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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form 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) Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

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

Open to Public Inspection

A	For t	ne 2009 calendar year, or tax year beginning $\mathrm{JUL}\ 1$, 2009 and ending $\mathrm{JUN}\ 3$	30,	2010
В	Check (applica	C Name of organization		identification number
	Addro	ss use IRS		
	Name	HEARTHSTONE PROPERTIES CORPORATION		180622
	Initia retui	n See Northbor and Stroot (of 1 o box, 11 main is not delivered to street address)	•	number
	Tem ated	Instruc-	<u> 225 –</u>	383-0397
Ļ	retur		roup Exe	emption
L	Apple pend		ımber 🕽	
	• Se	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting		X Cash Accrual
_		Schedule A (Form 990 or 990-EZ). Other (speci		
				the organization is not
				dule B (Form 990, 990-EZ, or 990-PF)
ĸ	Check		e tnan \$	25,000 A Form 990-EZ or
_	Add lir	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	33,728
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruction		
تبقيا	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	-
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b]	
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
en e	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue	a	Gross revenue (not including \$ of contributions		
æ		reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold 7b	4	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	22 720
	8	Other revenue (describe SEE STATEMENT 3)	8	33,728. 33,728.
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	33,120
	10 11	Grants and similar amounts paid (attach schedule) Benefits paid to or for members	10	
ιA	12	Salaries, other compensation, and employee <u>be</u> nefits	11 12	
enses	13		13	
pe	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance	14	
Exp	15	Printing equications, postage, and shipping	15	
	16	Other expenses (describe) 8 2011 SEE STATEMENT 1)	16	55,985.
_	17	Total expenses. Add lines 10 through 16	17	55,985.
	18	Excess or (deficit) for the year (Subtract) line 17 from line 9)	18	<22,257.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))		
Ąŝ		(must agree with end-of-year figure reported on prior year's return)	19	888,239.
Ě	20	Other changes in net assets or fund balances (attach explanation)	20	
_	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	865,982.
P	art I			
		(See the instructions for Part II) (A) Beginning of year		(B) End of year
22		sh, savings, and investments 888, 767		1,153,643.
23		id and buildings	23	
24		er assets (describe ►) al assets 888,767	7 25	1,153,643.
25 26		al assets 888,767 al liabilities (describe ► SEE STATEMENT 2) 528		287,661.
26 27		as reasonable (describe SEE STATEMENT 2) 326 assets or fund balances (line 27 of column (B) must agree with line 21) 888, 239		865,982.
	171	LAA For Brivary Ast and Panarysark Padustion Ast Notice and the assessed instructions	- 121	5005,302 s

	n 990-EZ (2009) HEARTHSTONE PROPERTIES CO			72-	<u>11806</u>	22 Page 2
	art III Statement of Program Service Accomplishmen		Part III)		7	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	6				r section 501(c)(3)) organizations and
	scribe what was achieved in carrying out the organization's exempt pur			ibe		7(a)(1) trusts, optiona
	services provided, the number of persons benefited, and other relevan	it information for each prog	gram title.		for others)	
28	SEE STATEMENT 5	<u></u>				
						
				$\overline{}$		
	(Grants \$) If this amount includes foreign g	grants, check here	<u> </u>	Ш	28a	
29						
	(Grants \$) If this amount includes foreign of	rranta chack hara	•		29a	
30	(Grants \$) If this amount includes foreign of	grants, check here			230	
00						
	(Grants \$) If this amount includes foreign of	prants, check here	•	\Box	30a	
31	Other program services (attach schedule)	granto, on on the	<u> </u>			
-	(Grants \$) If this amount includes foreign of	arants, check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)			>	32	
	ert IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the		or Part IV)
		4.3.70		, ,	ontributions	4.5-
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (if not paid, enter		employee	(e) Expense account and
	(a) Harrio and address	position	-0)		fit plans & eferred	other allowances
			·	com	pensation	
	ASON HANKS	DIRECTOR				
	55 HEARTHSTONE DRIVE	0.00	0.		0.	0.
	ROTHER BARRY LANDRY	DIRECTOR				
	55 HEARTHSTONE DRIVE	0.00	0.		0.	0.
	NE TULLIER	DIRECTOR	_			_
85	5 HEARTHSTONE DRIVE	0.00	0.		0.	0.
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932	172 08-10				Form	990-EZ (2009

-	THE PROPERTY OF THE INTO THE STATEMENT REQUIREMENTS IN THE INSTRUCTIONS FOR PART V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not	***************************************		
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			
	and proxy tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Sch. N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	4		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► N/A , section 4912 ► N/A , section 4955 ► N/A			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
8	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			v
	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed ► NONE The organization's books are in care of ► PINNEY JOHNSON Telephone no ► 225-38	22 0	207	
42 a		7080		
		000	-	
0	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		Yes	No
	account)?	42b	163	X
	If "Yes," enter the name of the foreign country	720		41
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
r	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
٠	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
• •	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	7		
	completed instead of Form 990-EZ	45		Х
		Form 9	90-EZ ((2009)

Form 990-EZ (2009)

72-1180622

Form 990-EZ (2009)

Part V	Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charital and 51.			-						
46 Did t	he organization engage in direct or indirect political campaign activi	ities on behalf of or in opposition to c	andidates for public		Yes	s No				
	office? If "Yes," complete Schedule C, Part I									
47 Did t	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									
48 is the	e organization a school as described in section 170(b)(1)(A)(ii)? If	"Yes," complete Schedule E			48					
49a Did t	Did the organization make any transfers to an exempt non-charitable related organization?									
b If "Ye	If "Yes," was the related organization a section 527 organization?									
	plete this table for the organization's five highest compensated emp \$100,000 of compensation from the organization. If there is none, if		, trustees and key er	mployees) who ea	ch received	l more				
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and				
f Total	I number of other employees paid over \$100,000									
51 Com	plete this table for the organization's five highest compensated indenization. If there is none, enter "None" N/A	ependent contractors who each recen	ved more than \$100,	000 of compensa	tion from th	ne				
	(a) Name and address of each independent contractor paid in	nore than \$100,000	(b) Type of ser	vice (c)	Compens	ation				
d Total	I number of other independent contractors each receiving over \$100	0.000								
	Under penalties of penury, I declare that I have examined this return, including correct, and complete Declaration of propagare (other than officer) is based of		ts, and to the best of my	knowledge and beli	ef, it is true,					
Sign Here	Signature of officer Type or print name and title			5//3// Date	Υ					
Paid Preparer's Use Only		5/1/ (emp	ck if self- ployed	arer's identifying nui	mber (See ins	rtr)				
555 Gilly	11 self-employed), 8550 UNITED PLAZA BL	VD. SUITE 1001 C	OSTLETHWAND ertified Publishon 550 United Phora	countants 72 1	LE (APA) 202445	,				
	address, and ZIP+4 BATON ROUGE, LA 708	1) 9	aton Rouge, Loui		~//-4					

FORM 990-EZ	OTHER EXPENSES		STATEMENT
DESCRIPTION			AMOUNT
REPAIRS & MAINTENCE			692
INSURANCE			7,215
ANNUAL FEES			5
FEES			73
LAWN SERVICE			1,520
PROPERTY TAXES			8,488
IMPROVEMENTS INTEREST/CHS FOUNDATIONS LOAN			5,316 11,201
DEPRECIATION			21,475
DEFRECIATION			21/1/3
TOTAL TO FORM 990-EZ, LINE 16			55,985
			
FORM 990-EZ	OTHER LIABILITIES		STATEMENT
DESCRIPTION		BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE		528.	528
DUE TO-BR MID CITY PROPERTIES		0.	287,133
DOD TO DK HID CITT TROTEKTIED			
TOTAL TO FORM 990-EZ, LINE 26		528.	287,661
FORM 990-EZ	OTHER REVENUE		STATEMENT
DESCRIPTION			TRUOMA
RENTAL INCOME			17,440
OTHER INCOME			16,288
TOTAL TO FORM 990-EZ, LINE 8			33,728

FORM 990-EZ		INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				STATEMENT 4			
A)	DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL TRACT?	ι]	YES	[X]	NO		
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	. []	YES	[X]	NO		

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STATEMENT

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HEARTHSTONE PROPERTIES IS OPERATED EXCLUSIVELY FOR THE PURPOSE OF HOLDING TITLE TO REAL PORPERTY, COLLECTING INCOME THEREFROM, AND TURNING OVER THE ENTIRE AMOUNT, LESS EXPENSES, TO BROTHERS OF THE SACRED HEART, AN EXEMPT ORGANIZATION.

990-EZ PG 2

STATEMENT

6

PROVIDING SUPPORT AND INCOME FOR THE EDUCATIONAL, RELIGIOUS, AND CHARITABLE PURPOSES OF THE BROTHERS OF THE SACRED HEART

Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue Se			► File a s	eparate application for e	ach return.		
If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box							▶ X
 If you are fi 	iling for a	n Additional (No	Automatic) 3-Mo	enth Extension, completed an automatic 3-mo	lete only Part II (on pa	ige 2 of this	form).
Part I Auto	matic 3	-Month Extens	on of Time. Only	y submit original (no	copies needed).		
				an automatic 6-month		box and cor	mplete
All other corpo			C filers), partnersi	hips, REMICs, and tru	ists must use Form i	7004 to re	quest an extension of
one of the ret electronically it returns, or a co	turns not f (1) you omposite	ed below (6 m want the addit or consolidated	onths for a corpo onal (not automat From 990-T. Inste	ration required to file ic) 3-month extension	Form 990-T). Howe n or (2) you file Form the fully completed ar	ever, you ca s 990-BL, (and signed p	tension of time to file annot file Form 8868 6069, or 8870, group age 2 (Part II) of Form Nonprofits.
Type or	Name of	f Exempt Organiza	on .			Employe	r identification number
print	Hea	arthstone Prop	rties			72-	1180622
File by the			r suite no. If a P.O. b	ox, see instructions.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
due date for filing your		Hearthstone			. <u>. </u>		
return. See instructions		vn or post office, s on Rouge, LA 7		or a foreign address, see in	nstructions.		
	f return (to be filed (file a	separate application	on for each return):			
X Form 990)	ļ	Form 990-T (co	rporation)	F	orm 4720	
Form 990	-BL	1		c. 401(a) or 408(a) trust)	F∈	orm 5227	
Form 990-			- -	ust other than above)	—	orm 6069	
Form 990-	-PF	Ĺ	Form 1041-A		F	orm 8870	
		e care of En	ity	FAX No. ▶			
 If the organ If this is for for the whole g	nization d a Group group, ch	loes not have an Return, enter th	office or place of boorganization's fou	ousiness in the United our digit Group Exemption of the group, check	States, check this box on Number (GEN)		
1 I reques	st an a	utomatic 3-mo	th (6 months	for a corporation	required to file Fo	лт 990-Т	extension of time
			to file the ex	empt organization ret	urn for the organization	on named a	bove. The extension is
for the or	ganizatio	n's return for:					
▶ □	calenda	ryear o					
► X	tax year	beginning	uly 1	, 2009 , and er	nding June 30		, <u>2010</u> .
2 If this tax	year is f	or less than 12 r	onths, check reaso	on: Initial return	Final return	Change	e in accounting period
				-T, 4720, or 6069, e	enter the tentative tax	ς less any	
		dits. See instruc			 		3a \$ -0 -
				r any refundable cred	lits and estimated tax	payments	
			ayment allowed as	your payment with the	bis form or if require	d denocit	3b \$
	O coupo			PS (Electronic Federa			3c \$ -0 -
	-	g to make an el	ctronic fund withd	rawal with this Form 8	868, see Form 8453-l	EO and For	
for payment in:		_					
For Privacy Ar	ct and Pa	nerwork Reduc	ion Act Notice se	a Instructions			Form 8868 (Rev. 4-2009)

Form 8868 (Re	ev. 1-2011)					Page 2			
 If you are 	filing for an Additional (Not Automatic) 3-M	onth Exter	sion, comp	lete only Part II and cl	heck this box ,	▶₩			
-	complete Part II if you have already been gra								
-	filing for an Automatic 3-Month Extension,								
Part II	Additional (Not Automatic) 3-Month E				o copies needed)).			
Type or	Name of exempt organization	Employer identific							
	1	72-1180622							
print	Hearthstone Properties Number, street, and room or suite no. If a P.O. bo	12-1100022							
File by the extended	855 Hearthstone								
due date for	ue date for								
filing your return. See instructions	Baton Rouge, LA 70806	r a toreign ad	rdress, see ins						
Enter the Re	eturn code for the return that this application	is for (file a	a separate a	application for each retu	ım)	01			
Application		Return	Application			Return			
ls For		Code	ls For	••		Code			
		01		建设设置的	Paralle State	a de la companya de l			
Form 990		····			ad the the water of the first water of				
Form 990-B		02	Form 104		·- <u></u>	08			
Form 990-E		03	Form 472			09			
Form 990-P		04	Form 522			10			
	(sec. 401(a) or 408(a) trust)	05	Form 606			11			
	(trust other than above)	06	Form 887			12			
STOPI Do n	ot complete Part II if you were not already	granted a	n automatic	3-month extension o	n a previously filed	Form 8868.			
 The book 	is are in the care of 🕨			·					
Telephon	e No. ▶		FAX No. >						
• If the org	anization does not have an office or place of	business ir	the United	States, check this box		▶ 🔲			
• If this is f	or a Group Return, enter the organization's fo	ur digit Gro	oup Exempti	on Number (GEN)		. If this is			
	le group, check this box					d attach a			
	names and EINs of all members the extension		.,		• • • • • • • • • • • • • • • • • • • •				
	est an additional 3-month extension of time u		May	15	, 20 16 .				
•	lendar year, or other tax year beginn			, 20 09 , and endir		20 10			
	ax year entered in line 5 is for less than 12 m			Initial return	Final return				
	•	ionuis, che	ck reason.	miliar return [r illai retuiti				
	Change in accounting period								
7 State	in detail why you need the extension								
									
8a If this	application is for Form 990-BL, 990-PF, 990-PF	90-T, 4720), or 6069,	enter the tentative to		_			
nonref	fundable credits. See instructions				8a \$`				
b If this	application is for Form 990-PF, 990-T,	4720, oi	r 6069, er	nter any refundable	credits and				
	ated tax payments made. Include any pr								
	nt paid previously with Form 8868.	·			8b \$				
	ce Due. Subtract line 8b from line 8a. Include	vour paym	ent with the	s form, if required, by		~ =			
	ronic Federal Tax Payment System). See instru			• (•, · · • • • · · · · · · · · · · · · ·	8c \$	-0			
(2,000			d Verifica						
lladar saariis	•				d to the best of my kn	owledge and helief			
	s of perjury, I declare that I have examined this form, at, and complete, and that I am authorized to prepare this is		companying so	neodes and statements, and	u to the best of my kin	Ownedge and Denei,			
	A STATE OF THE STA	- · · · · · ·		_		/ /			
	/ 27		_	\bigcirc		. اس اه			
Signature >			Title 🕨	<u> </u>	Date > 2	412/11			
				•	Form 8	868 (Rev. 1-2011)			
	(4								
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