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Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Inspection

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A F	or th	e 2013 calendar year, or tax year beginning $$	JUN 30, 2014	
В	Check if	C Name of organization	D Employer identifi	cation number
8	pplicab	BROTHERS OF THE SACRED HEART FOUNDATION,		
	Addre	ess Tara		
Ī	Name		72-0	841091
F	Initial	Day (	<del></del>	
F	Termi			301-4758
$\vdash$	ated Amen	ded Other than the second of t	G Gross receipts \$	4,132,291.
늗	ireturn ∏Appli		H(a) is this a group re	
_	⊥tión pendi			? Yes X No
		4600 ELYSIAN FIELDS AVE., NEW ORLEANS, LA	7 H(b) Are all subordinates in	
_				list. (see instructions)
				•
		te: ► N/A forganization: X Corporation Trust Association Other ► L Y	H(c) Group exemptio	
	art I	forganization: X Corporation Trust Association Other Ly  Summary	<u>ear of formation: 1977 Notes 197</u>	A State of legal dofffiche. LIA
<u> </u>	T		EMENTO	
G	1	Briefly describe the organization's mission or most significant activities: SEE STAT	EMENI •	<del></del>
Activities & Governance	_	Check this box   if the organization discontinued its operations or disposed of h	= 1	
Je.	2		101	
ő	3	Number of voting members of the governing body (Part VI, line 1a)	3	8 7
જ	4	Number of independent voting members of the governing body (Part VI, line 1b) 0.5.20 Total number of individuals employed in calendar year 2013 (Part VI line 2a) AY	15 5	
ies	5		0	
ĕ	6	Total number of volunteers (estimate if necessary)	6	8
Act		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	580,591.	568,530.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	405,484.	240,126.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	986,075.	808,656.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	97,569.	98,981.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	56,325.	56,325.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)		
ŵ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	45,721.	52,291.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	199,615.	207,597.
	19	Revenue less expenses. Subtract line 18 from line 12	786,460.	601,059.
P 8		TOTAL GOOD OXPORTED TO THE TOTAL THE TOTAL TO THE TOTAL T	Beginning of Current Year	End of Year
ages	20	Total assets (Part X, line 16)	15,539,314.	18,221,979.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	0.	0.
E E	22	Net assets or fund balances. Subtract line 21 from line 20	15,539,314.	18,221,979.
Pa	art II	Signature Block	13,333,314.	10,221,5,15
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	stements and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration preparer, (other than afficer) is based with information of which prep		y knomicago ana boliot, it is
11 00	CONTE	Dust le La La Co	arer rias arry knowledge.	12015
C:	_	Signature of officer	Date	1473
Sign		BROTHER IVY LEBLANC, S.C., EXECUTIVE DIRE		
Her	е	Type or print name and title	CIOR/BEC/IRE	
			Date Check	PTIN
Paid	i	Print/Type preparer's name  BONNIE M. WYLLIE, JD, LLM / Younu MUMMULE	11 11-15	<b>-</b> '
	arer			P00540011 72-1088864
_			Firm's EIN	14-100004
use	Only	1 · · · · · · · · · · · · · · · · · · ·	600   Dhana na / E	04\02E EE22
		METAIRIE, LA 70005-4958	j Prione no. ( 5	04)835-5522
		RS discuss this return with the preparer shown above? (see instructions)		X Yes No
3320	01 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2013)

BROTHERS OF THE SACRED HEART FOUNDATION,

Form 990 (2013) INC.
Part IV | Checklist of Required Schedules 72-0841091 Page 3

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		<u>x</u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	[ _ [		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		_x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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		<u>x</u>
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	l		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X _X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	] ;		
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		,	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	L	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	 
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16_		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
		<del>~</del>		
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a2 # "Yes."			
9	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	10		X
	complete Schedule G, Part III	19 20a		X

Form 990 (2013)

72-0841091

Page 4

#### Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 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 lines 24b through 24d and complete Schedule K. If "No", go to line 25a Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 X 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 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 X 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28<u>b</u> c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 If "Yes," complete Schedule N, Part I X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X b If "Yes" to line 35a, 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 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 X 36 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 Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

Form	990 (2013) INC. 72-0841	091	Р	age 5
Pai				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part V			
	A CHOCK TO CHOOSE O CONTRACTOR OF THE CONTRACTOR		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		103	-:
	Enter the fighther reported in box 6 or form reservation of a met approximation in the servation of the serv			
b	Little tille flattiger of Forms 17 Earlies and 18 E			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	10	X	ĺ
	(gambling) winnings to prize winners?	1c		<del></del>
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			ļ.
	mice for the calcinear year or thank the year overled by the calcinear year of that the calcinear year of the calcinear year or the calcinear year of the calcinear years year of the calcinear years year of the calcinear years year.	2b		ľ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	_20_		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	За		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x_
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		A
b	If "Yes," enter the name of the foreign country:			1
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	<b>-</b> -		\ <del>v</del>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	٥-		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	01-		
	were not tax deductible?	<u>6b</u>	-	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		<b>.</b>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		├
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	_		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	<u> </u>	<del> </del> -
9	Sponsoring organizations maintaining donor advised funds.			ł
а	Did the organization make any taxable distributions under section 4966?	9a	<u></u>	├
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	-	<del> </del>
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12		]	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	}		ļ
а	Gross income from members or shareholders			
b	· · · · · · · · · · · · · · · · · · ·	i		ļ
	amounts due or received from them.)		]	j
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del> </del>	├
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	l		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a	ļ	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
þ	, , , , , , , , , , , , , , , , , , , ,			1
	organization is licensed to issue qualified health plans		1	1
	Enter the amount of reserves on hand	<del> </del>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 000	(2012)

Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	A Clark V. O. Landa L. O. and Advance and Advance line in Alain Port VI			$\bar{\mathbf{x}}$					
<del></del> 2	Check if Schedule O contains a response or note to any line in this Part VI			يما					
Sec	tion A. Governing Body and Management		Voc	No					
	Enter the number of voting members of the governing body at the end of the tax year		Yes	No					
та	Enter the name of voting from both of the getting body at the one of the last the first the firs	1							
	If there are material differences in voting rights among members of the governing body, or if the governing	•	}	]					
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in line 1a, above, who are independent	,							
	Enter the number of voting members included in line 1a, above, who are independent	1							
2		2	}	x					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x					
6	Did the organization have members or stockholders?	6	х						
_	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
<i>i</i> a	more members of the governing body?	7a	$ \mathbf{x} $	1					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b></b>							
U		7b		х					
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	- <u>-</u>		<del></del> -					
_	The governing body?	8a	$\mathbf{x}_{-}$	}					
	Each committee with authority to act on behalf of the governing body?	8b	x						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	ł	X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	tion Dr. Ondree (mis occine) Droqueste monitation about penales not require by the montal research		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ļ						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<del>                                     </del>							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X_						
·	in Schedule O how this was done	12c	x	i					
13	Did the organization have a written whistleblower policy?	13	Х						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1							
а	The organization's CEO, Executive Director, or top management official	15a	Х	i					
	Other officers or key employees of the organization	15b	X	<u> </u>					
_	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	ł		İ					
_	taxable entity during the year?	16a		х					
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	ĺ	ĺ	Ì					
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le						
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion:	<b>-</b>						
	BROTHER IVY LEBLANC - 504-301-4758								
	4600 ELYSIAN FIELDS AVE., NEW ORLEANS, LA 70122								
33200	5 10-29-13	Forn	990	(2013)					

4 000 (2010)	Page
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	

	Employees, and Independent Contractors				
•	Check if Schedule O contains a response or note to any line in this Part VII			 	

C4! A	Officers Discotors	Turretone Var	r E-malaucaa	and Highart	Componented Employees
section A.	Unicers, Directors.	. irustees. Ne	v Emblovees.	ano monesi	Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
   List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization in	or any related	orga	aniza	tion	CO	mpei	nsat	ted any current officer, of	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	Ьох	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	_			T GCI	7,000	100,	from	from related	other
	(list any hours for	Te l				<u></u>	1	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	50	ig ig			sate	1	(W-2/1099-MISC)	(***271035141100)	organization
	organizations	tast	E E		e e	E E		( 2) 1000 111100		and related
	below	Individual trustee or director	E E	<b>3</b> 55	뒽	oyee	<u>s</u>			organizations
	line)	횰	Tast Tast	Отпсет	Key employee	Highest compensated employee	툴			
(1) DAVID BOUDREAUX	0.50	1						1		_
DIRECTOR	<del></del>	X	<u> </u>		_	_	ļ	0.	0.	0.
(2) PRICE CRANE	0.50		l		l		}		}	
DIRECTOR	<del> </del>	X		<u> </u>	_	ļ	┞	0.	0.	0.
(3) FRANK JANUSA	0.50	l	l	ł	l		1			
DIRECTOR		X	<u> </u>	<u> </u>		├-	<del> </del>	0.	0.	0.
(4) HUGH HAMILTON	0.50	<b>∤</b>	1		1					
DIRECTOR	<del>                                     </del>	X	-	-	├	ļ	⊢	0.	0.	0.
(5) MICHAEL KIMBLE	0.50						[			_
DIRECTOR	40.00	X	ļ. —			├	├-	0.	0.	0.
(6) BROTHER IVY LEBLANC, S.C.	40.00	<b>.</b> ,		3,				E0 000		6 225
EXECUTIVE DIRECTOR/SEC/TRE	0 50	X		X		┝	├	50,000.	0.	6,325.
(7) JOSEPH MONTI	0.50	x						0.	0.	0.
DIRECTOR	0.50	₽	<del> </del>		┢	╁	├	- ·	<u></u>	<u></u>
(8) BROTHER RONALD HINGLE	0.50	X	1	x				0.	0.	0.
DIRECTOR	<del>                                     </del>	^	$\vdash$	~		$\vdash$	<del> </del>	<del>                                     </del>		
		1	İ							
		1	ļ							
		L					L	<u> </u>		ļ
	<del>-</del>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	╄	<del> </del>	-	<u> </u>	 
	<del></del>	-				İ				
	<del></del>	┢	$\vdash$		1—		-	<del></del>		
		1	ļ			j		1		
							T -		<del></del>	<del></del>
		<u>L</u>	_				_			 
		<u> </u>			$oxed{oxed}$	↓	<u> </u>		ļ	<del></del>
		-						}		
		<u> </u>	<u> </u>	<u> </u>	<u>L_</u>	<u> </u>	L_	L	<u> </u>	- 000 (ca. ca)

Form 990 (2013)

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	T VII   Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per	(do		Pos	C) ition more	) than	one	(D) Reportable compensation	(E) Reportable compensatio		1	(F) timate	
		week (list any hours for related organizations below line)	tee or director	institutional trustee	ass pe	lirecto	Highest compensated carployee	tee)	from the	from related organization (W-2/1099-MIS	s s	ation e ion ed ons		
				_										
			L							<del>-</del>				
												<u> </u>		
	-						!							
<u> </u>										·				
							_							
										<del></del>			_	
			-											
			-			-				<del></del>				-
	Sub-total								50,000.	· · · · · · · · · · · · · · · · · · ·	0.		6,3	25.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b> <b>&gt;</b>	50,000.		0.		6,3	<u>0.</u> 25.
2	Total number of individuals (including but r compensation from the organization							o re	eceived more than \$100	,000 of reportab	le			0
3	Did the organization list any former officer,	director or tra	ıcto	o ko	w on	nnio	.voo	or	highest companyated a	mployee on	·		Yes	No
	line 1a? If "Yes," complete Schedule J for s	uch individual							•••••	•••••		3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	dule	J f	for such individual	•••••		4		X
5 —	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," corn							elat	ed organization or indivi	dual for services		5_		Х
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	 ipens	ation f	rom	
<del></del>	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith (	o <u>r</u> w	thir	n the organization's tax (B)	/ear.		(C		
	Name and business	address	N	INC	₹			$\dashv$	Description of s	ervices	С	ompei		n
		<del></del>						_						
								_						
								_	<i></i>					
				_										
2	Total number of independent contractors (i \$100,000 of compensation from the organi	_	ot li	mite	d to	_	se lis	sted	l above) who received m	ore than	. <del>-</del>			
	T. SOJSOV OI GOITIPOTICATION THO O'GAIN											Form 9	990 (	2013)

Par	t VIII							
	•	Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	163	(D)  Revenue excluded from tax under sections 512 - 514
Contributions, Girts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in lines	1b 1c 1d 1d 1e s, and e 1f	568,530,	568.530.	,		
1 to C	<u>n</u>	Total. Add lines 1a-1f	. <u> </u>	Business Code	300,330.			
Program Service Revenue	2 a b c d e f	All other program service rever						
Other Revenue	3 4 5	Investment income (including other similar amounts)	-exempt bond	proceeds	41,614,			41,614.
	6 a b	Gross rents  Less: rental expenses  Rental income or (loss)  Net rental income or (loss)	(i) Real	(ii) Personal			. ,	
	7 a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 3,522,147 3,323,635 198,512	(ii) Other	198 512		4	198,512,
	8 a	Net gain or (loss)	g events (not of 1c). See 		. 130,312			
	9 a	Net income or (loss) from function Gross income from gaming at Part IV, line 19	draising events	a b			*	
	10 a	Net income or (loss) from garr     Gross sales of inventory, less and allowances     Less: cost of goods sold     Net income or (loss) from sale	returns	a	, 1			
		Miscellaneous Revenu		Business Code	,			
	11 a	All other revenue						
		Total. Add lines 11a-11d			808,656	0.	0.	240_126.
3320	12	Total revenue. See instructions.						Form <b>990</b> (2013)

# Form 990 (2013) INC. Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must_co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			4	
	organizations in the United States. See Part IV, line 21	19,080.	19,080.		
2	Grants and other assistance to individuals in		,		
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			t.	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	79,901.	79,901.	* 4	
4	Benefits paid to or for members	······································			
5	Compensation of current officers, directors,				
	trustees, and key employees	56,325.	18,024.	38,301.	<del></del>
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				<del></del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	10,834.		10,834.	
C	Accounting	10,034.		10,034.	
d	Lobbying				
e f	Investment management fees	22,802.		22,802.	
g	Other. (If line 11g amount exceeds 10% of line 25,	22,002.		22,002.	·
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses			-	
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy				· · ·
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				<u> </u>
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	POSTAGE AND PRINTING	18,655.	18,287.	368.	
b					
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	207,597.	135,292.	72,305.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

TNC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 290,348. 212,762. 1 Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net ..... 3 Accounts receivable, net 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 0 . 1,338,041. Notes and loans receivable, net 7 7 Inventories for sale or use \_\_\_\_\_ 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b 10c 16,593,590. 15,326,552. Investments - publicly traded securities ...... 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets ..... 14 Other assets. See Part IV, line 11 15 15 15,539,314. 18,221,979. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue ...... 19 20 Tax-exempt bond liabilities ..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other 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 Unsecured notes and loans payable to unrelated third parties ..... 24 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 25 ...... 0 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Bafances 1,980,250. 2,676,130. Unrestricted net assets 15,520,500. <u>13,533,715.</u> Temporarily restricted net assets 28 28 25,349. Permanently restricted net assets ....... 25,349. Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 15,539,314. 18,221,979. 33 Total net assets or fund balances ..... 33 Total liabilities and net assets/fund balances 15,539,314 18,221,979.

Form 990 (2013)

ʵm	BROTHERS OF THE SACRED HEART FOUNDATION, 1990 (2013) INC.	72-08	341091	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u>.</u> ,.	
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	808	B,6	56.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20'	7,5	97.
3	Revenue less expenses. Subtract line 2 from line 1	3	60:	1,0	59.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,53	9,3	14.
5	Net unrealized gains (losses) on investments	5	2,08		
6	Donated services and use of facilities	6			
7	Investment expenses	7		_	
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Ō.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	18,22	1,9	79.
Pa	rt XII Financial Statements and Reporting				
•	Check if Schedule O contains a response or note to any line in this Part XII				$\mathbf{x}$
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	-		
2a			2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		····		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		ĺĺ		1
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		····		
	consolidated basis, or both:	•			
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho		····   -=-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
_	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2013)

Department of the Treasury Internal Revenue Service

Name of the organization

# 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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

BROTHERS OF THE SACRED HEART FOUNDATION, INC. 72-0841091 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III - Non-functionally integrated b X Type II c Type III - Functionally integrated 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). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? [11g(iii) Provide the following information about the supported organization(s). h (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (ii) EIN (i) Name of supported in col. (i) listed in your organization in col. (described on lines 1-9 support organization (I) organized in the governing document? (i) of your support? above or IRC section U.S.7 (see instructions)) Yes No Yes No Yes No BROTHERS OF 170(B)(1)(A) THE SACRED H63-0510029(I) 98,981. X X 98.981 Schedule A (Form 990 or 990-EZ) 2013 LHA For Paperwork Reduction Act Notice, see the Instructions for

332021 09-25-13

Form 990 or 990-EZ.

Schedule A	(Form 990 or 990-EZ) 2013 INC.	<u>72-0841091</u>	Page 2
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(	A)(iv) and 170(b)(1)(A)(vi)	

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		. ,				-
	membership fees received. (Do not				1		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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	}				1	
4	Total. Add lines 1 through 3				1		
5	The portion of total contributions						
_	by each person (other than a	1			ĺ		
	governmental unit or publicly	!					
	supported organization) included						
	on line 1 that exceeds 2% of the	1			'		
	amount shown on line 11,				,		
	column (f)	]		j	J	j	
6	Public support. Subtract line 5 from line 4		3				
	ction B. Total Support	<u></u>		<u> </u>		<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4			* * * * * * * * * * * * * * * * * * * *			
	Gross income from interest,						-
Ī	dividends, payments received on				}	}	
	securities loans, rents, royalties						
	and income from similar sources	!					
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is secularly equilar on						
10	Other income. Do not include gain			<del></del>			
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	, ,			1		
	Gross receipts from related activities,	etc. (see instructi	ons)		<u> </u>	12	<del></del>
	First five years. If the Form 990 is for		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<del></del>	
	organization, check this box and stop	•					
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2013 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2012					15	%
	33 1/3% support test - 2013. If the						ox and
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2012. If the						
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	<del>-</del>					
	meets the "facts-and-circumstances"					_	_
b	10% -facts-and-circumstances tes						
•	more, and if the organization meets the	=					
	organization meets the "facts-and-cire				•		▶□
18	Private foundation. If the organization		-		· · · · · ·		s . •
			<del></del>			dula A (Form 000	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

• qualify under the tests listed to Section A. Public Support	pelow, please com	plete Part II.)		<del></del>		
	T	7	1	1 2010	1	45 T. V. I
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		5				
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					1	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					1	
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		·		<u> </u>		
8 Public support (Subtract line 7c from line 6)				-		
Section B. Total Support	1					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	(a) 2003	(6) 2010	(0) 2011	(0) 2012	(e) 2013	(I) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		1				
(less section 511 taxes) from businesses				}		
acquired after June 30, 1975				1		
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 fo	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	ation,
check this box and stop here				•		. ▶□
Section C. Computation of Publ	ic Support Pe				···· · · · · · · · · · · · · · · · · ·	
15 Public support percentage for 2013 (	line 8, column (f) d	livided by line 13, o	olumn (f))		15	%
16 Public support percentage from 2012					16	<u> </u>
Section D. Computation of Inve						
17 Investment income percentage for 20			ne 13, column (fl)		17	%
18 Investment income percentage from						<del>/</del> 6
19a 33 1/3% support tests - 2013. If the						
more than 33 1/3%, check this box a					·	
b 33 1/3% support tests - 2012. If the						
line 18 is not more than 33 1/3%, che	=					
20 Private foundation. If the organization		-			=	······ <b>[</b>
332023 09-25-13	did flot officer a	237 011 810 17, 19	., o. 100, oneok ti		hedule A (Form 99	0 or 990-E7) 2013

15

Part IV	(Form 990 or 990-EZ) 2013 INC. 72-0841091 Pag
art IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
<u>_</u>	Also complete this part for any additional information. (See instructions).
•	
·	
-	

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047

Open to Public Inspection

Nam	e of the organization BROTHERS OF THE SACRED HEART FOUNDATION,  INC.	72-0841091
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	
		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	de
5		
_	are the organization's property, subject to the organization's exclusive legal control?	
6		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	Yes No
Pa	impermissible private benefit?  rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,	line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
'	Preservation of land for public use (e.g., recreation or education)  Preservation of an historical	v important land area
	Protection of natural habitat  Preservation of a certified his	
	Preservation of open space	Stone Stractare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation easement on the last
_	day of the tax year.	riservation easement on the last
	day of the tex year.	Held at the End of the Tax Year
9	Total number of conservation easements	2a
b		2b
c		2c
-	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	20
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	year	Lation deling the lat
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	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the ye	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	
	and section 170(h)(4)(B)(ı)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense states	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's	
	conservation easements.	·
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement are	nd 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 XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public ser	vice, provide the following amounts
	relating to these items:	
	(i) Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(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,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	<b>&gt;</b> \$
	Assets included in Form 990. Part X	<b>&gt;</b> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land ..... b Buildings ..... c Leasehold improvements ..... d Equipment ..... Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2013

Scheduc (Form 990) 2013 BROTHERS OF INC.	THE SACRED	HEART FOUNDA		-08 <b>41</b> 091 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, li	ne 11b. See Form 990, P	art X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-	of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"		ne 11c. See Form 990, P	art X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of va	lluation: Cost or end-	of-year market value
(1)				
(2)				
(3)				
(4)			<del></del>	·
(5)				
(6)			<u> </u>	
(7)				
(8)				
(9)	 		<del> </del>	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u></u>			
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990, P	art X, line 15.	(h) Poolevalue
	Description			(b) Book value
(1)	<del></del>			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)	•			
(9)	- 45)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X   Other Liabilities.	<del>0 (5.)</del>		<u> ▶  </u>	
Complete if the organization answered "Yes"	to Form 900 Bort IV I	ing 11g or 11f Con Earm	QQQ Dart V line 05	
/-\ Description of bability	to Folin 950, Part IV, II	(b) Book value	330, Fait A, IIIIE 25.	
1. (a) Description of liability		(a) ===:: , a.c.		

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X Schedule D (Form 990) 2013

332053 09-25-13

THE FOUNDATION FILES FORM 990 WITH THE INTERNAL REVENUE SERVICE AND ALL RETURNS HAVE BEEN APPROPRIATELY FILED. NO TAX RETURNS ARE CURRENTLY UNDER AUDIT. TAX RETURNS FILED FOR YEARS ENDING AFTER JUNE 30, 2011 ARE OPEN TO EXAMINATION. MANAGEMENT EVALUATED THE FOUNDATION'S TAX POSITIONS AND CONCLUDED THE FOUNDATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF

THE GUIDANCE.

332054 09-25-13 Schedule D (Form 990) 2013

Achedule D (Form 990) 2013 INC. 72-0841  Part XIII   Supplemental Information (continued)  PART XI, LINE 4B - OTHER ADJUSTMENTS:  ADVISORY FEES  PART XII, LINE 4B - OTHER ADJUSTMENTS:  ADVISORY FEES	091 Page 5
PART XI, LINE 4B - OTHER ADJUSTMENTS:  ADVISORY FEES  PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PART XI, LINE 4B - OTHER ADJUSTMENTS:  ADVISORY FEES  PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ADVISORY FEES  PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	22 222
ADUTCODY REEC	22,802.
ADUTCODY REEC	
ADUTCODY REEC	
ADVISORY FEES	
	22,802.

# (Form 990)

Statement of Activities Outside the United States

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Complete if the organization answered "Yes" on Form 990. Part IV. line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BROTHERS OF THE SACRED HEART FOUNDATION, Employer identification number

INC. 72-0841091 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (f) Total (a) Region (b) Number of (d) Activities conducted in region (e) If activity listed in (d) émployees, agents, and expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in region in region in region 3 a Sub-total ...... 0 0. **b** Total from continuation sheets to Part I ........ c Totals (add lines 3a

332071 10-03-13

and 3b)

Schedule F (Form 990) 2013

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

BROTHERS OF THE SACRED HEART FOUNDATION,

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Page 2

72-0841091

	<b>,</b>			<u> </u>	<b> </b>	j 1	1	[	୷୷ୄୄ
(i) Method of valuation (book, FMV, appraisal, other)									1 Schedule F (Form 990) 2013
(h) Description of non-cash assistance			:						Sched
(g) Amount of non-cash assistance	0								kempt by
(f) Manner of cash disbursement									recognized as tax-e)
(e) Amount of cash grant	79,901,								foreign country, re
(d) Purpose of grant	TO PROVIDE MISSION SUPPORT WITH THE BROTHERS OF THE SACRED HEART								Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities.
(c) Region	AMATONGAS								Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities
(b) IRS code section and EIN (if applicable)	7				,				recipient organization he grantee or counse other organizations o
1 (a) Name of organization									<ul> <li>2 Enter total number of recipient organizations listed at the IRS, or for which the grantee or counsel has properly a Enter total number of other organizations or entities</li> </ul>

SEE PART V FOR COLUMN (D) DESCRIPTIONS

FOUNDATION
HEART
SACRED
THE
OF
BROTHERS

INC.

Pagé 3

72-0841091

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2013

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

30

Schedule F (Form 990) 2013

	ıle F (Form 990) 2013 INC.	<u>72-0841091</u>	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

#### INC. \$chedule F (Form 990) 2013 Part V | Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

### PART I, LINE 2:

SACRED HEART ENTITIES. THE ORGANIZATION MAINTAINS RECORDS ON THE AMOUNT OF THE GRANTS BUT ONLY BROTHERS OF THE SACRED HEART ENTITIES ARE ELIGIBLE FOR GRANTS. THE CRITERIA FOR THE GRANTS IS ALWAYS THE SAME, "FOSTERING THE LIFE AND MISSION OF THE BROTHERS OF THE SACRED HEART.'

THE ORGANIZATION ONLY PROVIDES GRANTS TO BROTHERS OF THE

PART II, COLUMN (D):

REGION: AMATONGAS

(D) PURPOSE OF GRANT: TO PROVIDE MISSION SUPPORT WITH THE BROTHERS OF THE SACRED HEART FOUNDATION IN THE GONDOLA DISTRICT OF MOZAMBIQUE.

#### SCHEDULE F PART II LINE 1

THE BROTHERS OF THE SACRED HEART IS A WORLDWIDE CATHOLIC RELIGIOUS CONGREGATION, AND THE BROTHERS OF THE SACRED HEART FOUNDATION IS A SUPPORTING ORGANIZATION TO THE NEW ORLEANS PROVINCE OF THIS WORLDWIDE CONGREGATION. THIS FOUNDATION MADE A GRANT TO THE CONGREGATION OF THE BROTHERS OF THE SACRED HEART IN MOZAMBIQUE, WHICH IS A PART OF THIS WORKWIDE CONGREGATION. AS SUCH, THE GRANT IS MONITORED BY MEMBERS OF THE WORLDWIDE CONGREGATION AND UTILIZED IN ITS MISSION.

# SCHEDULEI (Form 990)

Department of the Treasury

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.

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OMB No 1545-0047

**2** Schedule I (Form 990) (2013) Employer identification number 72-0841091 Inspection (h) Purpose of grant or assistance FUITION ASSISTANCE X Yes 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 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 (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. BROTHERS OF THE SACRED HEART FOUNDATION, (d) Amount of cash grant 17,880 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table criteria used to award the grants or assistance? 170(B)(1)(A)(I) (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table 72-0680486 General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization BROTHER MARTIN HIGH SCHOOL 4401 ELYSIAN FIELDS AVE. or government NEW ORLEANS, LA 70122 Name of the organization Internal Revenue Service Part Part

33

# BROTHERS OF THE SACRED HEART FOUNDATION,

Schedule I (Form 990) (2013)

Part

Page 2

72-0841091

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. GRANTEES ARE BROTHERS OF SACRED HEART EXECUTES AN EITHER ORAL OR WRITTEN AGREEMENT WITH INCLUDES PROVISIONS THAT PROHIBITS THE USE OF THE FUNDS FOR NON-CHARITABLE REQUIRED TO DESCRIBE HOW THE FUNDS ARE USED AND ANY FUNDS NOT USED FOR THE Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE THE GRANTEE THAT SPECIFIES THE CHARITABLE PURPOSES OF THE GRANT AND DISTRIBUTIONS TO THEIR VARIOUS TAX-EXEMPT RELATED ORGANIZATIONS. THE SACRED HEART MANAGES THE PROCESS OF MAKING OR LOBBYING ACTIVITIES. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients POLITICAL CAMPAIGN ACTIVITY, (a) Type of grant or assistance DESIGNATED PURPOSES. THE BROTHERS OF S LINE PURPOSES, PART I,

Schedule I (Form 990) (2013)

## **CHEDULE L**

**Transactions With Interested Persons** (Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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L		efit Transact organization ans			-				• •	ort \/	line 40	1h			
-	4						23a 01 231	J, UI 1	OIII 930-LZ, F	ait v,	III 16 4C		(4)	Corre	cted2
(a) Name of disqualified person			(b) Relationship between disqualified person and organization				(c) Description of transaction					(d) Corrected? Yes No			No
-		-	•									<u>-</u>	+-''	-	110
-													+-	_	
-													+		
-									•				+		
-													+-		
_	<u> </u>												+		
	<ul><li>2 Enter the amount of tax section 4958</li><li>3 Enter the amount of tax,</li></ul>										<b>▶</b> \$ <b>▶</b> \$				
Γ	Part II Loans to an	d/or From In	terested Per	sons	<del>.</del>					-					
_	Complete if the	organization ans ount on Form 990	wered "Yes" on	Form 9	990-EZ	, Part V,	line 38a or l	orm:	990, Part IV, Iir	e 26;	or if th	e orga	nizatio	on	
-	(a) Name of	(b) Relationship		(d) Lo	an to or	(e) (	Original	(f)	Balance due	(g)	ın	( <b>h)</b> App	roved	(i) W	ritten
	interested person with organ				n the ization?	principal amount		(,, = 1,		default?		by boa		UI Lagragement?	
				<u> </u>		1				Yes	No	Yes	No	Yes	No
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	rotal . Part III   Grants or As	ssistance Be	nofiting Into	·o o to	d Da	<b>****</b>	<u>▶ \$</u>								
L	·		•												
_		organization ans							/ N.T						<del></del>
(a) Name of interested person		person	(b) Relationship between interested person and the organization						(d) Type assistan	, , ,		Purpose of assistance			
_											_				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2013

BROTHERS OF THE SACRED HEART FOUNDATION, 72-0841091 Page 2 Schedule L (Form 990 or 990 EZ) 2013 INC . Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) Amount of (d) Description of . (a) Name of interested person organization's transaction transaction person and the organization revenues? Yes No TOMMY MASON NEPHEW OF A CURRENT 22,802.SEE SCH. X Part V | Supplemental Information Provide additional information for responses to questions on Schedule L (see instructions) SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: TOMMY MASON (B) RELATIONSHIP BETWEEN INTERESTED PERSON\_AND ORGANIZATION: NEPHEW OF A CURRENT BOARD MEMBER (C) AMOUNT OF TRANSACTION \$ 22,802. (D) DESCRIPTION OF TRANSACTION: SEE SCH. O TOMMY MASON IS THE NEPHEW OF A CURRENT BOARD MEMBER AND WORKS FOR STERNE AGEE. THE BOARD MEMBER PREVIOUSLY SERVED AS THE FOUNDATION'S LONG TIME INVESTMENT COUNSEL. (E) SHARING OF ORGANIZATION REVENUES? = NO

# SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

BROTHERS OF THE SACRED HEART FOUNDATION, INC.

Employer identification number 72-0841091

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ADVANCE THE LIFE AND WORKS OF THE BROTHERS OF THE SACRED HEART
THROUGH SUSTAINED RELATIONSHIPS, SPIRITUAL SUPPORT, AND FUNDING OF
VOCATION AND FORMATION EFFORTS IN THE PROVINCE AND IN ITS MISSIONS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ADVANCE THE LIFE AND WORKS OF THE BROTHERS OF THE SACRED HEART
THROUGH SUSTAINED RELATIONSHIPS, SPIRITUAL SUPPORT, AND FUNDING OF
VOCATION AND FORMATION EFFORTS IN THE PROVINCE AND IN ITS MISSIONS.
FORM 990, PART VI, SECTION A, LINE 4:
DURING THE YEAR, THE ORGANIZATION CHANGED ITS NAME FROM
BROTHERS OF THE SACRED HEART FOUNDATION OF TEH NEW ORLEANS PROVINCE, INC.
TO BROTHERS OF THE SACRED HEART FOUNDATION, INC.
FORM 990, PART VI, SECTION A, LINE 6:
BROTHERS OF THE SACRED HEART IS A MEMBER OF THE BROTHERS OF
THE SACRED HEART FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 7A:
BROTHERS OF THE SACRED HEART IS A MEMBER OF THE BROTHERS OF
THE SACRED HEART FOUNDATION, AND ONE OF ITS RESPONSIBILITIES IS TO ELECT
MEMBERS OF THE GOVERNING BOARD.
FORM 990, PART VI, SECTION B, LINE 11:

\_\_

THE DRAFT FORM OF THE FORM 990 IS PRESENTED AND REVIEWED BY

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

2013.05080 BROTHERS OF THE SACRED HEAR 01982\_

Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

Page 2 Schedule O (Form 990 or 990 EZ) (2013) Name of the organization BROTHERS OF THE SACRED HEART FOUNDATION, **Employer Identification number** 72-0841091 INC. THE BOARD OR, IF IT IS NOT TIMELY, BY THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. FORM 990, PART VI, SECTION B, LINE 15:\_\_\_\_\_ BROTHER IVY LEBLANC, S.C. IS A MEMBER OF THE BROTHERS OF THE SACRED HEART. WHEN HE JOINED THIS RELIGIOUS ORDER HE TOOK A VOW OF POVERTY AND DOES NOT RECEIVE A W-2. FOR THE SERVICES HE PROVIDES TO BROTHERS OF THE SACRED HEART FOUNDATION, THE NEW ORLEANS PROVINCE RECEIVES COMPENSATION. THIS IS THE SAME AMOUNT THAT THE FOUNDATION PREVIOUSLY PAID IN SALARY TO A LAY PERSON WHO LEFT THE FOUNDATION IN 2005. BROTHER LEBLANC CONTINUES TO RECEIVE THE SAME AMOUNT, AND IT HAS NOT CHANGED IN AMOUNT SINCE 2005.

FORM 990, PART VI, SECTION C, LINE 19:

ALL GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or	990-EZ) (201	3)						Page 2
Name of the organization	BROTH INC.	ERS OF	THE	SACRED	HEART	FOUNDATIO	N, Empl	oyer identification number 2-0841091
FORM 990, PAR	T XII,	LINE	2C:					
THE PROCESS H	AS NOT	CHANG	SED.					
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# Tom Schedler SECRETARY OF STATE

State of Louisiana Secretary of State



May 23, 2014

Administrative Services

225.932.5317 Fax

Corporations

225.932.5314 Fax

Uniform Commercial Code

225.932.5318 Fax

**COMMERCIAL DIVISION** 

225,925,4704

The attached document of BROTHERS OF THE SACRED HEART FOUNDATION, INC. was received and filed on May 19, 2014.

JL 04702940N

AMENDMENT TO THE

\* UNITED STATES OF AMERICA

ARTICLES OF INCORPORATION

\* STATE OF LOUISIANA

\* PARISH OF ORLEANS

OF BROTHERS OF THE SACRED HEART FOUNDATION OF THE NEW ORLEANS PROVINCE, INC.

BE IT KNOWN, that on this 8th day of May, in the year 2014,

BEFORE ME, the undersigned authority, a Notary Public, duly commissioned and qualified in and for the Parish and State aforesaid, and, in the presence of the witnesses hereinafter named and undersigned, personally came and appeared:

# BROTHERS OF THE SACRED HEART FOUNDATION OF THE NEW ORLEANS PROVINCE, INC.,

a Louisiana not for profit corporation, appearing herein through its undersigned President and Secretary-Treasurer, and, by the authority of its sole member and Board of Directors, does hereby certify that:

FIRST: The date of incorporation of this Corporation was February 23, 1977;

SECOND: That the Articles of Incorporation were restated on June 15, 2000 and were amended and restated on May 12, 2008;

THIRD: That, at a meeting of the Board of Directors held pursuant to notice on March 18, 2014, it was unanimously resolved to amend the Articles of Incorporation as set forth below;

FOURTH: That the sole member, by Unanimous Consent dated May 14, 2014, resolved to amend the Articles of Incorporation as set forth below:

FIFTH: The Amendment to the Articles of Incorporation is as follows:

1.

The name of this corporation is BROTHERS OF THE SACRED HEART FOUNDATION, INC.

2.

Article VII is hereby amended to read as follows:

## ARTICLE VII

## **BASIS OF ORGANIZATION**

This corporation is organized on a non-stock basis. Membership of the Corporation shall be limited to the Provincial and the Provincial Council of the Province of the United States of the Brothers of the Sacred Heart, their successors or assignees.

THUS DONE AND SIGNED, in multiple originals in the State and Parish aforesaid, on the day, month and year herein above set forth in the presence of the undersigned competent witnesses and me, Notary, after due reading of the whole.

WITNESSES:

Brother Ronald Hingle, President

Brother Ivy LeBlanc, Secretary-Treasurer

NOTARY PUBLIC

BARNO. 00487 /SEAL

Keiren C. Aucoin, Notary Public Jefferson Parish, State of Louisians Notary ID No. 00487 My Commission is for life

<u>Firm 8868 (Rev. 1-2014)</u>		<del></del>	<del></del>		Page 2			
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Ex</li> </ul>					<b>▶ </b> [X]			
Note. Only complete Part II if you have already been granted an a			filed Form	8868.				
If you are filing for an Automatic 3-Month Extension, comple								
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Type or Name of exempt organization or other filer, see instru	Employe	Employer identification number (EIN) or						
print BROTHERS OF THE SACRED HEART FOUNDATION,								
File by the INC.	ļ	72-0841091						
due date for Number, street, and room or suite no. If a P.O. box, s filing your	Social se	Social security number (SSN)						
return. See 4600 ELYSIAN FIELDS AVENUE	<u> </u>							
instructions City, town or post office, state, and ZIP code. For a form	oreign add	Iress, see instructions.						
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Application	Return	Application	Return					
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Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720 (other than individual)			09			
Form 990-PF	04	Form 5227		-	10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	<del></del>					
Form 990-T (trust other than above)	06	Form 8870		11 12				
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• The books are in the care of   4600 ELYSIAN F		AVE NEW ORLEAN	S. T.A	70122				
Telephone No. ► 504-301-4758		Fax No. ▶						
If the organization does not have an office or place of business	s in the Ur							
If this is for a Group Return, enter the organization's four digit (					oup, check this			
box ▶ . If it is for part of the group, check this box ▶								
4 I request an additional 3-month extension of time until		15, 2015 .		oro trio onto				
5 For calendar year, or other tax year beginning			a JUN	30, 20	14 .			
5 For calendar year, or other tax year beginning <u>JUL 1, 2013</u> , and ending <u>JUN 30, 2014</u> 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return								
Change in accounting period								
7 State in detail why you need the extension								
ALL INFORMATION NECESSARY TO I	PREPA	RE A COMPLETE AND	ACCUR	ATE TAX	RETURN			
HAS NOT YET BEEN RECEIVED.								
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8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any						
nonrefundable credits. See instructions.		<u> </u>	8a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069		]						
tax payments made. Include any prior year overpayment all								
previously with Form 8868.	8b	1 <b>s</b>	0.					
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	th this form, if required, by using		,				
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	<b>\$</b>	0.			
		st be completed for Part II o	only.					
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this fo		panying schedules and statements, and to	o the best c	of my knowledge	and belief,			
Signature ► Title ► I	DIREC	TOR	Date					
				Form 8868 (Rev. 1-2014)				