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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
OUR LADY OF HOLY CROSS COLLEGE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
4123 WOODLAND DRIVE

City or town, state or country, and ZIP + 4
NEW ORLEANS, LA 701317337

D Employer identification number
72-0642832

E Telephone number
(504) 394-7744

G Gross receipts $ 37,533,059

F Name and address of principal officer
ARLEAN WEHLE
4123 WOODLAND DRIVE
NEW ORLEANS, LA 701317337

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) **Are all affiliates included?** ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J **Website:** ▶ WWW OLHCC EDU

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | L Year of formation 1916 | M State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO EDUCATE AND PROVIDE PUBLIC SERVICE TO ITS COLLEGE COMMUNITY

2 Check this box ▶☐ 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	224
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,198,560	10,452,013
	9	Program service revenue (Part VIII, line 2g)	10,877,400	11,056,325
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,143,010	1,410,225
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	85,795	85,335
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,304,765	23,003,898
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	10,355,152	10,840,004
	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)	6,256,919	5,769,273
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶269,091		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,650,439	3,972,873
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	20,262,510	20,582,150
	19	Revenue less expenses Subtract line 18 from line 12	2,042,255	2,421,748

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	34,832,478	35,962,352
	21	Total liabilities (Part X, line 26)	711,803	429,703
	22	Net assets or fund balances Subtract line 21 from line 20	34,120,675	35,532,649

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

****** | 2013-03-01
Signature of officer | Date

ARLEAN WEHLE VP - FINANCE AND OPERATIONS
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ BONNIE M WYLLIE JD LLM	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00540011
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LAPORTE APAC 111 VETERANS MEMORIAL BLVD SUITE 60 METAIRIE, LA 700054958			EIN ▶ 72-1088864 Phone no ▶ (504) 835-5522

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . ☑

1 Briefly describe the organization's mission

OUR LADY OF HOLY CROSS COLLEGE PARTICIPATES IN THE TEACHING MISSION OF THE CATHOLIC CHURCH THROUGH THE HERITAGE AND CHARISM OF THE MARIANITES OF HOLY CROSS THE ADMINISTRATION, STAFF AND FACULTY EDUCATE THE MINDS AND HEARTS OF UNDERGRADUATE AND GRADUATE STUDENTS THROUGH DEDICATED SERVICE AND INNOVATIVE TEACHING METHODS ALL ARE CHALLENGED TO SEEK TRUTH, GOODNESS AND BEAUTY THROUGH CRITICAL THINKING, RESEARCH AND DIALOGUE CALLED TO BE A PROPHETIC PRESENCE IN AN EVER-CHANGING WORLD, THE COLLEGE COMMUNITY SHARES ITS SPIRITUAL, MATERIAL, AND EDUCATIONAL RESOURCES WITH ALL THE COLLEGE PROVIDES AN INDIVIDUALIZED HIGHER EDUCATION THAT LEADS TO CERTIFICATION, LICENSURE, AND OTHER COMPETENCIES IN THE WORKING WORLD TO AN ACADEMICALLY DIVERSE AND MULTI-CULTURAL STUDENT BODY OLHCC ENGAGES STUDENTS, FACULTY, AND STAFF IN A RELATIONSHIP THAT FOSTERS STUDENT GROWTH AND CREATIVITY THROUGH PERSONAL ATTENTION, TECHNOLOGICAL ADVANCES, INNOVATIVE TEACHING METHODS, AND SERVICE TO THE COMMUNITY

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,731,801 including grants of $) (Revenue $ 11,129,742)

INSTRUCTIONAL SERVICES - PER SEMESTER, APPROXIMATELY 1200 STUDENTS WERE SERVICED IN APPROXIMATELY 330 SPECIFIC COURSES OF STUDY IN 24 DEGREE PROGRAMS ADDITIONALLY, INSTRUCTIONAL SERVICES WERE DELIVERED TO THE CIVIC COMMUNITY THROUGH EXTENT OUTREACH PROGRAMS

4b (Code) (Expenses $ 10,840,004 including grants of $ 10,840,004) (Revenue $)

SCHOLARSHIPS, GRANTS & LOANS - FOR ACADEMIC YEAR 2011-2012, 23 STUDENTS RECEIVED SCHOLARSHIPS FROM OLHCC AND 59 STUDENTS RECEIVED SCHOLARSHIPS FROM PRIVATE SOURCES MOST STUDENTS WERE AWARDED THE SCHOLARSHIPS ON THE BASIS OF ACADEMIC MERIT AND/OR UNMET FINANCIAL NEED OTHERS WERE GRANTED AWARDS BASED ON ACADEMIC MERIT ONLY A TOTAL OF 82 SCHOLARSHIPS IN THE AMOUNT OF $145,062 HAVE BEEN AWARDED FOR FISCAL YEAR 2011-2012, 1,040 STUDENTS WERE ABLE TO RECEIVE SOME FORM OF FINANCIAL AID MANY STUDENTS WOULD NOT BE ABLE TO PURSUE A POST-SECONDARY EDUCATION WERE IT NOT FOR THE FINANCIAL AID PROGRAMS THE COLLEGE PARTICIPATES IN THE TITLE IV FEDERAL CAMPUS BASED PROGRAMS AS WELL AS THE FEDERAL PELL GRANT PROGRAM AND DISADVANTAGED NURSING SCHOLARSHIPS -- 538 STUDENTS WERE ASSISTED AND ABLE TO RECEIVE $1,967,649 IN PELL GRANTS -- 933 STUDENTS RECEIVED $8,107,164 IN FEDERAL SUBSIDIZED AND UNSUBSIDIZED STAFFORD LOANS -- 168 STUDENTS RECEIVED $63,154 IN FEDERAL S E O G -- 7 STUDENTS RECEIVED $2,917 IN L E A P -- 117 STUDENTS RECEIVED $339,539 FROM THE LOUISIANA T O P S PROGRAM -- 66 STUDENTS RECEIVED $56,965 FROM LOUISIANA G O GRANTS -- 1 STUDENT RECEIVED $5,000 FROM LA CHAFEE EDUCATIONAL & TRAINING VOUCH PROGRAM OUR LADY OF HOLY CROSS COLLEGE WAS ABLE TO AWARD $10,542,388 IN STUDENT AID FROM INSTITUTIONAL, PRIVATE, STATE, AND FEDERAL SOURCES

4c (Code) (Expenses $ 988,716 including grants of $) (Revenue $)

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

(Code) (Expenses $ 1,111,312 including grants of $) (Revenue $)

STUDENT SERVICES ENCOMPASSES VARIOUS SERVICES THE REGISTRAR'S OFFICE PROVIDES PUBLICATIONS, COMPUTERIZED STUDENT RECORDS, AND OTHER ACADEMIC SERVICES TO PROSPECTIVE AND CURRENT STUDENTS STUDENT SERVICES PROVIDES FUNDING FOR 5 PROFESSIONAL CLUBS THE STUDENT GOVERNMENT ASSOCIATION OFFERS A MULTI-FACETED ARENA OF SOCIAL EVENTS AND ENTERTAINMENT ON AND OFF CAMPUS FOR STUDENTS THE DIVISION OF STUDENT AFFAIRS FUNDS A HOST OF INTRAMURAL SPORTS AT THE COLLEGE, WHICH ARE AVAILABLE TO ALL STUDENTS THE SECURITY OFFICE OVERSEES THE SECURITY OF THE CAMPUS AND PARKING LOTS, WHICH REQUIRE MAINTENANCE THE HURRICANE CAFE PROVIDES FOOD SERVICES TO ALL STUDENTS, FACULTY AND STAFF STUDENT SERVICES ALSO INCLUDES TRAVEL, WORKSHOPS AND SEMINARS IN ADDITION TO ADMINISTRATIVE SUPPLIES AND EQUIPMENT FOR STUDENT ORGANIZATIONS, ADMISSIONS AND RECRUITING STAFF OF THE COLLEGE THE HEALTH SERVICES OFFICE PROVIDES ROUTINE HEALTH SERVICES AND FIRST AID SUPPLIES TO STUDENTS, FACULTY AND STAFF TOTAL EXPENSES DURING THE CURRENT YEAR RELATED TO THE OTHER PROGRAM SERVICES LISTED ABOVE ARE

4d Other program services (Describe in Schedule O)

(Expenses $ 1,111,312 including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 16,671,833

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	**1**	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	**2**	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	**3**		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	**4**		No
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**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	**10**	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	**11a**	Yes	
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**		No
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**		No
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**		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	**11e**	Yes	
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**	Yes	
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**	Yes	
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**		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	**14b**		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	**15**		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	**16**		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	**17**		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	**18**		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	**19**		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	**20b**		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
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		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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1a	2,022		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
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	224		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			4a	No
b	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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f	No
g	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.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	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 lines 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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 17			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Did the organization have members or stockholders?		6		No
7a	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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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		No
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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION
4123 WOODLAND DRIVE
NEW ORLEANS, LA 701317337
(504) 394-7744

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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SR KERI BURKE MSC BOARD MEMBER	50	X						0	0	0
(2) SR ANN LACOUR BOARD MEMBER	50	X						0	0	0
(3) STEVE WORLEY BOARD MEMBER	50	X						0	0	0
(4) BROTHER DONALD BLAUVELT CSC BOARD MEMBER	50	X						0	0	0
(5) LARRY ONEY BOARD MEMBER	50	X						0	0	0
(6) MICHAEL O READ EMERITUS	50	X						0	0	0
(7) MARGUERITE CELESTIN BOARD MEMBER	50	X						0	0	0
(8) G PRICE CRANE BOARD MEMBER	50	X						0	0	0
(9) SR GRETCHEN DYSART MSC BOARD MEMBER	50	X						0	0	0
(10) TERRY M FONSECA BOARD MEMBER	50	X						0	0	0
(11) KYLE M FRANCE BOARD MEMBER	50	X						0	0	0
(12) GLENN GENNARO BOARD MEMBER	50	X						0	0	0
(13) SR ELLEN KRON DC BOARD MEMBER	50	X						0	0	0
(14) PAM LINCOLN BOARD MEMBER	50	X						0	0	0
(15) S GORDON REESE III BOARD MEMBER	50	X						0	0	0
(16) DENNISE V SAUVAGE BOARD MEMBER	50	X						0	0	0
(17) SR SUELLEN TENNYSON MSC BOARD MEMBER	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) DR MYLES SEGHERS PHD PRESIDENT	40 00			X				126,369	0	3,600
(19) ARLEAN WEHLE VP - FINANCE AND OPERATIONS	40 00			X				124,045	0	3,075
(20) DR PAT PRECHTER PROVOST	40 00			X				123,906	0	2,622

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	374,320	0	9,297

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		No
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		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO FOOD SERVICE POST OFFICE BOX 536922 ATLANTA, GA 30353	FOOD SERVICE	384,275
DONAHUE FAVRET CONTRACTORS 3030 EAST CAUSEWAY APPROACH MANDEVILLE, LA 70448	CONTRACTOR	229,313

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e	10,299,025				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	152,988				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		10,452,013			
Program Service Revenue			Business Code				
	2a	TUITION & FEES	900099	11,056,325	11,056,325		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		11,056,325			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		551,542			551,542
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . ▶					

		(i) Real	(ii) Personal
6a	Gross rents	8,209	
b	Less rental expenses	0	
c	Rental income or (loss)	8,209	

		(A)	(B)	(C)	(D)
6d	Net rental income or (loss) . . . . ▶	8,209			8,209

		(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	15,379,703	
b	Less cost or other basis and sales expenses	14,521,020	
c	Gain or (loss)	858,683	

			(A)	(B)	(C)	(D)
7d	Net gain or (loss) . . . . ▶		858,683			858,683
8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a	11,850				
b	Less direct expenses . . . b	8,141				
c	Net income or (loss) from fundraising events . . ▶		3,709			3,709
9a	Gross income from gaming activities See Part IV, line 19 . . . a					
b	Less direct expenses . . . b					
c	Net income or (loss) from gaming activities . . . ▶					
10a	Gross sales of inventory, less returns and allowances . a					
b	Less cost of goods sold . . b					
c	Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
11a	LOYOLA CONTRACTED INST	900099	36,172	36,172		
b	COUNSELING CENTER	624100	32,288	32,288		
c	MISCELLANEOUS REVENUE	900099	4,957	4,957		
d	All other revenue					
e	**Total.** Add lines 11a–11d . . . . . . ▶		73,417			
12	**Total revenue.** See Instructions . . . ▶		23,003,898	11,129,742	0	1,422,143

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)
Check if Schedule O contains a response to any question in this Part IX . . . .

	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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	10,840,004	10,840,004		
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	4,838,962	3,676,783	1,024,298	137,881
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	119,268	85,900	29,557	3,811
9	Other employee benefits	453,365	323,243	115,166	14,956
10	Payroll taxes	357,678	273,736	74,143	9,799
11	Fees for services (non-employees)				
a	Management				
b	Legal	54,690		54,690	
c	Accounting	44,807		44,807	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	150,919		150,919	
g	Other	564,268	366,259	137,762	60,247
12	Advertising and promotion				
13	Office expenses	937,892	462,947	446,106	28,839
14	Information technology	338,150	32,182	305,968	
15	Royalties . .				
16	Occupancy				
17	Travel	15,814	14,204	1,488	122
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,114	7,546	8,686	2,882
20	Interest	308		308	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	382,425	305,940	76,485	
23	Insurance	193,260	3,900	189,360	
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	PROMOTION & RECRUITMENT	254,696	15,169	228,973	10,554
b	FOOD SERVICE	186,184	148,947	37,237	
c	REPAIRS AND MAINTENANCE	129,183	3,675	125,508	
d	STUDENT ACTIVITIES	101,263	101,263		
e					
f	All other expenses	599,900	10,135	589,765	
25	**Total functional expenses.** Add lines 1 through 24f	20,582,150	16,671,833	3,641,226	269,091
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			1	
	2	Savings and temporary cash investments		3,487,928	2	3,312,567
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		203,607	4	1,013,288
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		51,652	9	54,647
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 12,794,549			
	b	Less accumulated depreciation	10b 5,813,367	7,035,810	10c	6,981,182
	11	Investments—publicly traded securities		23,239,806	11	23,589,597
	12	Investments—other securities See Part IV, line 11		722,719	12	936,710
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		90,956	15	74,361
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		34,832,478	16	35,962,352
Liabilities	17	Accounts payable and accrued expenses		183,027	17	197,233
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			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		528,776	25	232,470
	26	**Total liabilities.** Add lines 17 through 25		711,803	26	429,703
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,012,345	27	23,638,606
	28	Temporarily restricted net assets		3,260,778	28	2,845,791
	29	Permanently restricted net assets		8,847,552	29	9,048,252
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		34,120,675	33	35,532,649
	34	Total liabilities and net assets/fund balances		34,832,478	34	35,962,352

Part XI Reconcilliation 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	23,003,898
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,582,150
3	Revenue less expenses Subtract line 2 from line 1	3	2,421,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	34,120,675
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,009,774
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	35,532,649

Part 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 ☐ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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

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

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

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(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 col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 |

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 **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 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 year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
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						
b 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2007	**(b)** 2008	**(c)** 2009	**(d)** 2010	**(e)** 2011	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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 ▶☐

b **33 1/3% support tests—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493061008023

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶______

4 Number of states where property subject to conservation easement is located ▶______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

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

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

a ☐ Public exhibition **d** ☐ Loan or exchange programs

b ☐ Scholarly research **e** ☐ Other

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ **Yes** ☐ **No**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

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

			Amount
c	Beginning balance	**1c**	
d	Additions during the year	**1d**	
e	Distributions during the year	**1e**	
f	Ending balance	**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	26,229,021	20,352,513	17,509,306	16,890,525	
b	Contributions	1,654,191	3,750,464		1,228,158	
c	Investment earnings or losses	355,451	2,451,133	2,127,517	-609,377	
d	Grants or scholarships					
e	Other expenditures for facilities and programs	599,682	325,089			
f	Administrative expenses					
g	End of year balance	27,638,981	26,229,021	19,636,823	17,509,306	

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

a Board designated or quasi-endowment ▶ 60 140 %

b Permanent endowment ▶ 32 740 %

c Term endowment ▶ 7 120 %

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		65,000		65,000
b Buildings		9,561,240	2,947,536	6,613,704
c Leasehold improvements				
d Equipment		3,168,309	2,865,831	302,478
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,981,182

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED LIABILITES	232,470
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	232,470

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	23,003,898
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,582,150
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,421,748
4	Net unrealized gains (losses) on investments	4	-1,054,774
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	45,000
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-1,009,774
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,411,974

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

1	Total revenue, gains, and other support per audited financial statements			1	22,407,265
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-1,054,774		
b	Donated services and use of facilities	2b	450,000		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-604,774
3	Subtract line **2e** from line **1**			3	23,012,039
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-8,141		
c	Add lines **4a** and **4b**			4c	-8,141
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	23,003,898

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

1	Total expenses and losses per audited financial statements			1	21,040,291
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	450,000		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	8,141		
e	Add lines **2a** through **2d**			2e	458,141
3	Subtract line **2e** from line **1**			3	20,582,150
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	20,582,150

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	OF THE END OF THE YEAR ENDOWMENT BALANCE, $9,048,252 IS PERMANENTLY RESTRICTED AND $2,187,711 IS TEMPORARILY RESTRICTED THE USES ARE -THE EARNINGS ON $7,444,186 WILL HELP FUND PROFESSORSHIPS -THE EARNINGS ON $1,754,169 WILL BE USED FOR SCHOLARSHIPS -THE EARNINGS ON $2,037,608 WILL GO TOWARDS ACADEMICS AND OPERATIONS QUASI ENDOWMENTS BALANCE OF $16,622,063 AND TEMPORARILY RESTRICTED BALANCE OF $(219,045) HAVE THE FOLLOWING USES -$16,403,018 IS FOR UNSPECIFIED PURPOSES, BUT IS TO BE USED FOR CURRENT OPERATIONS, PLANT AND EQUIPMENT, AND ACADEMICS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	ON JANUARY 1, 2009, THE COLLEGE ADOPTED THE PROVISIONS OF THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES TOPIC OF THE FASB ASC, WHICH CLARIFIES THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COLLEGE'S INCOME TAX RETURNS AS A RESULT OF THIS ADOPTION, THE COLLEGE BELIEVES THERE WAS NO IMPACT TO THE FINANCIAL STATEMENTS AND DID NOT RECORD ANY ADJUSTMENT TO THE BEGINNING BALANCE OF NET ASSETS ALL TAX RETURNS HAVE BEEN APPROPRIATELY FILED BY THE COLLEGE THE COLLEGE RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INCOME TAX EXPENSE THE COLLEGE FILES INCOME TAX RETURNS WITH FEDERAL AND STATE JURISDICTIONS THE COLLEGE'S OPEN AUDIT PERIODS ARE 2008 - 2011 MANAGEMENT EVALUATED THE COLLEGE'S TAX POSITIONS AND CONCLUDED THAT THE COLLEGE HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE
PART XII, LINE 4B - OTHER ADJUSTMENTS		THANKSGIVING PRAYER BREAKFAST (FUNDRAISER) EXPENSES -8,141
PART XIII, LINE 2D - OTHER ADJUSTMENTS		THANKSGIVING PRAYER BREAKFAST (FUNDRAISER) EXPENSES 8,141
		PART XII, LINE 2B - DONATED SERVICES AND USE OF FACILITIES THE CONGREGATION OF THE MARIANITES OF HOLY CROSS (MARIANITES) OWNS THE LAND AND BUILDINGS USED FOR COLLEGE OPERATIONS THE COLLEGE PAID $0 IN RENTS TO THE MARIANITES DURING THE 2012 FISCAL YEAR PART V - ENDOWMENT FUNDS THE STATE OF LOUISIANA ENACTED THE UNIFORM PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (UPMIFA) EFFECTIVE AUGUST 15, 2010, THE PROVISIONS OF WHICH APPLY TO ENDOWMENT FUNDS EXISTING ON OR ESTABLISHED AFTER THAT DATE THIS SECTION IS BEING REPORTED BY THE CLASSIFICATION OF ENDOWMENTS SET FORTH BY UPMIFA LINES 1A-G, COLUMNS A & B HAVE BEEN ADJUSTED TO REFLECT UPMIFA REPORTING LINES 1A-G, COLUMNS C & D REFLECT REPORTING PRIOR TO UPMIFA

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I

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

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable Also complete this part to provide any other additional information (see instructions)

Identifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	OUR LADY OF HOLY CROSS COLLEGE PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY ON ALL EMPLOYMENT ADVERTISEMENTS THE POLICY IS ALSO LISTED ON THE ORGANIZATION'S WEBSITE, STUDENT HANDBOOK, AND STUDENT APPLICATIONS
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	GOVERNMENT FINANCIAL ASSISTANCE INCLUDES GOVERNMENT LOAN PROGRAMS AND ADVANCES FROM THE FEDERAL GOVERNMENT, WHICH ARE PROVIDED FOR STUDENTS IN NEED OF FINANCIAL AID

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . ▶

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

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
(1) SCHOLARSHIPS TO STUDENTS OF THE COLLEGE	1040	10,840,004			

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

Identifier	**Return Reference**	**Explanation**
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 PRIVATE GRANTS - THE COLLEGE FOLLOWS THE TERMS OF THE PROVIDER IN THE POSTING AND RELEASING OF GRANT FUNDS FEDERAL GRANTS - THE COLLEGE FOLLOWS THE DEPARTMENT OF EDUCATION REGULATIONS TO ENSURE THAT GRANTS ARE UTILIZED APPROPRIATELY THE NSLDS SYSTEM HELPS THE COLLEGE IDENTIFY ANY STUDENT THAT HAS BEEN POTENTIALLY AWARDED MORE THAN THEY ARE ELIGIBLE FOR
		QUALIFICATIONS TO RECEIVE PAYMENTS GOVERNMENT GRANTS ARE AWARDED IN ACCORDANCE WITH APPROPRIATE FEDERAL REGULATIONS SCHOLARSHIPS ARE BASED ON ACT TEST SCORES, ACADEMIC STANDING, AS SHOWN BY HIGH SCHOOL TRANSCRIPTS, AS WELL AS COMMUNITY INVOLVEMENT GRANTS ARE AWARDED IN RECOGNITION OF THE QUALITY PAST ACADEMIC ACHIEVEMENT AT OUR LADY OF HOLY CROSS COLLEGE, FINANCIAL NEED AS DETERMINED BY THE SUBMISSION OF THE FREE APPLICATION FOR FEDERAL STUDENT AID, AND COMMUNITY INVOLVEMENT

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

SCHEDULE O
(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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	DURING THE 2012 FISCAL YEAR, THE ORGANIZATION MADE CHANGES TO THEIR ARTICLES OF INCORPORATION AND AMENDED THEIR BYLAWS TO INCLUDE THE NEW PRESIDENT, DR MYLES SEGHERS THEY ALSO AMENDED THEIR BYLAWS TO MAKE CHANGES TO THE BOARD OF REGENTS POWERS AND REASONS FOR REMOVAL
	FORM 990, PART VI, SECTION B, LINE 11	PRIOR TO FILING THE FORM 990, THE TAX RETURN IS REVIEWED BY THE V P FOR FINANCIAL MANAGEMENT AND THE PRESIDENT OF THE COLLEGE. IT IS THEN FORWARDED TO THE CHAIR OF THE FINANCE COMMITTEE FOR REVIEW COLLEGE ADMINISTRATION RESPONDS TO THE BOARD'S CONCERNS AND REVISES THE FORM AS NECESSARY ONCE REVIEWED AND SUBMITTED TO THE IRS A COPY OF THE FILED FORM 990 IS FORWARDED TO THE CHAIR OF THE FINANCE COMMITTEE FOR RECORD-KEEPING
	FORM 990, PART VI, SECTION B, LINE 12C	DURING THE FIRST BOARD OF REGENTS MEETING OF EACH YEAR, THE COLLEGE'S CONFLICT OF INTEREST POLICY IS REVIEWED WITH ITS MEMBERS AND THEY ARE ASKED TO SIGN A DOCUMENT DISCLOSING ANY CONFLICT OF INTEREST WITH COLLEGE BUSINESS MATTERS IF A CONFLICT SHOULD ARISE, THE BOARD MEMBER WILL RECUSE HIMSELF OR HERSELF FROM VOTES RELATIVE TO THE AFFECTED SUBJECT MATTER ANY DISCUSSION OF POTENTIAL CONFLICTS AND RECUSALS ARE SUBSTANTIATED IN THE MINUTES OF THE BOARD MEETINGS
	FORM 990, PART VI, SECTION B, LINE 15	THE PRESIDENT OF THE COLLEGE WAS CHOSEN THROUGH A DOCUMENTED SELECTION PROCESS WHICH WAS CARRIED OUT BY A SEARCH COMMITTEE COMPOSED OF A CROSS SECTION OF COLLEGE ADMINISTRATION, STAFF, FACULTY, AND THE GOVERNING BOARD THE SALARY FOR THE POSITION WAS BASED UPON SALARIES PAID TO PRESIDENTS SERVING IN INSTITUTIONS COMPARABLE IN SIZE AND STRUCTURE. THE PRESIDENT'S COMPENSATION WAS APPROVED BY THE BOARD OF REGENTS AND DOCUMENTED IN A FULLY EXECUTED CONTRACT THE PRESIDENT IS EVALUATED ON AN ANNUAL BASIS BY INDEPENDENT MEMBERS OF THE COLLEGE'S BOARD OF REGENTS DOCUMENTATION OF THE SELECTION OF THE PRESIDENT AND THE CONTRACTED AMOUNT OF COMPENSATION IS RETAINED IN THE RECORDS OF THE SELECTION COMMITTEE AND IN BOARD MINUTES FOR ALL OTHER EMPLOYEES, SALARIES ARE DETERMINED AT THE INITIAL POINT OF HIRING FOR THE POSITION PRIMARILY BASED UPON THE POSITION'S BUDGETED COMPENSATION ADDITIONAL FACTORS ARE CONSIDERED, SUCH AS THE CREDENTIALS AND LEVEL OF EXPERIENCE THAT THE NEWLY HIRED EMPLOYEE BRINGS TO THE ORGANIZATION AND ANALYSIS OF SALARIES FOR THE SAME OR SIMILAR POSITIONS AT COMPARABLE INSTITUTIONS ON AN ANNUAL BASIS, THE ESTABLISHED SALARY MAY BE ADJUSTED FOR THE INCREASE IN COST OF LIVING DOCUMENTATION OF SALARY ANALYSIS IS RETAINED IN THE RECORDS OF THE SELECTION COMMITTEE AND WITHIN THE BOARD MINUTES
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND FINANCIAL DATA ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,054,774 PRIOR PERIOD ADJUSTMENTS 45,000 TOTAL TO FORM 990, PART XI, LINE 5 -1,009,774
	FORM 990, PART XI, LINE 2C	THE ORGANIZATION'S COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR HAS NOT CHANGED FROM THE PRIOR YEAR
	FORM 990, SCHEDULE R, PART V	THE LAND AND BUILDING USED FOR COLLEGE OPERATIONS ARE OWNED BY THE SISTERS MARIANITES OF HOLY CROSS (MARIANITES) UNDER THE TERMS OF THE LEASE DATED 1/1/1999, THE ANNUAL RENT FOR 2011-2012 WAS $450,000, OF THIS AMOUNT THE COLLEGE PAID $0 WITH THE BALANCE CONTRIBUTED TO THE COLLEGE BY THE MARIANITES

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
OUR LADY OF HOLY CROSS COLLEGE

Employer identification number
72-0642832

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization Yes	No
(1) CONGREGATION OF SISTERS MARIANITES OF HOLY CROSS 1011 GALLIER STREET NEW ORLEANS, LA 70117 72-1135603	RELIGIOUS ORGANIZATION	LA	501(C)(3)	170(B)(1)(A)(1)			No

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

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

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

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CONGREGATION OF SISTERS MARIANITES OF HOLY CROSS	C	450,000	
(2) CONGREGATION OF SISTERS MARIANITES OF HOLY CROSS	J	450,000	
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses $ 1,111,312 including grants of $) (Revenue $)

STUDENT SERVICES ENCOMPASSES VARIOUS SERVICES THE REGISTRAR'S OFFICE PROVIDES PUBLICATIONS, COMPUTERIZED STUDENT RECORDS, AND OTHER ACADEMIC SERVICES TO PROSPECTIVE AND CURRENT STUDENTS STUDENT SERVICES PROVIDES FUNDING FOR 5 PROFESSIONAL CLUBS THE STUDENT GOVERNMENT ASSOCIATION OFFERS A MULTI-FACETED ARENA OF SOCIAL EVENTS AND ENTERTAINMENT ON AND OFF CAMPUS FOR STUDENTS THE DIVISION OF STUDENT AFFAIRS FUNDS A HOST OF INTRAMURAL SPORTS AT THE COLLEGE, WHICH ARE AVAILABLE TO ALL STUDENTS THE SECURITY OFFICE OVERSEES THE SECURITY OF THE CAMPUS AND PARKING LOTS, WHICH REQUIRE MAINTENANCE THE HURRICANE CAFE PROVIDES FOOD SERVICES TO ALL STUDENTS, FACULTY AND STAFF STUDENT SERVICES ALSO INCLUDES TRAVEL, WORKSHOPS AND SEMINARS IN ADDITION TO ADMINISTRATIVE SUPPLIES AND EQUIPMENT FOR STUDENT ORGANIZATIONS, ADMISSIONS AND RECRUITING STAFF OF THE COLLEGE THE HEALTH SERVICES OFFICE PROVIDES ROUTINE HEALTH SERVICES AND FIRST AID SUPPLIES TO STUDENTS, FACULTY AND STAFF TOTAL EXPENSES DURING THE CURRENT YEAR RELATED TO THE OTHER PROGRAM SERVICES LISTED ABOVE ARE