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2010

Open to Public
InspectionDepartment 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)

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable		C Name of organization Holy Cross Ministries of Utah			D Employer Identification Number 87-0359324	
<input type="checkbox"/> Address change		Doing Business As			E Telephone number (801) 261-3440	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street addr)		Room/suite		
<input type="checkbox"/> Initial return		860 E. 4500 S.		Ste. 204		
<input type="checkbox"/> Terminated		City, town or country		State ZIP code + 4		
<input type="checkbox"/> Amended return		Salt Lake City		UT 84107-3014	G Gross receipts \$ 1,457,017.	
<input type="checkbox"/> Application pending		F Name and address of principal officer Suzanne Brennan, 860 E. 4500 S. Salt Lake City UT 84107-3014			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)	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►				
J Website: ► www.holycrossministries.org						
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of Formation 1994		M State of legal domicile UT		

Part I Summary

1 Briefly describe the organization's mission or most significant activities **Holy Cross Ministries of Utah is committed to respond to the underserved community's need for health and well being. We share God-given resources, connect people to community services, and assist individuals and families towards independence and full participation in the community. In 2010 we served over 7,500 individuals, teaching them to navigate complex systems, achieve an education and create safe and healthy environments.**

2 Check this box ► 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**

4 Number of independent voting members of the governing body (Part VI, line 1b) **13**

5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) **4**

6 Total number of volunteers (estimate if necessary) **11**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **26**

7b Net unrelated business taxable income from Form 990-T, line 34 **0**

REVENUE
OGDEN, UT
SOSC

Activities & Governance	Revenue	Prior Year		Current Year	
		8 Contributions and grants (Part VIII, line 1h)	404,532.	9	110,980.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		123,496.		735,932.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.		0.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		639,008.		1,436,530.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,000.		3,400.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		973,351.		1,108,919.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ► 0.				
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		328,854.		357,728.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,304,205.		1,470,047.
	19 Revenue less expenses Subtract line 18 from line 12		-665,197.		-33,517.
SCANNED MAY 31 2011 Net Assets/Fund Balances		Beginning of Current Year		End of Year	
	20 Total assets (Part X, line 16)	11,177,128.		11,933,647.	
	21 Total liabilities (Part X, line 26)	175,645.		222,386.	
	22 Net assets or fund balances Subtract line 21 from line 20	11,001,483.		11,711,261.	

Part II Signature Block

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

Sign Here	► Suzanne Brennan		Date 05.10.2011	
	Signature of officer			
	► Suzanne Brennan, CSC			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self employed PTIN
	Firm's name ►			Firm's EIN ►
	Firm's address ►			
			Phone no	

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

 Yes No

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

TEEA0101 12/21/10

Form 990 (2010)

g17-19

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III 1 Briefly describe the organization's mission:

Understanding that the strength of a community depends on the health, education and opportunities for success of its members, Holy Cross Ministries of Utah (HCMU) provides a
See Form 990, Page 2, Part III, Line 1 (continued)

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?

If 'Yes,' describe these changes on Schedule O.

 Yes No4 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 \$ 396,057, including grants of \$ 0.) (Revenue \$ 96,656.)

Immigration - HCMU began our legal immigration program in 2000 after receiving reports about predatory organizations that provided impossible guarantees for success while charging exorbitant prices. HCMU provides affordable and high-quality legal services and consultations both in Salt Lake City and throughout the state of Utah. The majority of our clients are women and families who have experienced domestic abuse and other violent crimes. We help them escape the cycle of violence and become contributing members of the community by helping them gain legal residency and starting them on a pathway toward success. In 2010, we managed 2,028 cases, adding 1,500 new clients.

4b (Code _____) (Expenses \$ 390,291, including grants of \$ 0.) (Revenue \$ 16,153.)

Education - HCMU's education department provides preschool, after-school and summer programs for low-income minority students in Park City and Wendover, Utah. Families served work in unskilled, low-paying jobs, and children often lack opportunities for extracurricular activities. Our programs in partnership with United Way, Tooele and Park City School Districts provide high-quality enrichment programs, tutoring and education, physical activities and arts education to ensure that these children stay active, motivated and confident. We also offer parent education classes to help families become more involved with their children's schooling; teachers report Latino parents' attendance at conferences is much higher among families served by HCMU. Parent-teacher See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code _____) (Expenses \$ 255,974, including grants of \$ 0.) (Revenue \$ 60.)

Promotoras/Outreach - the promotoras outreach program is one of HCMU's most long-standing innovations. The promotoras share a common background and language with our clients and their bilingual and bicultural services are imperative in our efforts to ensure the well-being of Utah's vulnerable populations. The promotoras provide a wide range of services across Salt Lake, Summit and Tooele counties, including weekly professional prenatal classes in a variety of locations; education on healthy lifestyles and other issues of concern for mothers; assistance with applications for insurance, government aid and other assistance; individual life skills consultations; referrals to counseling programs and/or clinics; support groups for families of special needs children; and ongoing See Form 990, Page 2, Part III, Line 4c (continued)

4d Other program services (Describe in Schedule O)(Expenses \$ 226,066, including grants of \$ 3,400.) (Revenue \$ 16,325.)

4e Total program service expenses ► 1,268,388.

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
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 X	
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a X	
b 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	11b X	
c 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	11c X	
d 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	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e X	
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
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? If 'Yes,' complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28 Was the organization a party to a business 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? If 'Yes,' complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	X
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	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

		Yes	No
1a	1a	9	
b	1b	0	
c			
2a	2a	26	
b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a			
b			
4a			
b			
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a			
b			
c			
6a			
b			
7	Organizations that may receive deductible contributions under section 170(c).		
a			
b			
c			
d	7d		
e			
f			
g			
h			
8			
9a			
9b			
10	Section 501(c)(7) organizations. Enter:		
a	10a		
b	10b		
11	Section 501(c)(12) organizations. Enter		
a	11a		
b	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a			
Note. See the instructions for additional information the organization must report on Schedule O.			
b			
c			
14a			
b			

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a 13**

1b Enter the number of voting members included in line 1a, above, who are independent **1b 11**

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 X**

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 X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**

6 Does the organization have members or stockholders? **6 X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**

7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

- a The governing body? **8a X**
- b Each committee with authority to act on behalf of the governing body? **8b X**

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O **9 X**

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

10a Does the organization have local chapters, branches, or affiliates? **10a X**

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 X**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a X**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13 **12a X**

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12b X**

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 X**

13 Does the organization have a written whistleblower policy? **13 X**

14 Does the organization have a written document retention and destruction policy? **14 X**

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 X**
- b Other officers of key employees of the organization **15b X**

If 'Yes' to line 15a or 15b, 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 X**

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 X**

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► Utah

18 Section 6104 requires an organization to make its Forms 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

Own website Another's website 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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
► Suzanne Brennan, CSC 860 E. 4500 S., Ste. 204 Salt Lake City UT 84107-3014 (801) 261-3440

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter '0' in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Officer or Director	Institutional Trustee	Officer	Key Employee	Highest Compensated			
(1) Doug Black Vice Chair	1.00	X		X					
(2) Catherine Kamphaus, CSC	1.00	X							
(3) Morris L. Jensby	1.00	X							
(4) Genevra Rolf, CSC	1.00	X							
(5) Joan Marie Steadman, CSC	1.00	X							
(6) Mary Ellen Vaughan, CSC Secretary	1.00	X		X					
(7) Suzanne Brennan CSC President & Executive Director	40.00	X		X					
(8) Karen Buchi Treasurer	1.00	X		X					
(9) Dee Rowland	1.00	X							
(10) Anne Gardner	1.00	X							
(11) John Wright Chair	1.00	X		X					
(12) Stephen Fitzpatrick	1.00	X							
(13) Michael O'Brien	1.00	X							
(14)									
(15)									
(16)									
(17)									

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(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			
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
(29)									
1 b Sub-total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)									

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 ► 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	X
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? If 'Yes' complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	X

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
Sisters of the 100 Lourdes Hall, Saint Mary's Notre Dame IN 46556 Holy Cross, Inc.	Sisters' services	283,614.
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 ► 1		

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 130,629.			
	1b Membership dues	1b 0.			
	1c Fundraising events	1c 0.			
	1d Related organizations	1d 27,000.			
	1e Government grants (contributions)	1e 160,655.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 253,120.			
	g Noncash contributions included in lns 1a-1f	\$			
h Total. Add lines 1a-1f		571,404.			
PROGRAM SERVICE REVENUE	Business Code				
	2a Need-based revenue - immigration	541100	96,656.	96,656.	0.
	2b Need-based revenue - education	624100	16,153.	16,153.	0.
	2c Need-based revenue - promotor/a/outreach	624100	60.	60.	0.
	2d Need-based revenue - counseling	624100	16,250.	16,250.	0.
	2e Need-based revenue - parish health	624100	75.	75.	0.
	f All other program service revenue				
g Total. Add lines 2a-2f		129,194.			
3 Investment income (including dividends, interest and other similar amounts)		193,689.	0.	0.	193,689.
4 Income from investment of tax-exempt bond proceeds		0.	0.	0.	0.
5 Royalties		0.	0.	0.	0.
6a Gross Rents	(i) Real 0.	(ii) Personal 0.			
b Less rental expenses	0.	0.			
c Rental income or (loss)	0.	0.			
d Net rental income or (loss)		0.	0.	0.	0.
7a Gross amount from sales of assets other than inventory	(i) Securities 542,243.	(ii) Other 20,487.			
b Less cost or other basis-and-sales-expenses	0.	20,487.			
c Gain or (loss)	542,243.	0.			
d Net gain or (loss)		542,243.	0.	0.	542,243.
8a Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	a 0.				
b Less direct expenses	b 0.				
c Net income or (loss) from fundraising events		0.		0.	0.
9a Gross income from gaming activities See Part IV, line 19	a 0.				
b Less direct expenses	b 0.				
c Net income or (loss) from gaming activities		0.	0.	0.	0.
10a Gross sales of inventory, less returns and allowances	a 0.				
b Less cost of goods sold	b 0.				
c Net income or (loss) from sales of inventory		0.	0.	0.	0.
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,436,530.	129,194.	0.	735,932.
12 Total revenue. See instructions					

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	0.	0.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,400.	3,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	874,162.	815,558.	58,604.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,597.	22,411.	5,186.	0.
9 Other employee benefits	140,675.	130,037.	10,638.	0.
10 Payroll taxes	66,485.	55,790.	10,695.	0.
11 Fees for services (non-employees)				
a Management	0.	0.	0.	0.
b Legal	0.	0.	0.	0.
c Accounting	15,410.	12,842.	2,568.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	50,314.	0.	50,314.	0.
g Other	0.	0.	0.	0.
12 Advertising and promotion	11,085.	8,293.	2,792.	0.
13 Office expenses	74,621.	63,342.	11,279.	0.
14 Information technology	49,579.	42,121.	7,458.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	66,985.	56,205.	10,780.	0.
17 Travel	28,533.	21,941.	6,592.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	1,304.	1,304.	0.	0.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	45,029.	22,825.	22,204.	0.
23 Insurance	8,723.	7,269.	1,454.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Payroll fees	3,875.	3,229.	646.	0.
b Other expenses	2,270.	1,821.	449.	0.
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,470,047.	1,268,388.	201,659.	0.
26 Joint costs. Check here □ if following . SOP 98-2 (ASC 958-720). 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) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	13,395.	1	20,074.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	14,752.	4	11,821.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	775.	9	2,036.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	409,497.		
	b Less accumulated depreciation	10b 332,267.	10c 103,614.	77,230.
	11 Investments – publicly traded securities	0.	11	0.
	12 Investments – other securities See Part IV, line 11	11,044,592.	12	11,822,486.
	13 Investments – program-related See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	0.	15	0.
	16 Total assets Add lines 1 through 15 (must equal line 34)	11,177,128.	16	11,933,647.
LIABILITIES	17 Accounts payable and accrued expenses	175,645.	17	222,386.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities Add lines 17 through 25	175,645.	26	222,386.
NET ASSETS OR FUNDS	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	10,975,782.	27	11,677,901.
	28 Temporarily restricted net assets	25,701.	28	33,360.
	29 Permanently restricted net assets	0.	29	0.
	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	11,001,483.	33	11,711,261.
	34 Total liabilities and net assets/fund balances	11,177,128.	34	11,933,647.

BAA

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

- 1 Total revenue (must equal Part VIII, column (A), line 12) 1,436,530.
- 2 Total expenses (must equal Part IX, column (A), line 25) 1,470,047.
- 3 Revenue less expenses Subtract line 2 from line 1 -33,517.
- 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 11,001,483.
- 5 Other changes in net assets or fund balances (explain in Schedule O) 743,295.
- 6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 11,711,261.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.

- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a
- 2b Were the organization's financial statements audited by an independent accountant? 2b
- 2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

- 2d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a
- 3b 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 3b

BAA

Form 990 (2010)

SCHEDULE A
 (Form 990 or 990-EZ)
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.

2010**Open to Public
Inspection**

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

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 described in **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 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 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?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')	293,845.	540,320.	421,699.	404,532.	571,404.	2,231,800.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3	293,845.	540,320.	421,699.	404,532.	571,404.	2,231,800.
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						2,231,800.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	293,845.	540,320.	421,699.	404,532.	571,404.	2,231,800.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	340,307.	296,337.	220,108.	245,443.	193,689.	1,295,884.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0.	0.	0.			0.
11 Total support. Add lines 7 through 10						3,527,684.
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 section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	63.27 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	55.39 %
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input checked="" type="checkbox"/>
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2010. 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	►	<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2009. 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	►	<input type="checkbox"/>
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	►	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►

- 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')
- 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose
- 3 Gross receipts from activities that are not an unrelated trade or business under section 513
- 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 5 The value of services or facilities furnished by a governmental unit to the organization without charge
- 6 **Total.** Add lines 1 through 5
- 7a Amounts included on lines 1, 2, and 3 received from disqualified persons
- 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year
- 7c Add lines 7a and 7b
- 8 **Public support** (Subtract line 7c from line 6.)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
6						
7a						
7b						
7c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

- 9 Amounts from line 6
- 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
- 10c Add lines 10a and 10b
- 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on
- 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)
- 13 **Total support.** (Add Ins 9, 10c, 11, and 12.)

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9						
10a						
10b						
10c						
11						
12						
13						

- 14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

- 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))
- 16 Public support percentage from 2009 Schedule A, Part III, line 15

15	%
16	%

Section D. Computation of Investment Income Percentage

- 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))
- 18 Investment income percentage from 2009 Schedule A, Part III, line 17

17	%
18	%

- 19a **33-1/3% support tests – 2010.** 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 ►

- 19b **33-1/3% support tests – 2009.** 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 ►

- 20 **Private 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. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

2010**Open to Public
Inspection**

Name of the organization

Employer identification number

Holy Cross Ministries of Utah

87-0359324

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? Yes No

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 education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 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 Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

► \$ _____

b Assets included in Form 990, Part X

► \$ _____

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

3 Using the organization's acquisition, 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 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI | 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		0.		0.
b Buildings		0.	0.	0.
c Leasehold improvements	11,253.		9,378.	1,875.
d Equipment	398,244.		322,889.	75,355.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 77,230.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Investments held in the Augusta Fund under management of Sisters of the Holy Cross	11,590,861.	FMV
(C) Edward Jones accounts	81,625.	FMV
(D) Bridges loan receivable	150,000.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)	► 11,822,486.	

Part VIII Investments—Program Related. (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)	►	

Part IX Other Assets. (See Form 990, Part X, line 15)

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	►

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	►

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIV)
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
 - a Investments expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
- 5 Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 1)*

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

- 1 Total expenses and losses per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
 - a Donated services and use of facilities
 - b Prior year adjustments
 - c Other losses
 - d Other (Describe in Part XIV)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1 _____
- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
 - a Investments expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIV)
 - c Add lines 4a and 4b
- 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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, line 2; 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.

Part XIV Supplemental Information (continued)

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No 1545 0047

2010

Open to Public
Inspection

Transactions With Interested Persons

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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 ► \$ _____

Part II Loans to and/or From Interested Persons.

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									

Total

► \$ _____

Part III Grants or Assistance Benefitting Interested Persons.

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 and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

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
(1) Jennifer L. Buchi	See Part V below	27,433.	See Part V below	X	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Part IV (1) (b) Family member of Karen Buchi, current trusteePart IV (1) (d) Employment compensation (including benefits)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

Pt VI-A, Line 6 The organization has members of the Board of Trustees; the organization is a sponsored ministry of Sisters of the Holy Cross, Inc., the Corporate Member.

Pt VI-A, Line 7a The Nominating Committee of the HCMU Board of Trustees nominates potential Board of Trustee members who are recommended to the Corporate Member for approval.

Pt VI-A, Line 7b The Corporate Member has reserve powers that include approval of Board of Trustee members, the annual budget and the strategic plan.

Pt VI-B, Line 11a The full board receives and reviews the Form 990 before it is filed. Each board member is asked to review and is asked for comments/corrections. If family or business relationships are identified the relationship is documented and made known to the full board.

Pt VI-B, Line 12c Each agenda for each meeting includes the following:

- 1) Committee (board) members are reminded they are required to abstain from voting on any action items involving a potential conflict of interest. We ask that members protect the confidentiality of all materials distributed and issues discussed at the meeting.
- 2) Call to order and acknowledgement of any potential conflicts of interest.

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

Pt VI-B, Line 15 The Executive Director of Holy Cross Ministries of Utah (HCMU)

----- is a Sister of the Holy Cross and is not compensated. The
----- performance of the Executive Director of HCMU is evaluated
----- by the Executive Committee of HCMU; that report is presented
----- to the entire board of HCMU as is described in the applicable
----- policy.

Pt VI-C, Line 19 Governing documents, conflict of interest policy and financial

----- statements are available to the public upon request, as
----- indicated on the organization's website.

Part III, Line 4d Counseling - low-income, uninsured families rarely have access to mental

----- health services so the need is significant. HCMU works to
----- address this need by providing a counseling program at four
----- Catholic Salt Lake schools serving over 1,400 children and
----- their families. The primary aim is to recognize and address
----- the emotional needs of students who are affected by stress,
----- bullying, violence or abuse, grief or other common youth issues.
----- Regular classroom sessions are provided to help prevent bullying and
----- promote healthy lifestyles for students. The counseling
----- program also provides assistance to women who are victims of
----- serious emotional and physical abuse. This program is
----- especially helpful to women who don't speak English, as HCMU
----- provides bilingual counseling that is difficult to find
----- elsewhere. Bilingual counseling services have been
----- provided to 11 families in 2010.

----- Expenses \$116,442 Grants \$-0- Revenue \$16,250

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

Part III, Line 4d Parish/Community Health - HCMU's parish health program

provides quarterly basic health screenings and flu vaccine

clinics at six of the poorest parishes in the state. The

program also encompasses regular visits to 125 homebound

seniors. Many of the clients who attend the screenings, which

check blood pressure and blood sugar levels, have never seen

a doctor and are unaware of their potential health concerns.

In Utah, the Latino population faces unique challenges in

accessing health care, including transportation, language

and cultural barriers and socioeconomic difficulties. Our

Parish Health program is determined to help poor and vulnerable

individuals access the health care they need. In addition,

we provide pastoral services and bereavement counseling for

individuals who have faced severe trauma or lost family

members. In 2010 the program provided 2,591 tests, 272

referrals and 300 reduced-cost flu shots.

Expenses \$106,224 Grants \$-0- Revenue \$75

Part III, Line 4d Paul O'Pry and Jameson Scholarships

Expenses \$3,400 Grants \$3,400 Revenue \$-0-

The Jameson Scholarship in the amount of \$2,000 provided funds for a student at

the University of Utah in need of financial assistance. Students

who receive the Jameson Scholarship are committed to both their education

and service in their communities. The goal of the Jameson Scholarship

is to provide college access to as many students as possible, particularly

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

those who are restricted from access to other sources of funding despite their accomplishments.

The Paul O'Pry Scholarship in the amount of \$1,400 was awarded to a young man in need of financial assistance to attend his first year of college. Scholarships are given to students with serious financial need who have demonstrated a desire to pursue further academic achievements.

One of the first recipients of the Paul O'Pry Scholarship has completed nursing school and is now a practicing nurse.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

wide range of services to the most vulnerable and marginalized members of society. In 2010, we served over 7,500 individuals, teaching them to navigate complex systems, achieve an education and create safe and healthy environments.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4b (continued)

surveys and test scores demonstrate 54% improvement in academics.

In 2010 HCMU's education program served over 300 families and their children.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4c (continued)

translation services. The promotoras excel at adapting their services to meet the needs of their clients. In 2010 they served 850 individual clients and provided classes for over 200 expectant mothers. Their efforts ensure that families are more able to navigate complex systems, improve their health and meet basic needs.

Schedule O (Form 990), Supplemental Information to Form 990

Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code:	Description.	<u>Parish health services, counseling and scholarship grants</u>
Expenses	226,066.	(See Schedule O)
Grants Of	3,400.	
Revenue	16,325.	

Supporting Statement of:**Form 990 p 9/Sales of Securities**

Description	Amount
Realized gains - Investments in Augusta Fund, Catholic Foundation and Edward Jones	542,243.
Total	<u>542,243.</u>

Supporting Statement of:**Form 990 p 9/Gross Basis Amount**

Description	Amount
Taxpayer maintains detail	0.
Total	<u>0.</u>

Supporting Statement of:**Form 990 p 9/Sales of Other Assets**

Description	Amount
Office equipment	20,487.
Total	<u>20,487.</u>

Supporting Statement of:**Form 990 p 9/Personal Cost Basis**

Description	Amount
Office equipment	20,487.
Total	<u>20,487.</u>

Supporting Statement of:**Form 990 p 12/Part XI, Line 5**

Description	Amount
Unrealized gain on investments	743,295.
Total	<u>743,295.</u>

Continued

Supporting Statement of:

Form 990 p 12/Part XI, Line 5

Description	Amount
Total	<u>743,295.</u>

Name of the organization

Holy Cross Ministries of Utah

Employer identification number

87-0359324

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