateme ic exhibition, education, or research in furtherar nts that describes these items.	nt and baland nce of public	ce sheet works of ar service, provide, in	t, historical Part XIV,
t	 If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items 	SFAS 116, to report in its revenue statement a ic exhibition, education, or research in furtherar	nd balance s nce of public	heet works of art, hi service, provide the	storical following
	(i) Revenues included in Form 990, Part VIII,	line 1		▶ \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items:	or financial ga	an, provide the follo	wing
а	Revenues included in Form 990, Part VIII, line	1		▶ \$	
b	Assets included in Form 990, Part X			▶\$	

Schedule D (Form 990) 2009 SACRE							422317		Page 2
Part III Organizations Maintai	ning Colle	ection	s of Art, Histo	orica	l Treasures, o	r Other Similar	Assets (contin	ued)
 Using the organization's acquisition items (check all that apply) 	n accession	and oth	er records, checl	k any	of the following th	at are a significant i	use of its co	llection	I
a Public exhibition			d Loan d	or exc	hange programs				
b Scholarly research			e Other						
c Preservation for future genera	tions								
4 Provide a description of the organi Part XIV			•	,	, and the second	,	ose in		
5 During the year, did the organizati assets to be sold to raise funds ra	on solicit or i ther than to i	receive be main	donations of art, tained as part of	histo the d	rical treasures, or organization's colle	other similar ction?	Yes	Γ	No
Part IV Escrow and Custodial 9, or reported an amou	Arrangen	nents	Complete if c	orgar			m 990, Pa	art IV,	, line
1 a Is the organization an agent, trusto included on Form 990, Part X?						r assets not	Yes		No
b If 'Yes,' explain the arrangement in	n Part XIV ar	nd comp	olete the followin	g tabl	e:				
							Amount	<u>.</u>	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1e			
f Ending balance	, -	000	5 4 V 1 = 013			_ 1f		—— <u>—</u>	¬
2a Did the organization include an am		m 990, i	Part X, line 21?				Yes	L	No
b If 'Yes,' explain the arrangement in Part V Endowment Funds Cor		raania	ration answer	'0 d '	Vac' to Farm 0	00 Part IV Jupo	10		
Fart V Endowment Funds Col	(a) Current		(b) Prior year		(c) Two years back	(d) Three years ba		our years	
1 a Beginning of year balance	(a) current	усаі	(b) Frior year		(C) I WO YEARS DACK	(u) Tillee years ba	ick (e)	our years	5 Dack
b Contributions									
					LIII I HIIII III III III III III III III				
c Net Investment earnings, gains, and losses								ملند فلخ في رمو 3 -	
d Grants or scholarships									
e Other expenditures for facilities and programs				-					
f Administrative expenses					. 40.00				
g End of year balance									
2 Provide the estimated percentage	-	end bala							
a Board designated or quasi-endowr			%						
b Permanent endowment ►									
c Term endowment ►	· ⁸⁶								
3a Are there endowment funds not in organization by:	the possess	ion of th	ne organization t	hat ar	e held and admini	stered for the		Yes	No
(i) unrelated organizations ,							3a(i)		<u> </u>
(ii) related organizations							3a(ii)		<u> </u>
b If 'Yes' to 3a(ii), are the related or	_		•				3b		<u> </u>
4 Describe in Part XIV the intended									
Part VI Investments—Land, Bu	uildings, a								
Description of investment			t or other basis ivestment)	(b)	Cost or other pasis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue ———
1 a Land									
b Buildings	į	.,							
c Leasehold improvements							<u> </u>		
d Equipment				 -					
e Other	(4)				(D) 1 - 10(1)				
Total. Add lines 1a through 1e (Column	(a) must equ	iai Form	i 99 0, Part X, co	iumn	(b), line 10(c))		hadula D /E	~~	0.
BAA						50	hedule D (F	orm 95	7U) ZUUY

TEEA3302L 02/02/10

Part VII	Investments-Other Securities See	<u>Form 990, Part X, line 12</u>	2. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	on et value
Financial d	erivatives			
Closely hei	ld equity interests			
Other				
				
	mn (b) must equal Form 990 Part X, col (B) line 12)			
Dart VIII	Investments—Program Related (See	Form 990 Part X line 1	13) N/A	<u></u>
FAIL VIES	(a) Description of investment type	(b) Book value	(c) Method of valuation	nn
	(a) Description of livestment type	(b) Book Value	Cost or end-of-year market	et value
			· · · · · · · · · · · · · · · · · · ·	
	·			
			· · · · · · · · · · · · · · · · · · ·	
			***************************************	······································
Part IX	nn (b) must equal Form 990, Part X, Col (B) line 13) Other Assets (See Form 990, Part >		<u></u>	
FAILIA		Description		(b) Book value
	(4)	Jesen paor		(b) BOOK Tailed
	lumn (b) must equal Form 990, Part X, col (B),		<u> </u>	2,264,587.
Part X	Other Liabilities (See Form 990, Pa			 , , ,
	(a) Description of Liability	(b) Amount		
	come Taxes			
ANNUIT	Y OBLIGATIONS	54,505.		
				
Total (Colum	nn (b) must equal Form 990, Part X, col (B) line 25)	54,505.		
2. FIN 48 F	ootnote In Part XIV, provide the text of the foo		ncial statements that reports the or	ganization's liability
for uncerta	un tax positions under FIN 48		·	- <u>- </u>

Schedule D (Form 990) 2009 SACRED HEART BENEDICTINE FOUNDATION

45-0422317

Page 3

Sche	edule D (Form 990) 2009	SACRED HEART BENEDICT	INE FOUNDATIO	N	45-0422317	Page 4
Par	rt XI Reconciliation	n of Change in Net Assets fr	rom Form 990 to	Financial Statement	5	
1	Total revenue (Form 990	0, Part VIII,column (A), line 12)		· · · · · · · · · · · · · · · · · ·		468,191.
2	Total expenses (Form 99	90, Part IX, column (A), line 25)				222,017.
3	Excess or (deficit) for the	ne year Subtract line 2 from line 1				246,174.
4	Net unrealized gains (los	sses) on investments				
5	Donated services and us	se of facilities				
6	Investment expenses					
7	Prior period adjustments	S				
8	Other (Describe in Part)	XIV)				
9	Total adjustments (net)	Add lines 4 through 8				
10	Excess or (deficit) for the	ne year per audited financial stateme	ents Combine lines 3	and 9		246,174.
Par	rt XII Reconciliation	n of Revenue per Audited Fi	nancial Stateme	nts With Revenue pe	r Return	
1	Total revenue, gains, an	nd other support per audited financia	al statements		1	468,191.
2	Amounts included on line	ne 1 but not on Form 990, Part VIII, i	line 12.			
а	Net unrealized gains on	investments		2a		
t	Donated services and us	se of facilities		2b		
c	Recoveries of prior year	grants		2c		
	Other (Describe in Part)			2d		
	Add lines 2a through 2d	•		<u> </u>	2e	
	Subtract line 2e from line				3	468,191.
		orm 990, Part VIII, line 12, but not or	n line 1			
		not included on Form 990, Part VIII,		4a		
	Other (Describe in Part)			4b		
	Add lines 4a and 4b	//(*)		70	4c	
		s 3 and 4c. (This must equal Form 9	90 Part Line 12 \		5	468,191.
	.,	n of Expenses per Audited Fin		With Expenses per F		100,131.
1		ses per audited financial statements		With Expenses per r	1	222,017.
		ne 1 but not on Form 990, Part IX, Iir				222/02/.
	Donated services and us		10 20	2a		
	Prior year adjustments	se of facilities		2b		
	Other losses			2c 2c		
		VI) A		2d		
	d Other (Describe in Part)				— <u> </u>	
	Add lines 2a through 2d				2e 3	222 017
	Subtract line 2e from line		I 4-	1 1	3	222,017.
		orm 990, Part IX, line 25, but not on				
	· · · · · · · · · · · · · · · · · · ·	not included on Form 990, Part VIII,	line /b	4a		
	Other (Describe in Part)	XIV)		4b		
	: Add lines 4a and 4b				4c	
		es 3 and 4c (This must equal Form	990, Part I, line 18)		5	222,017.
Par	t XIV Supplementa	al Information				
	mation.	line 8; Part XII, lines 2d and 4b; and		a 40. Also complete this j		
BAA		π	EEA3304L 02/02/10		Schedule D (F	orm 990) 2009

Schedule D (Form 990) 2009 SACRED HEART BENEDICTINE FOUNDATION	45-0422317	Page 5
Schedule D (Form 990) 2009 SACRED HEART BENEDICTINE FOUNDATION [Part XIV Supplemental Information (continued)		
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SCHEDULE I (Form 990)		Gr: Gove	ants and Oth ernments an	ner Assistance t Id Individuals ir	Grants and Other Assistance to Organizations, Governments and Individuals in the United States	s, tes	1	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Complet	e if the organizatio	n answered 'Yes,' to Fc ► Attatch to Form 990	Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ➤ Attatch to Form 990.	l or 22.	<u>1</u>	Open to Public Inspection
Name of the organization SACRED HEART BENI	BENEDICTINE FOUNDATION	ATION					Employer Identification number 45-0422317	ation number
1 Does the organization the selection criteria.	Does the organization maintain records to substantiate the amount of	ubstantiate the a		ts or assistance, the gra	the grants or assistance, the grantees' eligibility for the grants or assistance, and	grants or assistance,	and	N X
Part II Grants and Other Assistance to Governments and 990, Part IV, line 21 for any recipient that received Dart IV and Schedule 11 (Form 900) if additional creations are	Grants and Other Assistance to Governments and Organizations Grants and Other Assistance to Governments and Organizations 990, Part IV, line 21 for any recipient that received more than \$5,0	dures for monito Governme Spient that re		Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. It is Grants and Other Assistance to Governments and Organizations in the United States. 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this Part IV and Schedule 11 (Form 900) if additional chase is people.	Grants in the part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	ete if the organiza	ation answered ' I more than \$5,0	1.0
1 (a) Name and address of organization or government	forganization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
BENEDICTINE SISTERS OF PO BOX 364RICHARDTON, ND 58652	OF RICHARDTO	45-0229334		74,217.	0			RELIGION
2 Enter total number of section 501(c)(3) ar 3 Enter total number of other organizations	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	government org	anizations					
1	Paperwork Reduction A	Act Notice, see t	he instructions for	. Form 990.	TEEA3901L 02/10/10	02/10/10	Sche	Schedule ! (Form 990) 2009

Schedule I (Form 990) 2009

Page 2 (Form 990) 2009 SACRED HEART BENEDICTINE FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	plete this part to p	provide the informa	tion required in Pa	irt I, line 2, and any of	ther additional information.
	 		1	 	
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	 	; 			

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Schedule I (Form 990) 2009

SCHEDULE O (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.

OMB No 1545 0047

Open to Public Inspection

SACRED HEART BENEDICTINE FOUNDATION	45-0422317
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
THE FORM 990 IS PROVIDED TO THE BOARD FOR THEM TO REVIEW AFTER	THE ORGANIZATION'S
FINANCE MANAGER AND ACCOUNTANT HAVE CAREFULLY REVIEWED IT.	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE
THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE	AVAILABLE UPON
REQUEST	

Schedule 0 (Form 990) 2009	Page 2
Name of the organization SACRED HEART BENEDICTINE FOUNDATION	Employer identification number 45-0422317
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