








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  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047
	The organization may have to use a copy of this return to satisfy state reporting requirements	<div> <div>2009</div> <div>Open to Public Inspection</div> </div>

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010											
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Please use IRS label or print or type. See Specific Instructions.	C Name of organization OUR LADY OF HOLY CROSS COLLEGE					D Employer identification number 72-0642832			
			Doing Business As					E Telephone number (504) 394-7744			
			Number and street (or P O box if mail is not delivered to street address) 4123 WOODLAND DRIVE				Room/suite	G Gross receipts \$ 32,204,710			
			City or town, state or country, and ZIP + 4 NEW ORLEANS, LA 701317337								
			F Name and address of principal officer SR MARJORIE HEBERT 4123 WOODLAND DRIVE NEW ORLEANS, LA 701317337					H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
								H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
								H(c) Group exemption number ▶			
			I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527								
			J Website: ▶ WWW.OLHCC.EDU								
			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					L Year of formation 1916		M State of legal domicile LA	

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities to educate and provide public service to its college community		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a) 3 21		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21		
	5 Total number of employees (Part V, line 2a) 5 21		
	6 Total number of volunteers (estimate if necessary) 6 21		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0		
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,733,482	2,922,711
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,141,800	10,578,422
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,866,745	862,830
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	903,093	39,210
		12,911,630	14,403,173
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,198,248	2,740,440
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,349,722	6,041,139
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>236,795</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,088,210	3,598,674
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,636,180	12,380,253
	19 Revenue less expenses Subtract line 18 from line 12	275,450	2,022,920
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	28,119,997	30,166,401
	21 Total liabilities (Part X, line 26)	1,386,635	1,334,804
	22 Net assets or fund balances Subtract line 21 from line 20	26,733,362	28,831,597

Part II	Signature Block				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	***** Signature of officer		2010-11-12 Date		
	SR MARJORIE HEBERT VP - FINANCE AND OPERATIONS Type or print name and title				
Paid Preparer's Use Only	Preparer's signature  Gregory P Romig		Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4  LaPorte Sehrt Romig & Hand 111 Veterans Memorial Blvd Suite 60 Metairie, LA 700054958			EIN  Phone no  (504) 835-5522	

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

Our Lady of Holy Cross College participates in the teaching mission of the Catholic Church through the heritage and charism of the Marianites of Holy Cross. The administration, staff and faculty educate the minds and hearts of undergraduate and graduate students through dedicated service and innovative teaching methods. All are challenged to seek truth, goodness and beauty through critical thinking, research and dialogue. Called to be a prophetic presence in an ever-changing world, the College community shares its spiritual, material, and educational resources with all. The College provides an individualized higher education that leads to certification, licensure, and other competencies in the working world to an academically diverse and multi-cultural student body. OLHCC engages students, faculty, and staff in a relationship that fosters student growth and creativity through personal attention, technological advances, innovative teaching methods, and service to the community.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O.

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 3,891,051 including grants of \$) (Revenue \$ 10,578,422)

INSTRUCTIONAL SERVICES - APPROXIMATELY 1200 STUDENTS PER SEMESTER WERE SERVICED IN OVER 450 SPECIFIC COURSES OF STUDY AND 27 DEGREE PROGRAMS. ADDITIONALLY, INSTRUCTIONAL SERVICES WERE DELIVERED TO THE CIVIC COMMUNITY THROUGH EXTENT OUTREACH PROGRAMS.

4b

(Code) (Expenses \$ 2,740,440 including grants of \$ 2,740,440) (Revenue \$)

SCHOLARSHIPS, GRANTS & LOANS - FOR ACADEMIC YEAR 2009-2010, 82 STUDENTS RECEIVED SCHOLARSHIPS FROM OLHCC AND 63 STUDENTS RECEIVED SCHOLARSHIPS FROM PRIVATE SOURCES. MOST STUDENTS WERE AWARDED THE SCHOLARSHIPS ON THE BASIS OF ACADEMIC MERIT AND/OR UNMET FINANCIAL NEED. OTHERS WERE GRANTED AWARDS BASED ON ACADEMIC MERIT ONLY. A TOTAL OF 145 SCHOLARSHIPS IN THE AMOUNT OF \$490,962 HAVE BEEN AWARDED FOR FISCAL YEAR 2009-2010. 2310 STUDENTS WERE ABLE TO RECEIVE SOME FORM OF FINANCIAL AID. MANY STUDENTS WOULD NOT BE ABLE TO PURSUE A POST-SECONDARY EDUCATION WERE IT NOT FOR THE FINANCIAL AID PROGRAMS. THE COLLEGE PARTICIPATES IN THE TITLE IV FEDERAL CAMPUS BASED PROGRAMS AS WELL AS THE FEDERAL PELL GRANT PROGRAM AND DISADVANTAGED NURSING SCHOLARSHIPS. --433 STUDENTS WERE ASSISTED AND ABLE TO RECEIVE \$2,015,857 IN PELL GRANTS. --1324 STUDENTS RECEIVED \$7,334,435 IN FEDERAL SUBSIDIZED AND UNSUBSIDIZED STAFFORD LOANS. --296 STUDENTS RECEIVED \$163,591 IN FEDERAL S E O G. --15 STUDENTS RECEIVED \$6,520 IN L E A P. --22 STUDENTS RECEIVED \$123,316 IN PLUS LOANS. --132 STUDENTS RECEIVED \$370,604 FROM THE LOUISIANA T O P S PROGRAM. --70 STUDENTS RECEIVED \$67,060 FROM LOUISIANA G O GRANTS. --18 STUDENTS RECEIVED \$13,300 FROM FEDERAL ACADEMIC COMPETITIVENESS GRANT (ACG) PROGRAM. --50 STUDENTS RECEIVED \$341,508 FROM SIGNATURE LOANS. OUR LADY OF HOLY CROSS COLLEGE WAS ABLE TO AWARD \$10,094,683 IN STUDENT AID FROM INSTITUTIONAL, PRIVATE, STATE, AND FEDERAL SOURCES.

4c

(Code) (Expenses \$ 933,275 including grants of \$) (Revenue \$)

ACADEMIC SUPPORT - PROFESSIONAL AND TECHNICAL SERVICES WERE DELIVERED TO STUDENTS THROUGH LIBRARY, COMPUTER AND SCIENTIFIC LABORATORIES, AUDIO-VISUAL, COUNSELING, GUIDANCE AND CAREER AND PLACEMENT ACTIVITIES WITHIN THE COLLEGE.

4d

Other program services (Describe in Schedule O) **See also Additional Data for Description**










(Expenses \$ 1,288,464 including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 8,853,230

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


Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable			1c	
1a	1,727			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				
2a Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return			2a	211
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	No
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	No
b If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
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	
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	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f	No
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	25	
b	Enter the number of voting members that are independent . . .	1b	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ The Organization 4123 WOODLAND DRIVE NEW ORLEANS, LA 701317337 (504) 394-7744

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

• 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

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

Form **990** (2009)

1b Total	470,509	0	0
---------------------------	---------	---	---

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO FOOD SERVICE POST OFFICE BOX 536922 ATLANTA, GA 30353	FOOD SERVICE	493,894
DONAHUE FAVRET CONTRACTORS 3030 EAST CAUSEWAY APPROACH MANDEVILLE, LA 70448	CONSTRUCTION	186,004

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	11,670					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e	2,652,765					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	258,276					
	g	Noncash contributions included in lines 1a-1f \$ _____							
	h	Total. Add lines 1a-1f		2,922,711					
Program Service Revenue			Business Code						
	2a	TUITION & FEES	900,099	10,578,422	10,578,422				
	b								
	c								
	d								
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f		10,578,422					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		471,290			471,290		
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties							
	6a	Gross Rents	(i) Real	(ii) Personal					
			14,808						
			14,808						
	d	Net rental income or (loss)		14,808			14,808		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			18,185,300						
			17,793,760						
			391,540						
	d	Net gain or (loss)		391,540			391,540		
	8a	Gross income from fundraising events (not including \$ 11,670 of contributions reported on line 1c) See Part IV, line 18	a	4,620					
			b	Less direct expenses	b	7,777			
			c	Net income or (loss) from fundraising events . . .		-3,157			-3,157
	9a	Gross income from gaming activities See Part IV, line 19	a						
			b	Less direct expenses	b				
			c	Net income or (loss) from gaming activities . . .					
	10a	Gross sales of inventory, less returns and allowances	a						
b			Less cost of goods sold	b					
c			Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code							
11a	COUNSELING CENTER	624,100	26,154	26,154					
b	miscellaneous revenue	900,099	1,405	1,405					
c									
d	All other revenue								
e	Total. Add lines 11a-11d		27,559						
12	Total revenue. See Instructions		14,403,173	10,605,981	0	874,481			

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	2,740,440	2,740,440		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
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	5,120,635	3,791,440	1,168,371	160,824
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	122,328	85,351	32,449	4,528
9	Other employee benefits	436,264	328,977	90,468	16,819
10	Payroll taxes	361,912	280,828	69,085	11,999
11	Fees for services (non-employees)				
a	Management				
b	Legal	38,983		38,983	
c	Accounting	75,770		75,770	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	119,188		119,188	
g	Other	401,348	321,766	75,224	4,358
12	Advertising and promotion				
13	Office expenses	832,104	415,982	405,047	11,075
14	Information technology	311,991	39,635	272,356	
15	Royalties				
16	Occupancy	225,000	180,000	45,000	
17	Travel	19,897	16,130	3,732	35
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,833	7,123	22,545	3,165
20	Interest	17,201		17,201	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	437,385	349,908	87,477	
23	Insurance	177,806	1,906	175,900	
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)				
a	PROMOTION & RECRUITMENT	370,404	47,774	298,638	23,992
b	FOOD SERVICE	168,706	134,965	33,741	
c	repairs and maintenance	88,998	2,436	86,562	
d	STUDENT ACTIVITIES	79,617	79,617		
e	OUTSIDE SERVICES	59,702		59,702	
f	All other expenses	141,741	28,952	112,789	
25	Total functional expenses. Add lines 1 through 24f	12,380,253	8,853,230	3,290,228	236,795
26	Joint costs. Check here <input type="checkbox"/> 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				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing					1	
	2	Savings and temporary cash investments				2,171,760	2	2,379,006
	3	Pledges and grants receivable, net				39,778	3	
	4	Accounts receivable, net				966,272	4	285,385
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	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	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				3,300	9	49,342
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	12,415,548				
	b	Less accumulated depreciation	10b	5,053,559		6,970,884	10c	7,361,989
	11	Investments—publicly traded securities				12,031,885	11	17,853,099
	12	Investments—other securities. See Part IV, line 11				5,413,922	12	2,069,179
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				522,196	15	168,401
	16	Total assets. Add lines 1 through 15 (must equal line 34)				28,119,997	16	30,166,401
Liabilities	17	Accounts payable and accrued expenses				694,958	17	789,005
	18	Grants payable					18	
	19	Deferred revenue				120,378	19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L					22	
	23	Secured mortgages and notes payable to unrelated third parties				245,727	23	232,262
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				325,572	25	313,537
	26	Total liabilities. Add lines 17 through 25				1,386,635	26	1,334,804
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				16,140,666	27	18,251,865
	28	Temporarily restricted net assets				1,799,295	28	1,734,030
	29	Permanently restricted net assets				8,793,401	29	8,845,702
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				26,733,362	33	28,831,597
	34	Total liabilities and net assets/fund balances				28,119,997	34	30,166,401

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . .		No
b Were the organization's financial statements audited by an independent accountant? 	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a 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? 	Yes	
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 . .	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization OUR LADY OF HOLY CROSS COLLEGE	Employer identification number 72-0642832
------------------------------------------------------------	----------------------------------------------

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☒

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

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 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2008 Schedule A, Part II, line 14		15				
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 stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2008. If the organization did not check the 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 meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
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						

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

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

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____

4

Number of states where property subject to conservation easement is located ►_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	19,308,601	20,814,555		
b	Contributions	42,300	3,137,125		
c	Investment earnings or losses	3,218,409	-2,559,710		
d	Grants or scholarships	365,015	204,275		
e	Other expenditures for facilities and programs	769,729	1,768,041		
f	Administrative expenses	63,714	111,053		
g	End of year balance	21,370,853	19,308,601		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 50 490 % %

b

Permanent endowment ▶ 41 390 % %

c

Term endowment ▶ 8 120 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		65,000		65,000
b Buildings		316,602	31,661	284,941
c Leasehold improvements		8,962,715	2,379,014	6,583,701
d Equipment		3,071,231	2,642,884	428,347
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				7,361,989

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,403,173
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,380,253
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,022,920
4	Net unrealized gains (losses) on investments	4	75,315
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	75,315
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,098,235

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	15,085,491
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	449,541
b	Donated services and use of facilities	2b	225,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	674,541
3	Subtract line 2e from line 1	3	14,410,950
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-7,777
c	Add lines 4a and 4b	4c	-7,777
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	14,403,173

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	12,987,255
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	225,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	382,002
e	Add lines 2a through 2d	2e	607,002
3	Subtract line 2e from line 1	3	12,380,253
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	12,380,253

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Of the end of the year endowment balance, \$8,845,702 is permanently restricted and the uses are -The earnings on \$5,433,100 will help fund professorships -The earnings on \$1,375,694 will be used for scholarships -The earnings on \$2,036,908 will go towards academics and operations Term endowments that are donor restricted, balance of \$1,734,030, have the following uses -\$535,431 will used for plant and equipment -\$4,954 will go towards student loans -\$477,955 will help fund the operations of the library and academics -\$674,467 will help fund professorships -\$41,223 will held fund scholarships Quasi endowments balance of \$10,791,121 have the following uses -\$10,791,121 is for unspecified purposes, but is to be used for current operations, plant and equipment, and academics
Part XII, Line 4b - Other Adjustments		THANKSGIVING PRAYER BREAKFAST (FUNDRAISER) EXPENSES -7777
Part XIII, Line 2d - Other Adjustments		Unrealized Investment Losses 374225 THANKSGIVING PRAYER BREAKFAST (FUNDRAISER) EXPENSES 7777
		PART XII, LINE 2B - DONATED SERVICES AND USE OF FACILITIES The congregation of the marianites of holy cross (marianites) owns the land and buildings used for college operations The college paid \$225,000 in rents to the marianites during the 2010 fiscal year

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization OUR LADY OF HOLY CROSS COLLEGE	Employer identification number 72-0642832
------------------------------------------------------------	----------------------------------------------

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain Our Lady of Holy Cross College publicizes its racially nondiscriminatory policy on all employment advertisements The policy is also listed on the organization's website, student handbook, and student applications	Yes	
4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)	Yes	
5 Does the organization discriminate by race in any way with respect to a Students' rights or privileges? b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
6b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)		No
7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	Yes	

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			THANKSGIVING PRAYER BREAKFAST	(event type)	(total number)	(Add col (a) through col (c))
			(event type)			
	1	Gross receipts	16,290			16,290
	2	Less Charitable contributions	11,670			11,670
Direct Expenses	3	Gross income (line 1 minus line 2)	4,620			4,620
	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	2,932			2,932
	7	Food and beverages	2,933			2,933
	8	Entertainment				
	9	Other direct expenses	1,912			1,912
	10	Direct expense summary Add lines 4 through 9 in column (d)				7,777
	11	Net income summary Combine lines 3, column d, and line 10.				-3,157

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
						(Add col (a) through col (c))
Direct Expenses	1	Gross revenue				
	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1, column d, and line 7				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I

General Information on Grants and Assistance

- 1

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?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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 Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
----------------------------------------------------	---------	------------------------------------	--------------------------	-----------------------------------	--------------------------------------------------------	----------------------------------------	------------------------------------

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

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

(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
SCHOLARSHIPS to students of the college	2505	2,740,440			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 1a	REV ANTHONY DE CONCILIIS, AGENT FOR THE CONGREGATION OF HOLY CROSS-EASTERN PROVINCE, DOES NOT RECEIVE COMPENSATION FROM THE COLLEGE. THIS RELIGIOUS ORGANIZATION REQUIRES A VOW OF POVERTY. THE COLLEGE DIRECTED REV DE CONCILIIS' \$174,176 OF COMPENSATION AND EMPLOYEE BENEFITS TO HIS RELIGIOUS ORDER, THE CONGREGATION OF HOLY CROSS-EASTERN PROVINCE, 835 CLINTON AVENUE, BRIDGEPORT, CONNECTICUT 06604. A HOUSING ALLOWANCE WAS PROVIDED TO THE CONGREGATION OF HOLY CROSS.

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 **▶** \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **▶** \$ _____

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
-------------------------------	-----------------------------------------------------------------	-------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RON BLITCH	Board member & OWNER OF BLITCH KNEVEL ARCHITECTS	17,725	BLITCH KNEVEL ARCHITECTS PROVIDED ARCHITECTURAL SERVICES TO THE COLLEGE THESE SERVICES WERE PROVIDED TO ORGANIZATION AT FAIR MARKET VALUE		No

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

2009

Open to Public
Inspection

Name of the organization OUR LADY OF HOLY CROSS COLLEGE	Employer identification number 72-0642832
------------------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Prior to filing the Form 990, the tax return is reviewed by the V P for Financial Management and the President of the College. It is then forwarded to the Chair of the Finance Committee for review. College administration responds to the Board's concerns and revises the form as necessary. Once reviewed and submitted TO THE IRS a copy of the filed Form 990 is forwarded to the Chair of the Finance Committee for record-keeping.
Form 990, Part VI, Section B, line 12c		During the first board of regents meeting of each year, the college's conflict of interest policy is reviewed with its members and they are asked to sign a document disclosing any conflict of interest with College business matters. If a conflict should arise, the board member will recuse himself or herself from votes relative to the affected subject matter. Any discussion of potential conflicts and recusals are substantiated in the minutes of the board meetings.
Form 990, Part VI, Section B, line 15		THE PRESIDENT OF THE COLLEGE WAS CHOSEN THROUGH A DOCUMENTED SELECTION PROCESS WHICH WAS CARRIED OUT BY A SEARCH COMMITTEE COMPOSED OF A CROSS SECTION OF COLLEGE ADMINISTRATION, STAFF, FACULTY, AND THE GOVERNING BOARD. THE SALARY FOR THE POSITION WAS BASED UPON SALARIES PAID TO PRESIDENTS SERVING IN INSTITUTIONS COMPARABLE IN SIZE AND STRUCTURE. THE PRESIDENT'S COMPENSATION WAS APPROVED BY THE BOARD OF REGENTS AND DOCUMENTED IN A FULLY EXECUTED CONTRACT. THE PRESIDENT IS EVALUATED ON AN ANNUAL BASIS BY INDEPENDENT MEMBERS OF THE COLLEGE'S BOARD OF REGENTS. DOCUMENTATION OF THE SELECTION OF THE PRESIDENT AND THE CONTRACTED AMOUNT OF COMPENSATION IS RETAINED IN THE RECORDS OF THE SELECTION COMMITTEE AND IN BOARD MINUTES. THE CURRENT PRESIDENT OF THE COLLEGE IS A MEMBER OF A RELIGIOUS ORDER AND, AS SUCH, HAS TAKEN A VOW OF POVERTY. HIS SALARY IS PAID DIRECTLY TO HIS RELIGIOUS ORDER. For all OTHER employees, Salaries are determined at the initial point of hiring for the position primarily based upon the position's budgeted compensation. Additional factors are considered, such as the credentials and level of experience that the newly hired employee brings to the organization and analysis of salaries for the same or similar positions at comparable institutions. On an annual basis, the established salary may be adjusted for the increase in cost of living. Documentation of salary analysis is retained in the records of the selection committee and within the board minutes.
Form 990, Part VI, Section C, line 19		all governing documents, the conflict of interest policy, and financial data are made available to the public upon request.
FORM 990, Part XI, LINE 2C		THE BOARD OF REGENTS ESTABLISHED AN AUDIT COMMITTEE ON OCTOBER 22, 2009. THIS COMMITTEE ASSUMED RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE FISCAL YEAR ENDED JUNE 30, 2010. ADDITIONALLY, THE AUDIT COMMITTEE IS RESPONSIBLE FOR THE SELECTION OF AN INDEPENDENT AUDITOR.
		SCHEDULE D, PART X, LINE 2 FIN 48 FOOTNOTE On January 1, 2009, the College adopted the provisions of the Accounting for Uncertainty in Income Taxes Topic of the FASB ASC, which clarifies the accounting and recognition for income tax positions taken, or expected to be taken, in the College's income tax returns. As a result of this adoption, the College believes there was no impact to the financial statements and did not record any adjustment to the beginning balance of net assets. All tax returns have been appropriately filed by the College. The College recognizes interest and penalties, if any, related to unrecognized tax benefits in income tax expense. The College files income tax returns with federal and state jurisdictions. The College's open audit periods are 2006 - 2009. Management evaluated the College's tax positions and concluded that the College had taken no uncertain tax positions that require adjustments to the financial statements to comply with the provisions of this guidance.
		FORM 990, SCHEDULE R, PART V THE LAND AND BUILDING USED FOR COLLEGE OPERATIONS ARE OWNED BY THE SISTERS MARIANITES OF HOLY CROSS (MARIANITES). UNDER THE TERMS OF THE LEASE DATED 1/1/1999, THE ANNUAL RENT FOR 2009-2010 WAS \$450,000, OF THIS AMOUNT THE COLLEGE PAID \$225,000 WITH THE BALANCE CONTRIBUTED TO THE COLLEGE BY THE MARIANITES.
Form 990, Part VII	Officer Compensation	REV ANTHONY DE CONCILIIIS, AGENT FOR THE CONGREGATION OF HOLY CROSS - EASTERN PROVINCE, DOES NOT RECEIVE COMPENSATION DIRECTLY FROM THE COLLEGE. THIS RELIGIOUS ORGANIZATION REQUIRES A VOW OF POVERTY. THE COLLEGE DIRECTED REV DE CONCILIIIS' \$174,176 OF COMPENSATION AND EMPLOYEE BENEFITS TO HIS RELIGIOUS ORDER, THE CONGREGATION OF HOLY CROSS - EASTERN PROVINCE, 835 CLINTON AVENUE, BRIDGEPORT, CONNECTICUT 06604.

Related Organizations and Unrelated Partnerships

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number

72-0642832

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

congregation of sisters marianites of holy cross

1011 gallier street

religious organization

LA

501(c)(3)

170(B)(1)(a)(1)

new orleans, LA 70117
72-1135603

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-------------------------------------------------------	-------------------------	-----------------------------------------------------------	-------------------------------------	--------------------------------------------------------	---------------------------------	------------------------------------------	--------------------------------

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	congregation of sisters marianites of holy cross	C	225,000
(2)	congregation of sisters marianites of holy cross	J	225,000
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 72-0642832
Name: OUR LADY OF HOLY CROSS COLLEGE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code) (Expenses \$	754,686	including grants of \$) (Revenue \$)
STUDENT SERVICES ENCOMPASSES VARIOUS SERVICES THE REGISTRAR'S OFFICE PROVIDES PUBLICATIONS, COMPUTERIZED STUDENT RECORDS, AND OTHER ACADEMIC SERVICES TO PROSPECTIVE AND CURRENT STUDENTS STUDENT SERVICES PROVIDES FUNDING FOR 15 PROFESSIONAL CLUBS THE STUDENT GOVERNMENT ASSOCIATION OFFERS A MULTI-FACETED ARENA OF SOCIAL EVENTS AND ENTERTAINMENT ON AND OFF CAMPUS FOR STUDENTS THE DIVISION OF STUDENT AFFAIRS FUNDS A HOST OF INTRAMURAL SPORTS AT THE COLLEGE, WHICH ARE AVAILABLE TO ALL STUDENTS THE SECURITY OFFICE OVERSEES THE SECURITY OF THE CAMPUS AND PARKING LOTS, WHICH REQUIRE MAINTENANCE AND CONSTANT EXPANSION DUE TO THE INCREASED NUMBERS OF NEW STUDENTS THE COLLEGE PROVIDES FOR A BOOKSTORE HOUSED ON CAMPUS TO SERVE THE NEEDS OF ALL STUDENTS, FACULTY AND STAFF THE HURRICANE CAFE PROVIDES FOOD SERVICES TO ALL STUDENTS, FACULTY AND STAFF STUDENT SERVICES ALSO INCLUDES TRAVEL, WORKSHOPS AND SEMINARS IN ADDITION TO ADMINISTRATIVE SUPPLIES AND EQUIPMENT FOR STUDENT ORGANIZATIONS, ADMISSIONS AND RECRUITING STAFF OF THE COLLEGE THE HEALTH SERVICES OFFICE PROVIDES ROUTINE HEALTH SERVICES AND FIRST AID SUPPLIES TO STUDENTS, FACULTY AND STAFF				
(Code) (Expenses \$	533,778	including grants of \$) (Revenue \$)
INSTITUTIONAL SUPPORT				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dr William Jenkins BOARD CHAIR - ACADEMIC A	50	X						0	0	0
Sr Ann Lacour BOARD CHAIR - PHILANTHRO	50	X						0	0	0
Mr Steve Worley BOARD MEMBER	50	X						0	0	0
DR JACK ANDONIE BOARD, PAST-CHAIR	50	X		X				0	0	0
RONALD B BLITCH BOARD MEMBER	50	X						0	0	0
SR JANET BODIN MSC BOARD MEMBER	50	X						0	0	0
DR ROSELYN B BONENO BOARD MEMBER - CHAIR ENR	50	X						0	0	0
RITA BORNE BOARD MEMBER	50	X						0	0	0
ERIN VEZINA CARUSO BOARD MEMBER - VICE CHAI	50	X		X				0	0	0
FR MARK T CREGAN CSC BOARD MEMBER	50	X						0	0	0
LE LEE EAGAN JR BOARD CHAIR - FINANACE C	50	X						0	0	0
ERNEST L EUSTIS III BOARD MEMBER	50	X		X				0	0	0
KENNETH L MARTINEZ BOARD CHAIR	50	X						0	0	0
CLARKSON MOSELEY BOARD MEMBER	50	X						0	0	0
MICHAEL E NOLAN BOARD chair - corporate	50	X						0	0	0
SR IMMACULATA PAISANT BOARD MEMBER	50	X						0	0	0
KENNETH PICKERING BOARD MEMBER	50	X						0	0	0
SR KATHLEEN STAKELUM M BOARD MEMBER	50	X						0	0	0
PATRICK VETERS BOARD MEMBER	50	X						0	0	0
DR EVERETT J WILLAMS BOARD MEMBER	50	X						0	0	0
MICHAEL O READ EMERITUS	50	X						0	0	0
DR CLAYTON WHITE ASSOCIATE TO THE PRES O	40 00	X						0	0	0
vernon miles officer	40 00	X						0	0	0
sr annette baxley msc board meMBER	50	X						0	0	0
todd johnson bOARD member	50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
larry oney board member	50	X						0	0	0
peter quirk board member	50	X						0	0	0
MICHAEL RAPIER board member	50	X						0	0	0
congregation of holy cro president/AGENT (SEE SCH	40 00			X				174,176	0	0
JENNIFER WINTERS VP OF FINANCIAL MANAGEME	40 00			X				92,085	0	0
pat prechter Professor	40 00					X		100,457	0	0
raymond gitz associate dean for liber	40 00					X		103,791	0	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROMOTION & RECRUITMENT	370,404	47,774	298,638	23,992
FOOD SERVICE	168,706	134,965	33,741	
repairs and maintenance	88,998	2,436	86,562	
STUDENT ACTIVITIES	79,617	79,617		
OUTSIDE SERVICES	59,702		59,702	