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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

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

Open to Public Inspection

Α	For th	e 2011 catendar year, or tax year beginning and	ending		
В	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre	BENEDICTINE FELLOWSHIP OF ST. LAURENCE	E		
	Name	D D		20-1	937198
	Initial return		Room/suite	E Telephone numbe	
	Termi ated	·	204	970-	226-1414
Ļ	Amen	City or town, state or country, and ZIP + 4		G Gross receipts \$	88,722.
L	Applii tion pendi	FORT COLLINS, CO 80323-4333		H(a) Is this a group re	
	,	F Name and address of principal officer STEPHEN GREENLEE	<b>a</b> o	for affiliates?	Yes X No
_		3555 STANFORD ROAD #204, FORT COLLINS,	CO 8	H(b) Are all affiliates inc	
		empt status: X 501(c)(3)	or 527	7	list (see instructions)
		te: > WWW.SAINTLAURENCEOSB.ORG	I Vans	H(c) Group exemption	■ State of legal domicile: CO
	art I	organization: X Corporation	L Year	oriormation: 2004[N	A State of legal domicile; CO
	T	Briefly describe the organization's mission or most significant activities. TO BI	RING N	TEN AND WOME	Ν ΤΟ ΕΣΤΤΉ
/U// Activities & Governance	'	IN JESUS CHRIST THROUGH THE SCRIPTURAL RU			
nar	2				
Š	3	Check this box In the organization discontinued its operations or dispositions of the governing body (Part VI, line 1a)	EIVEL	3	5
Ö	4	Number of independent voting members of the governing body (Part VI, line 1b)	***************************************	0 4	5
80	5	Total number of individuals employed in calendar year 2011 (Part Vane 2a) 6	0 6 2012		0
Vitie	6	Total number of volunteers (estimate if necessary)		ίο e	0
وَ الْحَالِ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	Tal 11	7a	825.
₹	b	Net unrelated business taxable income from Form 990-T, line 34	EN, U	7b	0.
				Prior Year	Current Year
ກ ອ	8	Contributions and grants (Part VIII, line 1h)		268,378.	26,057.
ear F	9	Program service revenue (Part VIII, line 2g)		160.	14.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	74.	<u> 15.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<75,492.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		193,120.	<40,187.>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
\$	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
Ses.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,230.	0.
万賞	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	53,162.	53,062.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,392.	53,062.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12		136,728.	<93,249.>
560	1 13	Nevertue less expenses Subtract line 10 front line 12	Re	ginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	50	3,079,042.	2,983,192.
ASS	21	Total liabilities (Part X, line 26)		3,302.	701.
Net Assets or Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20		3,075,740.	2,982,491.
Pi	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge	· · · · · · · · · · · · · · · · · · ·
		And I		8/1	2012
Sig	n	Signature of officer		Date 4	
Hei	re	STEPHEN GREENLEE, TRÉASURER Type or print name and title			
			7 1	Date Check	PTIN
Paid	ď	Print/Type preparer's name Preparer's signature		7-7/77	(
	parer	JOHN W. BAILEY  Firm's name SAMPLE & BAILEY CPAS, P.C.		- sen-employe	P00057457 84-1041726
	Only		STE 20	Firm's EIN	04-1041/70
	,	FORT COLLINS, CO 80525	, i i i i	1	70-223-8825
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		j : 110110 110.	X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A .	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		3.5
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	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 for which donors have the right to	•		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III  Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
40	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
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		<u>X</u>
С	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	ļ	<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u> _
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	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	40-		х
	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		$\mathbf{x}_{-}$
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 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,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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	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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
00-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
<u> </u>	ii 165 to line 20d, ulo the organization attach a copy of its addited infancial statements to this feturit		000 /	

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>-</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	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			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	Instructions for applicable filing thresholds, conditions, and exceptions)	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
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		х
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	25		
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<del>- 50</del>		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<del>  0,                                    </del>		
-	Schedule N, Part II	32		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_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	Х	
		Form	990 (2	2011)

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a  0			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
74	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country:			
•	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	And the second s	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	any contributions that were not tax deductible?	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
_	Gross income from members or shareholders  11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
40	amounts due or received from them)  11b	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year	12a		
_				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note. See the instructions for additional information the organization must report on Schedule O	.ua		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
J	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	5		ĺ
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
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		Х
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
-	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	L
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			]
	in Schedule O how this was done	12c		<del> </del>
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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		ĺ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.0	İ	
<u></u>	exempt status with respect to such arrangements?	16b		l
	List the states with which a copy of this Form 990 is required to be filed NONE			
17		4 availah		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	// avallal	) <del> </del>	
	for public inspection. Indicate how you made these available. Check all that apply  Own website. Another's website. X Upon request			
40	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fina	ורושו	
19		unu illidi	icial	
~	statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organic	zation 🏝	•	
20	STEPHEN GREENLEE - 970-226-1414	_a.ioi i. p		
	3555 STANFORD RD, 204, FORT COLLINS, CO 80525-4593			
13200 01-23-	8	Form	990	(2011)

Form	aan	(2011)	

#### BENEDICTINE FELLOWSHIP OF ST. LAURENCE

20-1937198

⊃age **7** 

# 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.

(A)	(B)		ganization compensate (C) Position					(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JOHN CONNELY										
PRESIDENT	5.00	X		X				0.	0.	0
(2) NOAH YOSHINO			ĺ							
VICE PRESIDENT	1.00	X		X	L			0.	0.	0
(3) SAM HEPP			_	1		1				
VICE PRESIDENT	1.00	X	<u>L</u>	X	<u>L</u>		_	0.	0.	0
(4) WILLIAM M. BANTA					1					
SECRETARY	1.00	X		X				0.	0.	0
(5) STEPHEN C. GREENLEE					1					
TREASURER	5.00	X		X				0.	0,	
										<u>-</u>

d Total (add lines 1b and 1c)

c Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

compensation from the organization

1b Sub-total

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
Total number of independent contractors (including bu \$100,000 of compensation from the organization	it not limited to those li	sted above) who received more than	

Part VII

(A)

Name and title

(B)

Average

hours per

week

(describe

hours for

related

organizations

ın Schedule

O)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512. revenue revenue 513, or 514 Federated campaigns 1a 1b Membership dues Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 26,057. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 26,057 Total, Add lines 1a-1f **Business Code** 2 a ICONOGRAPHY REVENUE 453220 14. 14. f All other program service revenue 14. g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 15 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 1,300. 6 a Gross rents 81,052. b Less rental expenses <79752.⊳ c Rental income or (loss) <79,752.b <79,752.b d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 60,511. ь 47,857. b Less. cost of goods sold 12,654. 12,654 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 825 825. 11 a HUNTING PERMIT INCOME 110000 d All other revenue 825. e Total. Add lines 11a-11d <40,187.> <67,084.> 825. 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).

COITI	biete columns (B), (C), and (D).	<del></del>		<del></del>	
	Check if Schedule O contains a respon			(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				<del>_</del>
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				····-
11	Fees for services (non-employees)				
а	Management				<del></del>
b	Legal .	4,526.	4,526.		
С	Accounting	3,382.	3,382.	<u></u>	<del> </del>
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	1,400.	1,400.		
12	Advertising and promotion				
13	Office expenses	6,001.	6,001.		
14	Information technology		<u> </u>		
15	Royalties		··		
16	Occupancy				
17	Travel	9,657.	9,657.		
18	Payments of travel or entertainment expenses			ł	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	·			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DONATIONS	10,566.	10,566.		
b	POSTAGE AND SHIPPING	4,878.	4,878.		
С	FUEL EXPENSE	4,792.	4,792.		
d	ICONOGRAPHY REPRODUCTIO	1,736.	1,736.		
e	All other expenses SEE SCH O	6,124.	6,124.		
25	Total functional expenses. Add lines 1 through 24e	53,062.	53,062.	0.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)				
40004	1 01 22 12				Form <b>990</b> (2011)

BENEDICTINE FELLOWSHIP OF ST. LAURENCE

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	38,536.	1	29,603.
	2	Savings and temporary cash investments	18,867.	2	26,118.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	10,727.	4	
	5	Receivables from current and former officers, directors, trustees, key	·		
	ļ	employees, and highest compensated employees Complete Part II			
	:	of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		1	
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
\$SS	8	Inventories for sale or use	179,292.	8	161,277.
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 2,962,	899.		
	b	Less. accumulated depreciation 10b 199,	887. 2,828,438.	10c	2,763,012.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,182.		3,182.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,079,042.	16	2,983,192.
	17	Accounts payable and accrued expenses	2,602.	17	701.
	18	Grants payable		18	
	19	Deferred revenue	700.	19	
	20	Tax-exempt bond liabilities		20	·
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe			
iab		highest compensated employees, and disqualified persons. Complete P.	art II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D	3 300	25	701
	26	Total liabilities. Add lines 17 through 25	3,302.	26	701.
		Organizations that follow SFAS 117, check here and comp	plete		
Ses		lines 27 through 29, and lines 33 and 34.			
a	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Balances	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here		29	
ī		,	iu		
Š	00	complete lines 30 through 34.	0.	20	n
set	30	Capital stock or trust principal, or current funds	0.		0.
As	31	Paid-in or capital surplus, or land, building, or equipment fund	3,075,740.	_	2,982,491.
Net	32	Retained earnings, endowment, accumulated income, or other funds	3,075,740.		2,982,491.
_	33	Total habitus and not assets/fund balances	3,079,042.		2,983,192.
	34	Total liabilities and net assets/fund balances	1 3,013,042.	<del>, 5+</del>	50rm <b>990</b> (2011)

Form **990** (2011)

Form	990 (2011) BENEDICTINE FELLOWSHIP OF ST. LAURENCE	20-19	37198	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check 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	<40	),18	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53	3,00	62.
3	Revenue less expenses Subtract line 2 from line 1	3	<93	3,24	<u>49.</u> :
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,075	5,74	40.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
_6_	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,982	2,49	<u>91.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other		_	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u> _
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audıt,	}		
	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 Scho	edule O	1 1		
đ	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a	1 1	1	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit		ŀ	
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit		[	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	<b>90</b> (2	2011)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Schedule A (Form 990 or 990-EZ) 2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of	the organizat	ion							Employer id	lentification	nun	nber
			TINE FELLOWS						20	<u>-19371</u>	98	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	ist comple	te this par	t.) See ins	tructions	3			
The organ	nization is not a	a private foundation	because it is (For lines	1 through	11, check	only one b	oox)					
1 🗀	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i	).				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	ın 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 stat	te										
5 🗔	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental u	ınıt described	l in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)									
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from tl	he general pu	ıblıc describ	ed in	ı
	section 170	<b>b)(1)(A)(vi).</b> (Comple	te Part II)									
8 <u> </u>	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9	An organizat	on that normally rec	eives. (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembers	hip fees, and	gross recei	ıpts fı	rom
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (	2) no more	than 33 1	1/3% of	its support fr	om gross in	vestn	nent
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the or	ganization aff	ter June 30,	1975	<b>ن</b> .
		509(a)(2). (Complete	•									
10			perated exclusively to te									
11 []	U	•	perated exclusively for the		•					•		r
			ations described in section				2) See see	ction 50	<b>9(a)(3).</b> Chec	k the box th	at	
		· · · · ·	organization and compli ¬		_							
·1	a L Type		• •		e III - Fund		•			Type III - Oth		
e			t the organization is not									ı
		-	han one or more publicly						us(a)(1) or se	ction 509(a)	)(2).	
f	•		ten determination from t	me ino ma	atitis a Ty	pe i, Type	ii, or type	# 111				
_		rganization, check th	iis box organization accepted ar	walt or o	ontribution	from any	of the follo	owing n	areone?			
g	-		rectly controls, either al							T.	es	No
		<u>-</u>	upported organization?	one or log	CUICI WILLI	porsons	103011004	(, a	z (iii) DCiOtt,	11g(i)	63	140
	_	• •	n described in (i) above?							11g(ii)	-+	
			person described in (i) of		e?					11g(iii)	一十	
h			about the supported or									
		55 tg	and the transfer of	<b>J</b>	(-).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the c	organization	(v) Did you	notify the	(vi)	Is the	(vii) Amou	int of	
	anization	(11) = 111	organization (described on lines 1-9	r ·	-			Intranta	ition in col. nized in the l.S.?	Suppo		
•			above or IRC section	governing	document?	(i) of you	r support?	\``U	.S.?	• •		
			(see instructions))	Yes	No	Yes	No	Yes	No			
								ļ				
	<del></del>			ļ								
					ļ	,		ļ				
							<u> </u>	_				
				ļ. <u> </u>	ļ. ——		ļ	-				
					··		<del>  -</del>	-	+			
Total												

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 BENEDICTINE FELLOWSHIP OF ST. LAURENCE 20-1937198 Page 2

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) 2007 (c) 2009 (d) 2010 (e) 2011 (f) Total (b) 20081 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 398,378. 966,002. 308,455. 277,611. 87,882. 2,038,328. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 398,378. 966,002. 308,455. 277,611. 87,882 4 Total. Add lines 1 through 3 2.038.328. 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) 737,600. 6 Public support. Subtract line 5 from line 4 1 300 728. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2007 (c) 2009 (d) 2010 (e) 2011 (f) Total (b) 2008 277,611 966,002. 308,455. 87,882 398,378. 7 Amounts from line 4 2,038,328, 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 28,086. 2,041. 73. 15. 58,501. 28,286. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital <7,083.><24,900.><19,261.><84,337.><81,052.><216633.> assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 1,880,196. 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 69.18 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 58.77 % 15 15 Public support percentage from 2010 Schedule A, Part II, line 14 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and ightharpoons xstop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

# Schedule A (Form 990 or 990-EZ) 2011 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.)

Se	ction A. Public Support	Clow, please com	Dicto Fait II.)		<del></del>	<del> </del>	<del></del>
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-				ĺ		(
	iness under section 513						
4	Tax revenues levied for the organ-	-				_	
•	ization's benefit and either paid to				}		
	or expended on its behalf			1	ł		1
_	The value of services or facilities		<del></del>	· · · · · · · · · · · · · · · · · · ·		<del> </del>	<del></del>
9	furnished by a governmental unit to						
	the organization without charge			ļ			
_	<u> </u>						
	Total. Add lines 1 through 5					<u> </u>	
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received			·			
	from other than disqualified persons that			]	J		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	<del></del>			· · · - · · ·		
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support	<del>7</del>	<u> </u>		<u> </u>		<u> </u>
	<del></del>	( ) 0007	# 1 0000	4.10000	4.0.004.0	( ) 0044	10 T-1-1
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 Gross income from interest,			-			
102	dividends, payments received on			]			
	securities loans, rents, royalties						
	and income from similar sources			<del></del>			
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	{					
	acquired after June 30, 1975	<u></u>		<u> </u>	<del></del>	ļ <u>.</u> .	
	Add lines 10a and 10b	<u> </u>				<del> </del>	<del></del>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is					}	
40	regularly carried on					ļ ·	
12	Other income. Do not include gain or loss from the sale of capital		•			1	
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)			L		l	L
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a section	on 501(c)(3) organiz	ration,
<u> </u>	check this box and stop here	is Support Do	roontogo	<del></del>			
	ction C. Computation of Publ			(0)		145	
	Public support percentage for 2011 (I			column (t))		15	%
	Public support percentage from 2010 ction D. Computation of Investigation					16	%
_				20 12 column (f)		47	
	Investment income percentage for 20			ie 13, column (f))		18	%
	Investment income percentage from 2			on line 14 and line	15 is more than 1		% 7 is not
เษล	33 1/3% support tests - 2011. If the						r is not
j.	more than 33 1/3%, check this box at	•		· -	· · · · · ·		<b>P</b> L
0	33 1/3% support tests - 2010. If the	-					and
20	line 18 is not more than 33 1/3%, che					_	
<u> </u>	Private foundation. If the organization	n dio not check a	oox on line 14, 19	a, or 190, check th	iis box and see in:	structions	

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

BENEDICTINE FELLOWSHIP OF ST. LAURENCE

Employer identification number 20-1937198

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(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 advi	sed funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of		· ·
	impermissible private benefit?	, , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	au, or are tarryour.		Held at the End of the Tax Year
а	Total number of conservation easements	·	2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str	ucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• • •	<del></del>
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased extinguished or terminated by th	——————————————————————————————————————
•	year >	outside, extinguished, or terminated by the	o organization daring the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements r	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
Ü	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section fre	Yes No
9	In Part XIV, describe how the organization reports conservati	ion eacements in its revenue and expensi	
3	include, if applicable, the text of the footnote to the organization		
	conservation easements	tion's illiantial statements that describes	the organization's accounting to
Par	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	ment and balance sheet works of art
	historical treasures, or other similar assets held for public exh	·	
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items.	ducation, of research in futilierance of pu	blic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> •
	•		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	anuras, ar other similar assets for financia	
2	If the organization received or held works of art, historical tree	·	ii gairi, provide
_	the following amounts required to be reported under SFAS 1	to (ASC 336) relating to these items	<b>.</b> .
	Revenues included in Form 990, Part VIII, line 1		<b>D</b>
D	Assets included in Form 990, Part X		<b>&gt;</b> >

		TINE FELLO								8 Page <b>2</b>
Pa	rt III   Organizations Maintaining C	collections of A	rt, His	torical 1	reasures,	or Oth	<u>er Simi</u>	lar Ass	ets (conti	inued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of th	e following th	at are a s	ignificant	use of its	s collection	n items
	(chèck all that apply)·									
а	Public exhibition	(	<b>:</b> 🖳	Loan or ex	change prog	rams				
b	Scholarly research	•	• 📖	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how t	hey further	the organizat	tion's exe	mpt purp	ose in Pa	ırt XIV	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical tre	easures, or oth	her sımıla	r assets	_		
,	to be sold to raise funds rather than to be ma	aintained as part of	the orga	anızatıon's	collection?				Yes	No_
Pa	t IV Escrow and Custodial Arran		lete if the	e organizat	ion answered	l "Yes" to	Form 99	0, Part IV	, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custode	an or other interme	diary for	contribution	ons or other a	ssets not	ıncluded	_		
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?					Ļ	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete r	f the organization ar	nswered	"Yes" to F	orm 990, Par	t IV, line 1	0			
		(a) Current year	(b) F	rior year	(c) Two yea	ars back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses						<del></del>			
g	End of year balance								<u> </u>	
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column	(a)) held as.					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
C	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c should	ld equal 100%								
За	Are there endowment funds not in the posse	ssion of the organiz	ation th	at are held	and administ	ered for t	he organi	zation	-	
	by.									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm	ent. See Form 990	D, Part X	, line 10						
	Description of property	(a) Cost or o			st or other	1 ''	ccumulat	1	(d) Book	value
		basis (investr	nent)	<del></del>	s (other)	de	preciation		<del></del>	
1a	Land				00,352.					), <u>352.</u>
b	Buildings			2,1	<u>81,911.</u>	<u> </u>	<u>142,9</u>	51.	2,038	3,960.
С	Leasehold improvements									
d	Equipment			ļ	2,727.			32.		995.
	Other		·		<u>77,909.</u>	L	<u>55,2</u>	04.		2,705.
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, colur	nn (B), line	10(c).)	<u> </u>			<u>2,763</u>	3,012.

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valu Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests			<del></del>	<del></del>
Other				
_(A)				
_(B)				
_(C)		<del> </del>		<u></u>
_(D)				<del></del>
<u>(E)</u>				<del></del>
_(F)	<del>-</del>	<del></del>		
(G) (H)	<del> </del>			<del></del>
_(l)		<del>-   ·</del>		<del></del>
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
art VIII Investments - Program Related.		ne 13.	<del></del>	
		10.	(c) Method of valu	ation.
(a) Description of investment type	(b) Book value		Cost or end-of-year ma	
(1)				
(2)				····
(3)		-		
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
10)			<u> </u>	
al (Col (b) must equal Form 990, Part X, col (B) line 13.)				
art IX Other Assets. See Form 990, Part X, Irr				T
	a) Description			(b) Book value
			<u> </u>	
(2)				·
(3)	<del></del>			<del>                                     </del>
_(4)	<del></del>	<del></del>		
(5)				
(6)				
(7)				
(8)				
(9) 10)	<del></del>		<del></del>	
tal. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15 )			
art X Other Liabilities. See Form 990, Part >	X. line 25.	<del></del>		<u> </u>
dita i Otiloi Liadilitios. See forili 990, part,	<del></del>	(b) Book value		
(a) Description of liability	1			
(a) Description of liability				
(a) Description of liability			-	
(a) Description of liability  (1) Federal income taxes				
(a) Description of liability (1) Federal income taxes (2)	·			
(a) Description of liability  (1) Federal income taxes  (2)  (3)				
(a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)	·			
(a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)				
(a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)				
(a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)				
(a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)				
(a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)				

BENEDICTINE FELLOWSHIP OF ST. LAURENCE

Schedule D (Form 990) 2011

20-1937198 Page 3

_	dule D (Form 990) 2011 BENEDICTINE FELLOWSHIP OF					<u> 1937198</u>	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Finan	ciai Sta	tement	<u>5</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<del> </del>	
4	Net unrealized gains (losses) on investments			4			_
5	Donated services and use of facilities			5		<del></del> _	
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8		<del></del>	<del></del> .
9	Total adjustments (net) Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		lh Davar	10	Datum		
	t XII Reconciliation of Revenue per Audited Financial Stateme	HILS VAL	ui nevei	iue per	1		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.1					
a	Net unrealized gains on investments	2a	<del> </del>	<del></del> .			
Þ	Donated services and use of facilities	2b		·			
Ç	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d		<del></del>	<b>-</b>		
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1 1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			_		
b	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b				4c		
5 D2:	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)  t XIII Reconciliation of Expenses per Audited Financial Stateme	onte W	ith Eyna	ncoc n	or Potus		
	· · · · · · · · · · · · · · · · · · ·	GIILO VA	ILII EXPO	iises b			
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	ا م					
a	Donated services and use of facilities	2a					
	Prior year adjustments	2b	<del></del>		-		
C	Other losses	2c					
d	Other (Describe in Part XIV)	2d			$\dashv$		
_	Add lines 2a through 2d						
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	14-1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b	<del></del>		$\dashv$		
	Add lines 4a and 4b  Total expanses Add lines 2 and 4a. (This must equal Form 900, Port I, line 18.)				4c 5		
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIV Supplemental Information						
	elete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	I. lines 1a	and 4. Pa	rt IV. lines	s 1b and 2	b. Part V. line	4. Part
	2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp						,

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

BENEDICTINE FELLOWSHIP OF ST. LAURENCE

Employer identification number 20-1937198

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
QUALIFIED CLERGY OR MONASTICS. THESE RETREATS WILL BE OFFERED ON
PROPERTY LOCATED IN FREMONT COUNTY, COLORADO. ST. MARKS IS THE SOLE
MEMBER IN ST. LAURENCE FELLOWSHIP, LLC. AT IT'S RETREATS, THE
ORGANIZATION WILL OFFER A STRUCTURED PROGRAM OF RELIGIOUS ACTIVITIES
DEVOTED TO THE INSTRUCTION OF THE ORGANIZATION'S RELIGIOUS DOCTRINES.
FORM 990, PART VI, SECTION A, LINE 8B: NOT APPLICABLE TO THIS ENTITY AS NO
COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. ONLY THE
BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD RECEIVES A PRELIMINARY
COPY OF THE 990. THIS COPY IS THEN REVIEWED BY THE ORGANIZATION'S
ATTORNEY. ONCE ATTORNEY'S APPROVAL IS RECEIVED, A FINAL COPY OF THE RETURN
IS GIVEN TO THE BOARD TO SIGN AND MAIL.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS AVAILABLE TO PUBLIC INSPECTIONS UPON REQUEST.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:
REPAIRS AND MAINTENANCE:
PROGRAM SERVICE EXPENSES 1,732.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 1,732.

Name of the organization  BENEDICTINE FELLOWSHIP OF ST. LA	Employer identification numbe 20-1937198
PAY PAL FEES:	
PROGRAM SERVICE EXPENSES	1,638
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,638
RETREAT EXPENSE:	
PROGRAM SERVICE EXPENSES	996
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	996
MEALS AND ENTERTAINMENT:	
PROGRAM SERVICE EXPENSES	471
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	471
EDUCATION:	
PROGRAM SERVICE EXPENSES	450
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	450
PROPERTY TAX EXEMPTION FEES:	
PROGRAM SERVICE EXPENSES	300
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0

Name of the organization  RENED TOWNER FELL OWCULD OF COLUMN AND ENGR	Employer identification number
BENEDICTINE FELLOWSHIP OF ST. LAURENCE	20-1937198
TOTAL EXPENSES	300
WEBSITE:	
PROGRAM SERVICE EXPENSES	213
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	213
VEHICLE MAINTENANCE:	
PROGRAM SERVICE EXPENSES	140
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	
TOTAL EXPENSES	140
RETREAT SUPPLIES:	
PROGRAM SERVICE EXPENSES	74
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	74
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	62
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	62
MISCELLANEOUS - LA PRESS:	

Schedule O (Form 990 or 990-EZ) (2011)  Name of the organization	Page 2 Employer identification number
BENEDICTINE FELLOWSHIP OF ST. LAURENCE	20-1937198
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26.
PROPERTY TAXES:	
PROGRAM SERVICE EXPENSES	12.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12.
FEES AND LICENSES:	
PROGRAM SERVICE EXPENSES	10.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 6,124.