

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning **JUL 1, 2011** and ending **JUN 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SACRED HEART COMMUNITY SERVICE Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1381 SOUTH FIRST STREET City or town, state or country, and ZIP + 4 SAN JOSE, CA 95110 F Name and address of principal officer: PONCHO GUEVARA SAME AS C ABOVE	D Employer identification number 23-7179787 E Telephone number (408) 278-2160 G Gross receipts \$ 19,957,499. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.SACREDHEARTCS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1964 M State of legal domicile: CA

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: UNITE THE COMMUNITY TO ENSURE THAT EVERY CHILD AND ADULT IS FREE FROM POVERTY.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 11
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 116
	6	Total number of volunteers (estimate if necessary)	6 34039
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	19,528,411. 19,761,549.
9		Program service revenue (Part VIII, line 2g)	0. 0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,362. 26,501.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,018. 2,387.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,564,791. 19,790,437.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,791,352. 12,449,503.
	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)	4,555,794. 4,904,618.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	5,114. 7,363.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 336,351.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,553,087. 2,723,948.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,905,347. 20,085,432.
	19	Revenue less expenses. Subtract line 18 from line 12	-340,556. -294,995.
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	8,467,054. 7,921,594.
	21	Total liabilities (Part X, line 26)	1,397,074. 1,147,534.
	22	Net assets or fund balances. Subtract line 21 from line 20	7,069,980. 6,774,060.

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	▶	Signature of officer	Date		
	▶	PONCHO GUEVARA, EXECUTIVE DIRECTOR	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RANDY G. PETERSON, CPA	RANDY G. PETERSON, C	05/08/13		P01300203
	Firm's name ▶ BERGER LEWIS ACCOUNTANCY CORP.	Firm's EIN ▶ 94-2763139			
	Firm's address ▶ 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113			Phone no. (408) 494-1200	

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 [X]

1 Briefly describe the organization's mission: OUR MISSION IS TO BUILD A COMMUNITY FREE FROM POVERTY BY CREATING HOPE, OPPORTUNITY, AND ACTION. WE PROVIDE ESSENTIAL SERVICES, EMPOWER PEOPLE TO IMPROVE THEIR LIVES, ADVOCATE FOR JUSTICE, AND INSPIRE VOLUNTEERS TO LOVE, SERVE, AND SHARE. IT EXPRESSES NOT ONLY THE

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 [X] 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 [X] 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 \$ 12,107,260. including grants of \$ 11,336,517.) (Revenue \$ 2,387.) ESSENTIAL SERVICES

ESSENTIAL SERVICES - THE ESSENTIAL SERVICES PROGRAM IS BUILT ON OUR CORE BELIEF THAT ALL HUMANS HAVE THE RIGHT TO FOOD, SHELTER, AND WARMTH. THESE BASIC NECESSITIES ARE PROVIDED THROUGH THE FOLLOWING PROGRAMS: THE WELCOME CENTER WELCOMES LOW-INCOME AND HOMELESS INDIVIDUALS AND FAMILIES AND PROVIDES RESOURCE REFERRALS AND INFORMATION. LOUISE'S PANTRY DISTRIBUTES PRODUCE AND CANNED GOODS TO FAMILIES TWICE A MONTH. GRACIE'S CLOTHES CLOSET PROVIDES GENTLY USED CLOTHING, BLANKETS, AND LINENS, TO CUSTOMERS TWICE PER MONTH. THE HOUSING OFFICE PROVIDES FINANCIAL ASSISTANCE FOR SECURITY DEPOSITS AND PAST DUE RENT TO PREVENT AND END HOMELESSNESS. WE UTILIZE VOLUNTEERS IN ALL AREAS OF ESSENTIAL SERVICES, WITH MORE THAN 100 EACH DAY WORKING TO

4b (Code:) (Expenses \$ 1,346,095. including grants of \$ 58,490.) (Revenue \$) SELF-SUFFICIENCY PROGRAMS

SACRED HEART'S SELF-SUFFICIENCY PROGRAMS EMPOWER LOW-INCOME FAMILIES AND INDIVIDUALS TO ACHIEVE ECONOMIC SELF-SUFFICIENCY. THESE PROGRAMS INCLUDE: EDUCATION PROGRAMS SUPPORT FAMILIES AND INDIVIDUALS WITH EDUCATION OPPORTUNITIES FOR PRESCHOOL THROUGH JUNIOR HIGH, AS WELL AS THEIR PARENTS. EARLY CHILDHOOD EDUCATION CLASSES PROVIDE PRESCHOOL AND KINDERGARTEN READINESS FOR CHILDREN AGES 3-5 WHILE THEIR PARENTS ATTEND PARENTING AND CHILD DEVELOPMENT CLASSES WITH A FOCUS ON TEACHING BASIC ENGLISH SKILLS THAT ARE NEEDED TO COMMUNICATE WITH THE CHILD'S PHYSICIAN, TEACHER, ETC. AS THE CHILDREN GROW, THEY ATTEND OUR AFTERNOON HOMEWORK CLUB AND ACADEMIC SUMMER DAY CAMP. PARENTS PARTICIPATE IN FAMILIAS UNIDAS CON LAS ESCUELAS (FAMILIES UNITED WITH

4c (Code:) (Expenses \$ 4,576,606. including grants of \$ 1,438,167.) (Revenue \$) ENERGY PROGRAMS

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM: PROVIDES ASSISTANCE WITH ENERGY BILLS FOR LOW-INCOME HOUSEHOLDS. WEATHERIZATION ASSISTANCE PROGRAM: PROVIDES WEATHERIZATION SERVICES TO HOMES OWNED OR RENTED BY LOW-INCOME HOUSEHOLDS TO PROMOTE ENERGY EFFICIENCY AND REDUCE THE COST OF THE ENERGY BILLS (REPLACING OLD APPLIANCES, UPGRADING INSULATION AND VENTING, INSTALLING LOW-FLOW SHOWER HEADS AND WEATHER STRIPPING.) AS STAFF MEMBERS OUTREACH TO THE COMMUNITY FOR ENERGY PROGRAMS, THEY ALSO PROVIDE INFORMATION ABOUT OTHER VITAL SACRED HEART PROGRAMS.

ABOUT 12,000 PEOPLE WERE SERVED BY THIS PROGRAM DURING THE 2011-2012

4d Other program services (Describe in Schedule O.) (Expenses \$ 640,151. including grants of \$ 5,081.) (Revenue \$)

4e Total program service expenses 18,670,112.

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.		
	12		
b	Enter the number of voting members included in line 1a, above, who are independent		
	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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) 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 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: **MICHAEL SOUKUP - (408) 278-2181**
1381 SOUTH FIRST STREET, SAN JOSE, CA 95110

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) JOSE LUIS SALCIDO PRESIDENT	3.00	X		X				0.	0.	0.
(2) LAURIE LAIRD VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) JOSEPH OKPAKU TREASURER	3.00	X		X				0.	0.	0.
(4) GARY SERDA SECRETARY	3.00	X		X				0.	0.	0.
(5) DELICIA MADSEN BOARD MEMBER	3.00	X						0.	0.	0.
(6) BRIDGIT MCGARRY BOARD MEMBER	3.00	X						0.	0.	0.
(7) CORA TOMALINAS BOARD MEMBER	3.00	X						0.	0.	0.
(8) FATHER JON PEDIGO BOARD MEMBER	3.00	X						0.	0.	0.
(9) JAIME ALVARADO BOARD MEMBER	3.00	X						0.	0.	0.
(10) HON. PAUL FONG BOARD MEMBER	3.00	X						0.	0.	0.
(11) PONCHO JOSE GUEVARA EXECUTIVE DIRECTOR	40.00			X				126,274.	0.	4,856.
(12) MICHAEL SOUKUP FINANCE MANAGER	40.00			X				72,623.	0.	12,848.

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 (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			
1b Sub-total								198,897.	0.	17,704.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								198,897.	0.	17,704.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

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 **0**

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	1 a Federated campaigns	1a 93,453.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 7,485,822.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 12182274.					
	g Noncash contributions included in lines 1a-1f: \$	11,138,776.					
	h Total. Add lines 1a-1f		19761549.				
	Program Service Revenue	2 a _____ Business Code					
		b _____					
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		27,727.			27,727.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)		-1,226.			-1,226.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses	b				
		c Net income or (loss) from gaming activities					
10 a 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					
11 a OTHER INCOME	90099	2,387.	2,387.				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		2,387.					
12 Total revenue. See instructions.		19790437.	2,387.	0.	26,501.		

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	12,449,503.	12,449,503.		
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	223,741.	17,630.	203,399.	2,712.
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	3,713,513.	3,130,431.	437,847.	145,235.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	678,826.	559,386.	93,227.	26,213.
10 Payroll taxes	288,538.	231,692.	45,960.	10,886.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	57,093.		57,093.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	7,363.			7,363.
f Investment management fees	5,339.		5,339.	
g Other	1,239,743.	1,198,845.	39,317.	1,581.
12 Advertising and promotion				
13 Office expenses	409,405.	220,086.	67,208.	122,111.
14 Information technology	27,427.	22,023.	4,369.	1,035.
15 Royalties				
16 Occupancy	213,608.	173,572.	32,369.	7,667.
17 Travel	15,356.	13,998.	1,306.	52.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,357.		1,357.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,993.	163,000.	32,334.	7,659.
23 Insurance	42,087.	28,051.	12,718.	1,318.
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 O.)				
a LIHEAP AND WEATHERIZATI	388,752.	388,752.		
b VOLUNTEER EXPENSES	52,294.	52,294.		
c OTHER EXPENSES	35,716.	8,765.	25,553.	1,398.
d PROFESSIONAL DEVELOPMEN	32,778.	12,084.	19,573.	1,121.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	20,085,432.	18,670,112.	1,078,969.	336,351.
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)

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	9,798.	1	4,568.
	2 Savings and temporary cash investments	429,453.	2	608,735.
	3 Pledges and grants receivable, net	1,392,847.	3	1,514,594.
	4 Accounts receivable, net		4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	261,621.	8	185,252.
	9 Prepaid expenses and deferred charges	123,183.	9	107,872.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,793,167.		
	b Less: accumulated depreciation	10b 2,035,494.		
		4,954,692.	10c	4,757,673.
	11 Investments - publicly traded securities	720,030.	11	733,026.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	575,430.	15	9,874.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,467,054.	16	7,921,594.	
Liabilities	17 Accounts payable and accrued expenses	992,103.	17	638,276.
	18 Grants payable		18	
	19 Deferred revenue	254,971.	19	234,258.
	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	150,000.	24	275,000.
	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	
	26 Total liabilities. Add lines 17 through 25	1,397,074.	26	1,147,534.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,742,809.	27	5,378,507.
	28 Temporarily restricted net assets	865,726.	28	934,108.
	29 Permanently restricted net assets	461,445.	29	461,445.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,069,980.	33	6,774,060.	
34 Total liabilities and net assets/fund balances	8,467,054.	34	7,921,594.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,790,437.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,085,432.
3	Revenue less expenses. Subtract line 2 from line 1	3	-294,995.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,069,980.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-925.
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	6,774,060.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **SACRED HEART COMMUNITY SERVICE** Employer identification number **23-7179787**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 supported organization?		
(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?		
- 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	12476882.	14251503.	19762376.	19528411.	19761549.	85780721.
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	12476882.	14251503.	19762376.	19528411.	19761549.	85780721.
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.						85780721.

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	12476882.	14251503.	19762376.	19528411.	19761549.	85780721.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	38,252.	28,545.	19,399.	25,331.	27,727.	139,254.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			796.	7,350.		8,146.
11 Total support. Add lines 7 through 10						85928121.
12 Gross receipts from related activities, etc. (see instructions)					12	98,519.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.83 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.78 %
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	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal 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 section 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number

23-7179787

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>COMMUNITY SERVICES & DEVELOPMENT -</u> <u>STATE OF CALIFORNIA</u> <u>2389 GATEWAY OAKS DRIVE #1</u> <u>SACRAMENTO, CA 95833</u>	\$ <u>4,595,513.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>HOUSING & COMMUNITY DEVELOPMENT -</u> <u>STATE OF CALIFORNIA</u> <u>1800 THIRD STREET, RM 415</u> <u>SACRAMENTO, CA 95811</u>	\$ <u>592,730.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>SECOND HARVEST FOOD BANK</u> <u>750 CURTNER AVENUE</u> <u>SAN JOSE, CA 95125</u>	\$ <u>4,497,586.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>USDA EMERGENCY FOOD ASSISTANCE PROGRAM</u> <u>3101 PARK CENTER DRIVE, ROOM 738</u> <u>ALEXANDRIA, VA 22302</u>	\$ <u>1,448,149.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	2,709,389 LBS OF FOOD _____ _____ _____	\$ 4,497,586.	07/24/12
4	872,379 LBS DONATED FOOD _____ _____ _____	\$ 1,448,149.	07/24/12
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2011
LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		10,035.
i Other activities?		X	
j Total. Add lines 1c through 1i			10,035.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DURING FY11-12 SACRED HEART SUPPORTED A LOCAL COMMUNITY EFFORT TO PUT AN INITIATIVE ON THE BALLOT TO RAISE THE MINIMUM WAGE IN THE CITY OF SAN JOSE. SACRED HEART SUPPORTED THIS COMMUNITY INITIATIVE BY RECRUITING AND ORGANIZING COMMUNITY VOLUNTEERS TO GET INVOLVED IN THE CAMPAIGN AND BY PUBLICIZING IT TO THE COMMUNITY. ARTICLES ABOUT THE

Part IV Supplemental Information (continued)

MINIMUM WAGE WERE INCLUDED IN THE AGENCY'S SPRING NEWSLETTER AND IN
E-NEWSLETTERS. SACRED HEART STAFF ALSO SUPPORTED SIGNATURE GATHERING
EFFORTS TO GET THE INITIATIVE ON THE BALLOT. THE BOARD OF DIRECTORS
DECIDED TO SUPPORT THIS ISSUE BECAUSE IT DIRECTLY IMPACTS THE WELL
BEING OF THE LOW-INCOME COMMUNITY THAT WE SERVE. THE OVERALL COST OF
SUPPORTING THIS INITIATIVE WAS AN INSIGNIFICANT PART OF ALL THE
ACTIVITIES, PROGRAMS, AND SERVICES PROVIDED BY OUR ORGANIZATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number

23-7179787

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| 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, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if 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	720,030.	643,719.	613,188.	655,985.	
b Contributions					
c Net investment earnings, gains, and losses	18,335.	81,534.	35,540.	-37,797.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	5,339.	5,223.	5,009.	5,000.	
g End of year balance	733,026.	720,030.	643,719.	613,188.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 29.66 %
 - b Permanent endowment 62.95 %
 - c Temporarily restricted endowment 7.39 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 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 | | X |
| (ii) related organizations | | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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		1,694,354.		1,694,354.
b Buildings		4,537,037.	1,634,839.	2,902,198.
c Leasehold improvements		10,277.	9,980.	297.
d Equipment		415,201.	317,414.	97,787.
e Other		136,298.	73,261.	63,037.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,757,673.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	19,790,437.
2	Total expenses (Form 990, Part IX, column (A), line 25)	20,085,432.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-294,995.
4	Net unrealized gains (losses) on investments	-925.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	-925.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-295,920.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	19,784,173.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-925.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	-925.
3	Subtract line 2e from line 1	19,785,098.
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	5,339.
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	5,339.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	19,790,437.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	20,080,093.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	
e	Add lines 2a through 2d	0.
3	Subtract line 2e from line 1	20,080,093.
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	5,339.
b	Other (Describe in Part XIV.)	
c	Add lines 4a and 4b	5,339.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	20,085,432.

Part XIV Supplemental Information

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

PART V, LINE 4: THE ENDOWMENT FUNDS ARE USED FOR GENERAL OPERATING

PURPOSES.

PART X, LINE 2: GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE

ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN

ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS

CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN

BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX

Part XIV Supplemental Information (continued)

RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION.

THE ORGANIZATION'S FEDERAL RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010 AND 2009 COULD BE SUBJECT TO EXAMINATION BY FEDERAL TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. THE ORGANIZATION'S STATE RETURNS FOR THE YEARS ENDED JUNE 30, 2011, 2010, 2009 AND 2008 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED.

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. Part III can be duplicated 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
SPECIFIC ASSISTANCE TO INDIVIDUALS	21160	769,748.	0.	COST	RENTAL ASSISTANCE, UTILITIES, FOOD, TRANSPORTATION
SPECIFIC ASSISTANCE TO INDIVIDUALS	61478	0.	11,679,755.	FMV	FOOD, CLOTHING, TOYS, HOUSEHOLD ITEMS

Part IV

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION PROVIDES FINANCIAL ASSISTANCE

FOR HOUSING-RELATED COSTS FOR FAMILIES IN CRISIS. HOUSEHOLDS APPLY FOR

THESE FUNDS BY GOING THROUGH A SCREENING PROCESS WITH THE ORGANIZATION'S

STAFF. SACRED HEART COMMUNITY SERVICE'S STAFF VERIFY THE NEED BY REVIEWING

EVICTON NOTICES, CALLING LANDLORDS, ETC. WHEN ASSISTANCE IS AWARDED,

FUNDS ARE PAID DIRECTLY TO THE VENDOR (LANDLORD, UTILITY COMPANY, ETC.)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization: **SACRED HEART COMMUNITY SERVICE**
Employer identification number: **23-7179787**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		4,213,901.	"IT'S DEDUCTIBLE" STU
6	Cars and other vehicles	X	18	12,150.	AUCTION PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	3	12,974.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	3,888,340	6,454,645.	"FEEDING AMERICA" STU
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (TOYS)	X	25,145	301,740.	PUBLISHED STUDIES FR
26	Other ▶ (EDUCATIONAL M)	X	10,180	101,800.	PUBLISHED STUDIES FR
27	Other ▶ (GIFT CARDS)	X	1,500	41,566.	COST
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): SCHEDULE M, LINE 6: CARS ARE VALUED

BASED ON THE AUCTION PRICE, AND THE NUMBER OF CONTRIBUTORS REPORTED IS

BASED ON THE NUMBER OF CARS RECEIVED.

SCHEDULE M, LINE 19: DONATED FOOD WAS VALUED AT \$1.66 PER POUND BASED

ON A COST STUDY CONDUCTED FOR FEEDING AMERICA. THE NUMBER OF

CONTRIBUTIONS REPORTED REFLECTS THE ESTIMATED POUNDS RECEIVED.

SCHEDULE M, LINES 25 & 26: TOYS AND EDUCATIONAL MATERIALS WERE VALUED

BASED ON PUBLISHED STUDIES FROM "IT'S DEDUCTIBLE". THE NUMBER OF

CONTRIBUTIONS IS BASED ON THE ESTIMATED NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B: THE ORGANIZATION HAS ESTABLISHED AN ARRANGEMENT

WITH DONATE FOR CHARITY TO PROCESS VEHICLE DONATIONS. DONATE FOR

CHARITY ARRANGES A FREE PICKUP, HANDLES ALL THE DMV ISSUES, SELLS THE

VEHICLE AT AUCTION, AND DISTRIBUTES THE NET PROCEEDS TO SACRED HEART

COMMUNITY SERVICE.

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 990-EZ 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

SACRED HEART COMMUNITY SERVICE

Employer identification number

23-7179787

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPECIFIC WAYS THAT WE ADDRESS THE CONDITIONS OF POVERTY, BUT AN UNDERSTANDING THAT WE DO SO IN WAYS THAT WILL HAVE A DEEP AND LASTING IMPACT. HOPE IS CREATED WHEN WE PROVIDE RESOURCES IN A COMPASSIONATE AND DIGNIFIED WAY. OPPORTUNITY IS CREATED WHEN WE INVEST IN THE SKILLS AND POWER RESIDING IN INDIVIDUALS AND GROUPS. ACTION IS CREATED WHEN WE ORGANIZE VOLUNTEERS, LEADERS, AND INSTITUTIONS TO ACT IN INDIVIDUAL AND COLLECTIVE WAYS TO ELIMINATE POVERTY IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENSURE WE HELP EVERY PERSON WHO COMES TO OUR DOOR.

ABOUT 50,000 PEOPLE WERE SERVED DURING THE 2011-2012 FISCAL YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE SCHOOLS), A NATIONAL BEST PRACTICE CURRICULUM THAT HELPS PARENTS LEARN HOW TO NAVIGATE THE PUBLIC SCHOOL SYSTEM AND BECOME AN EFFECTIVE ADVOCATE FOR THIER CHILD'S EDUCATION. FAMILY SUPPORT PROGRAM PARTICIPANTS HAVE ACCESS TO CASE MANAGEMENT, HOME VISITATION, EDUCATIONAL WORKSHOPS, AND PARENT SUPPORT GROUPS TO FACILITATE LEADERSHIP DEVELOPMENT AND BUILD HEALTHY RELATIONSHIPS WITH SELF, FAMILY, AND COMMUNITY. JOBLINK ASSISTS JOBSEEKERS TO SECURE EMPLOYMENT BY PROVIDING THEM WITH SUPPORT AND RESOURCES, INCLUDING INDIVIDUALIZED ASSESSMENT, JOB READINESS AND SKILLS DEVELOPMENT WORKSHOPS, VOCATIONAL COUNSELING, FINANCIAL EDUCATION, AND A JOB INTERVIEW CLOTHES CLOSET.

ASSET BUILDING FOR INDEPENDENCE PROVIDES INDIVIDUALS AND FAMILIES WITH

Name of the organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
--	--

CONCRETE PATHWAYS TO ECONOMIC SELF SUFFICIENCY THROUGH FINANCIAL EDUCATION CLASSES, VOLUNTEER INCOME TAX ASSISTANCE (VITA), PUBLIC BENEFITS ELIGIBILITY SCREENING AND ENROLLMENT, AND INDIVIDUALIZED CREDIT COACHING. LA MESA VERDE WORKS WITH LOW-INCOME FAMILIES TO BUILD ORGANIC HOME GARDENS TO GROW HEALTHY FOOD. THE LEADERSHIP COLLECTIVE PROVIDES GRADUATES OF ALL THESE PROGRAMS WITH THE OPPORTUNITY TO MENTOR OTHER FAMILIES IN THEIR WORK TOWARDS SELF-SUFFICIENCY. IN A SIX MONTH COURSE, THE NEW LEADERS WORK IN ONE OF THE AGENCY PROGRAMS, LEARN HOW TO TEACH OTHERS, AND TAKE ON PROJECTS THAT BRING KNOWLEDGE ASSETS INTO THE LOW INCOME COMMUNITY. THE COLLECTIVE IS ENTERING ITS FIRST FULL YEAR IN 2012-2013.

ABOUT 3,400 PEOPLE WERE SERVED DURING THE 2011-2012 FISCAL YEAR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
FISCAL YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

POLICY AND ORGANIZING - PROMOTES LEADERSHIP DEVELOPMENT AND CIVIC ENGAGEMENT TO HELP LOW-INCOME RESIDENTS BECOME EFFECTIVE ADVOCATES FOR THEMSELVES AND THEIR COMMUNITY; ENGAGES PUBLIC OFFICIALS, NEIGHBORS, AND COMMUNITY ALLIES IN ACTIONS THAT ADDRESS THE ROOT CAUSES OF POVERTY. THE ACTION TEAMS COMBINE INDIVIDUALS FROM ALL INCOMES AND ALL LOCATIONS WITHIN SANTA CLARA COUNTY.

COMMUNITY OUTREACH AND EDUCATION - OUR OUTREACH AND EDUCATION STAFF ENGAGES THOUSANDS OF VOLUNTEERS FROM FAITH-BASED ORGANIZATIONS, CIVIC ORGANIZATIONS, SCHOOLS, BUSINESSES, AND CORPORATIONS THROUGHOUT THE

Name of the organization

SACRED HEART COMMUNITY SERVICE

Employer identification number

23-7179787

COMMUNITY IN ALL ASPECTS OF OUR WORK. WE REACH OUT TO INDIVIDUALS AND GROUPS THAT HAVE AN INTEREST IN THE WORK WE DO, EDUCATE THEM ABOUT THE STATE OF POVERTY IN SANTA CLARA COUNTY AND THE CHALLENGES FACED BY LOW INCOME FAMILIES, AND OFFER THEM A WIDE RANGE OF EXPERIENTIAL AND SERVICE LEARNING OPPORTUNITIES. OUR IMMERSION PROGRAM PROVIDES COLLEGE STUDENTS AND WORKING ADULTS WITH UNIQUE, HANDS-ON LEARNING EXPERIENCES THAT PREPARE THEM FOR VOLUNTEERISM, COMMUNITY SERVICE, AND SOCIAL SERVICE CAREERS. THE PURPOSE OF THESE EFFORTS AND INITIATIVES IS TO INSPIRE VOLUNTEERS TO SERVE IN THE AGENCY AND IN THE COMMUNITY AND TO HELP CHANGE SYSTEMS THAT CREATE OR PERPETUATE POVERTY.

EXPENSES \$ 640,151. INCLUDING GRANTS OF \$ 5,081. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE FOR ACCURACY AND COMPLETENESS. ANY QUESTIONS ARISING DURING THIS REVIEW ARE RESOLVED PRIOR TO FILING OF THE TAX RETURN. AFTER FINANCE COMMITTEE REVIEW, THE FORM 990 IS PRESENTED TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS ARE REQUIRED ANNUALLY TO SIGN AN AGREEMENT TO COMPLY WITH SACRED HEART'S CONFLICT OF INTEREST POLICY. AS PART OF THE POLICY, DIRECTORS ARE REQUIRED TO SELF-DISCLOSE POTENTIAL CONFLICTS OF INTEREST. THE FORMS ARE DISTRIBUTED ANNUALLY AND TURNED IN TO THE DIRECTOR OF ADMINISTRATION. THE DIRECTOR OF ADMINISTRATION IS RESPONSIBLE FOR COLLECTING ALL THE FORMS AND FOLLOWING UP.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED BASED ON THE

Name of the organization SACRED HEART COMMUNITY SERVICE	Employer identification number 23-7179787
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COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA, APPROVED BY THE BOARD AND DOCUMENTED IN THE MINUTES. HR MANAGER WORKS WITH BOARD PRESIDENT TO DO REVIEW OF EXECUTIVE COMPENSATION USING GUIDESTAR, AND 990S FROM COMPARABLE NONPROFITS INCLUDING: UNITED WAY, SILICON VALLEY, COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY, MACSA HOUSING CORPORATION NUMBER 2, AND SUNNYVALE COMMUNITY SERVICES. EXECUTIVE DIRECTOR'S COMPENSATION INCREASE IS VOTED ON AND APPROVED AT THE BOARD MEETING IN CLOSED SESSION.

THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS OR KEY EMPLOYEES:

THE COMPENSATION OF THE FINANCE MANAGER IS DETERMINED BY COMPARABLE MARKET RATES IN THE SAME GEOGRAPHIC AREA.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE THROUGH THE ORGANIZATION'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -925.

California Exempt Organization Annual Information Return

Calendar Year 2011 or fiscal year beginning month **JULY** day **1** year **2011**, and ending month **JUNE** day **30** year **2012**.

Corporation/Organization name SACRED HEART COMMUNITY SERVICE		California corporation number C0667467
Address (suite, room, or PMB no.) 1381 SOUTH FIRST STREET		FEIN 23-7179787
City SAN JOSE	State CA	ZIP Code 95110

A First Return Yes No

B Amended Return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final Return Yes No

• Dissolved • Surrendered (Withdrawn)

• Merged/Reorganized Enter date: _____

E Check accounting method:
(1) Cash (2) Accrual (3) Other

F Federal return filed?
(1) 990T (2) 990(PF) (3) Sch H (990)

G Is this a group filing for the subordinates/affiliates? Yes No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? Yes No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? Yes No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required.

M Is the organization a Limited Liability Company? Yes No

N Did the organization file Form 100 or Form 109 to report taxable income? Yes No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	195,950.00
	2 Gross dues and assessments from members and affiliates	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1	19,761,549.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2	19,957,499.00
	5 Cost of goods sold	00
	6 Cost or other basis, and sales expenses of assets sold	167,062.00
	7 Total costs. Add line 5 and line 6	167,062.00
	8 Total gross income. Subtract line 7 from line 4	19,790,437.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	20,085,432.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	-294,995.00
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	N/A 00
	12 Total payments	00
	13 Penalties and Interest. See General Instruction J	00
	14 Use tax. See General Instruction K	00
	15 Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer EXECUTIVE DIRE	Title	Date	• Telephone
	Preparer's signature RANDY G. PETERSON, CPA	Date 05/08/13	Check if self-employed <input type="checkbox"/>	• PTIN P01300203
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address BERGER LEWIS ACCOUNTANCY CORP. 55 ALMADEN BLVD., STE 600 SAN JOSE, CA 95113	• FEIN 94-2763139		
	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	• Telephone (408) 494-1200		

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

128951 12-08-11

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	27,727.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions) STATEMENT 3	•	6	165,836.00
	7	Other income SEE STATEMENT 4	•	7	2,387.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	195,950.00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid STATEMENT 5	•	9	12,449,503.00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 6	•	11	223,741.00
	12	Other salaries and wages	•	12	3,713,513.00
	13	Interest	•	13	00
	14	Taxes	•	14	288,538.00
	15	Rents	•	15	213,608.00
	16	Depreciation and depletion (See instructions)	•	16	202,993.00
	17	Other Expenses and Disbursements SEE STATEMENT 7	•	17	2,993,536.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	20,085,432.00

Schedule L Balance Sheets		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		439,251.		613,303.
2	Net accounts receivable				1,514,594.
3	Net notes receivable				
4	Inventories		261,621.		185,252.
5	Federal and state government obligations				
6	Investments in other bonds				
7	Investments in stock STMT 8		720,030.		733,026.
8	Mortgage loans				
9	Other investments				
10	a Depreciable assets STMT 14	5,092,841.		5,098,813.	
	b Less accumulated depreciation	(1,832,503.)	3,260,338.	(2,035,494.)	3,063,319.
11	Land		1,694,354.		1,694,354.
12	Other assets STMT 9		2,091,460.		117,746.
13	Total assets		8,467,054.		7,921,594.
Liabilities and net worth					
14	Accounts payable		992,103.		638,276.
15	Contributions, gifts, or grants payable				
16	Bonds and notes payable				
17	Mortgages payable				
18	Other liabilities STMT 10		404,971.		509,258.
19	Capital stock or principle fund				
20	Paid-in or capital surplus. Attach reconciliation				
21	Retained earnings or income fund		7,069,980.		6,774,060.
22	Total liabilities and net worth		8,467,054.		7,921,594.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1	Net income per books	•	-295,920.		
2	Federal income tax	•		7	Income recorded on books this year not included in this return STMT 12
3	Excess of capital losses over capital gains	•			•
4	Income not recorded on books this year STMT 11	•	5,339.		-925.
5	Expenses recorded on books this year not deducted in this return	•		8	Deductions in this return not charged against book income this year STMT 13
6	Total. Add line 1 through line 5		-290,581.		•
				9	Total. Add line 7 and line 8
					4,414.
				10	Net income per return. Subtract line 9 from line 6
					-294,995.

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ADOBE SYSTEMS FOUNDATION	345 PARK AVE SAN JOSE, CA, 95110		40,000.
CHURCH WORLD SERVICE, INC.	28606 PHILLIPS ST. P.O. BOX 968 ELKHART, IN, 46515		6,389.
CISCO SYSTEMS FOUNDATION	170 W TASMAN DR. SAN JOSE, CA, 95134		7,265.
CITY OF CAMPBELL/HOUSING AND COMMUNITY DEVELOPMENT PROGRAM	70 N. 1ST STREET CAMPBELL, CA, 95008		7,985.
COMERICA BANK	333 W SANTA CLARA ST. SAN JOSE, CA, 95113		5,000.
COMMUNITY FOUNDATION FOR SAN BENITO COUNTY	829 SAN BENITO STREET #200 HOLLISTER, CA, 95023		10,000.
COMMUNITY SERVICES & DEVELOPMENT - STATE OF CALIFORNIA	2389 GATEWAY OAKS DRIVE #1 SACRAMENTO, CA, 95833		4,595,513.
CORBALIS FAMILY FOUNDATION	PO BOX 2426 SARATOGA, CA, 95070		5,000.
DAVID AND LUCILE PACKARD FOUNDATION	300 2ND ST #200 LOS ALTOS, CA, 94022		50,000.
DAVID GRIFFIN	1369 CORTE BONITA SAN JOSE, CA, 95120		5,000.
DONATE FOR CHARITY	1436 SECOND ST. SUITE 258 NAPA, CA, 94559-2824		12,150.
ERIK THOMAS OGREN	2106 CORNET BLVD BELMONT, CA, 94002		5,000.
FIRST 5 - SANTA CLARA COUNTY	4000 MOORPARK AVE, SUITE 200 SAN JOSE, CA, 95117		322,107.
GEORGE QUINN JR. AND SANDRA QUINN	PO BOX 6328 SAN JOSE, CA, 95150		20,000.
HARVEY AND NOLA ARMSTRONG	94 LA LOMA DR MENLO PARK, CA, 94025-6621		7,500.
HOLLIS & VIRGINIA HAUGHEY	2212 LAS CAMPANAS LOS ALTOS, CA, 94024		5,000.
HOLY SPIRIT CHURCH	1200 REDMOND AVE SAN JOSE, CA, 95120		5,480.
HOUSING & COMMUNITY DEVELOPMENT - STATE OF CALIFORNIA	1800 THIRD STREET, RM 415 SACRAMENTO, CA, 95811		592,730.
HURLBUT-JOHNSON CHARITABLE TRUST	29349 PACIFIC COAST HIGHWAY MALIBU, CA, 90256-3918		40,000.
INTEL VOLUNTEER GRANT PROGRAMN	PO BOX 7067 PRINCETON, NJ, 08543-7067		10,000.
JAMES AND KATHLEEN NULTY	1037 LENOR WY SAN JOSE, CA, 95128		8,000.
JEFF AND CATHIE THERMOND	20017 MENDELSON LN SARATOGA, CA, 95070		15,000.

LAW FOUNDATION	152 N. 3RD ST, 3RD FLOOR SAN JOSE, CA, 95113	37,500.
MACDUFF & TWYLA HUGHES	302 S. 14TH STREET SAN JOSE, CA, 95112	20,000.
MANUEL AND MARI ALBA	1598 ROBSHEAL DR SAN JOSE, CA, 95125	5,000.
MARIBETH BENHAM	20611 RITANNA CT. SARATOGA, CA, 95070-3021	10,000.
MARK STEVENS AND MARY MURPHY	13750 HARLEIGH CT. SARATOGA, CA, 95070-5140	25,000.
MARY AND STEVE ALMASSY	18110 CONSTITUTION AVE MONTE SERENO, CA, 95030	5,000.
MICHAEL MURRAY	2509 LA MIRADA DR. SAN JOSE, CA, 95125	10,000.
MIZUHO USA FOUNDATION INC	350 S GRAND AVE, STE 1400 LOS ANGELES, CA, 90071	5,000.
PRESENTATION HIGH SCHOOL	2281 PLUMMER AVENUE SAN JOSE, CA, 95125	29,767.
ROBERT & FLORENCE SLINGER FOUNDATION	60 S. MARKET ST. STE 1000 SAN JOSE, CA, 95113	5,000.
SANDISK CORPORATION	601 MCCARTHY BLVD MILPITAS, CA, 95035-7932	25,000.
SANTA CLARA & SAN BENITO COUNTIES BUILDING & CONSTRUCTION TR	2102 ALMADEN ROAD #101 SAN JOSE, CA, 95125	15,000.
SILICON VALLEY COMMUNITY FOUNDATION	2440 W. EL CAMINO REAL., STE. 300 MOUNTAIN VIEW, CA, 94040	125,000.
SOBRATO FOUNDATION	10600 N. DE ANZA BLVD. STE. 200 CUPERTINO, CA, 95014	78,750.
SOMOS MAYFAIR	370 S KING RD. #B SAN JOSE, CA, 95116-3400	10,000.
SOVEREIGN MILITARY HOSPITALLER ORDER OF SAINT JOHN OF JERUSA	465 CALIFORNIA ST. #818 SAN FRANCISCO, CA, 94104-1820	15,000.
ST. MARIA GORETTI CHURCH	2980 SENTER ROAD SAN JOSE, CA, 95111	14,011.
STEVEN & CATHERINE JACOB FAMILY FOUNDATION	1635 MULBERRY LANE SAN JOSE, CA, 95125	5,000.
THE BANK OF AMERICA CHARITABLE FOUNDATION	125 S. MARKET ST. STE 1050 SAN JOSE, CA, 95113	100,000.
THE CARL GELLERT & CELIA BERTA GELLERT FOUNDATION	2171 JUNIPERO SERRA BLVD. STE 310 DALY CITY, CA, 94014-1995	15,000.
THE MOUNTAIN WINERY FOUNDATION	15585 LOS GATOS BOULEVARD LOS GATOS, CA, 95032	10,000.
THE RIVER CHURCH COMMUNITY	701 NORTH 1ST STREET SAN JOSE, CA, 95112	5,000.
UNITED WAY SILICON VALLEY	1400 PARKMOOR AVE, SUITE 250 SAN JOSE, CA, 95126-1430	93,453.
VMC FOUNDATION	2400 MOORPARK AVE, SUITE 207 SAN JOSE, CA, 95128	50,000.
WILLIAM AND SUE GLENNON	13091 PIERCE ROAD SARATOGA, CA, 95070	5,500.
BELLA VISTA FOUNDATION	1660 BUSH ST, STE 300 SAN FRANCISCO, CA, 94109	20,000.

BOUCHER FAMILY FOUNDATION	1362 DUKE WAY SAN JOSE, CA, 95125	5,000.
ANGELINA BRAWLEY	5664 SUNFLOWER LN SAN JOSE, CA, 95118	10,000.
CUMULUS MEDIA, INC.	55 HAWTHORNE ST, STE 1000 SAN FRANCISCO, CA, 94105	48,563.
JEANNE DEMERS	448 S. MONROE ST SAN JOSE, CA, 95128	5,000.
DHANAM FOUNDATION	P. O. BOX 10195, DEPT 480 PALO ALTO, CA, 94303	10,000.
FORTY NINERS FOOTBALL TEAM	4949 CENTENNIAL BLVD SANTA CLARA, CA, 95054	5,001.
JANICE AND KEITH GOODWIN	14805 SKY LN LOS GATOS, CA, 95032	5,000.
JULIE AND RICHARD HOOD	17585 VINELAND AVE MONTE SERENO, CA, 95030	5,000.
MIKE HUSTON	14466 OAK PLACE SARATOGA, CA, 95070	5,000.
J.W. AND H.M. GOODMAN FAMILY CHARITABLE FOUNDATION	570 UNIVERSITY TERRACE LAS ALTOS, CA, 94022	5,000.
ED MARTIN	1288 COLUMBUS AVE #223 SAN FRANCISCO, CA, 94133	5,000.
GARY MASUNAGA AND WILDA VAN MATRE-MASUNAGA(IRVIN AND BARBARA MCCAULEY	1501 ST FRANCIS DR SAN JOSE, CA, 95125 1050-173 BORREGAS AVE SUNNYVALE, CA, 94089	10,000. 5,000.
MERIWEST CREDIT UNION	5615 CHESBRO AVE SAN JOSE, CA, 95123	25,000.
MI PUEBLO FOOD CENTER	PO SOX 3288 SAN JOSE, CA, 95156	5,000.
PALO ALTO MEDICAL FOUNDATION	2350 W. EI CAMINO REAL, 4TH FLOOR MOUNTAIN VIEW, CA, 94040	10,000.
ANDY AND MARIA PECOTA	5967 THORNTREE DR SAN JOSE, CA, 95120	5,000.
SAFEWAY FOUNDATION	5918 STONERIDGE MALL ROAD PLEASANTON, CA, 94588	10,000.
JUDY SANCHEZ	674 PACO DR LOS ALTOS, CA, 94024	5,000.
KATHLEEN AND MARK SANTORA	12008 FINN LN LOS ALTOS HILLS, CA, 94022	5,000.
THE SHARKS FOUNDATION	525 WEST SANTA CLARA STREET SAN JOSE, CA, 95113	30,015.
TIDES FOUNDATION	P.O. BOX 29903 SAN FRANCISCO, CA, 94129	15,000.
WELLS FARGO FOUNDATION	455 MARKET ST 3RD FI SAN FRANCISCO, CA, 94163	15,000.
WYSE TECHNOLOGY INC.	3471 NORTH FIRST ST SAN JOSE, CA, 95134	15,000.
U. S. DEPARTMENT OF HOMELAND SECURITY/EMERGENCY FOOD & CORPORATION FOR NATIONAL AND COMMUNITY SERVICES/SOCIAL	500 C STREET S. W., ROOM 614 WASHINGTON, DC, 20472 501 SEVENTH AVE, 7TH FLOOR NEW YORK, NY, 10018	14,835. 127,954.

SACRED HEART COMMUNITY SERVICE

23-7179787

CITY OF SAN JOSE	200 E SANTA CLARA STREET, 18TH FLOOR SAN JOSE, CA, 95113	17,889.
SANTA CLARA COUNTY - SOCIAL SERVICES AGENCY	333 W JULIAN ST SAN JOSE, CA, 95110	123,021.
SANTA CLARA COUNTY - OFFICE OF AFFORDABLE HOUSING	2310 NORTH FIRST STREET, STE 100 SAN JOSE, CA, 95131	81,328.
CITY OF SAN JOSE - HOUSING DEPARTMENT	200 E SANTA CLARA STREET, 12TH FLOOR SAN JOSE, CA, 95113	134,142.
CITY OF SANTA CLARA/HOUSING AND COMMUNITY SERVICES	1500 CIVIC CENTER DR. SANTA CLARA, CA, 95050	6,996.
CALIFORNIA DEPT OF EDUCATION/ NUTRITION SERVICES	1430 N STREET SACRAMENTO, CA, 95814	10,362.
TOTAL INCLUDED ON LINE 3		<u>7,294,206.</u>

FORM 199 NONCASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 2
 INCLUDED ON PART I, LINE 3

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	
MARK AND MARI DONNELLY	20846 FARGO DRIVE CUPERTINO, CA, 95014	
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>AMOUNT OF GIFT</u>
20 SHS OF APPLE	03/05/12	10,339.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SECOND HARVEST FOOD BANK	750 CURTNER AVENUE SAN JOSE, CA, 95125		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
2,709,389 LBS OF FOOD	07/24/12	4,497,586.	4,497,586.

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
USDA EMERGENCY FOOD ASSISTANCE PROGRAM	3101 PARK CENTER DRIVE, ROOM 738 ALEXANDRIA, VA, 22302		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>AMOUNT OF GIFT</u>
872,379 LBS DONATED FOOD	07/24/12	1,448,149.	1,448,149.

TOTAL INCLUDED ON LINE 3			5,956,074.
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FORM 199 NONCASH CONTRIBUTIONS, GIFTS, GRANTS STATEMENT 5
 AND SIMILAR AMOUNTS PAID

ACTIVITY CLASSIFICATION: RENTAL ASSISTANCE, UTILITIES, FOOD & TRANSPORTATION

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SPECIFIC ASSISTANCE TO INDIVIDUALS		NONE	769,748.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	769,748.	RENTAL ASSISTANCE, UTILITIES, FOOD & TRA	COST
TOTAL FOR THIS ACTIVITY			769,748.

ACTIVITY CLASSIFICATION: FOOD, CLOTHING, TOYS AND HOUSEHOLD ITEMS

NAME OF DONEE	ADDRESS OF DONEE	RELATIONSHIP	AMOUNT
SPECIFIC ASSISTANCE TO INDIVIDUALS		NONE	11679755.

DATE OF GIFT	BOOK VALUE OF GIFT	PROPERTY DESCRIPTION	METHOD USED TO DETERMINE BOOK VALUE
	11679755.	FOOD, CLOTHING, TOYS & HOUSEHOLD ITEMS	FMV
TOTAL FOR THIS ACTIVITY			11679755.

TOTAL INCLUDED ON FORM 199, PART II, LINE 9 12,449,503.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
JOSE LUIS SALCIDO 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	PRESIDENT 3.00	0.
LAURIE LAIRD 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	VICE PRESIDENT 5.00	0.
JOSEPH OKPAKU 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	TREASURER 3.00	0.
GARY SERDA 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	SECRETARY 3.00	0.
DELICIA MADSEN 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
BRIDGIT MCGARRY 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
CORA TOMALINAS 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
FATHER JON PEDIGO 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
JAIME ALVARADO 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
HON. PAUL FONG 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	BOARD MEMBER 3.00	0.
PONCHO JOSE GUEVARA 1381 SOUTH FIRST STREET SAN JOSE, CA 95110	EXECUTIVE DIRECTOR 40.00	135,612.

MICHAEL SOUKUP
1381 SOUTH FIRST STREET
SAN JOSE, CA 95110

FINANCE MANAGER
40.00

88,129.

TOTAL TO FORM 199, PART II, LINE 11

223,741.

FORM 199	OTHER EXPENSES	STATEMENT	7
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DESCRIPTION

AMOUNT

LIHEAP AND WEATHERIZATI	388,752.
VOLUNTEER EXPENSES	52,294.
OTHER EXPENSES	35,716.
PROFESSIONAL DEVELOPMEN	32,778.
OTHER EMPLOYEE BENEFITS	678,826.
ACCOUNTING FEES	57,093.
PROFESSIONAL FUNDRAISING FEES	7,363.
INVESTMENT MANAGEMENT FEES	5,339.
OTHER PROFESSIONAL FEES	1,239,743.
OFFICE EXPENSES	409,405.
INFORMATION TECHNOLOGY	27,427.
TRAVEL	15,356.
CONFERENCES AND CONVENTIONS	1,357.
INSURANCE	42,087.

TOTAL TO FORM 199, PART II, LINE 17

2,993,536.

FORM 199	INVESTMENTS IN STOCK	STATEMENT	8
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DESCRIPTION

BEG. OF YEAR

END OF YEAR

PUBLICLY TRADED SECURITIES	720,030.	733,026.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	720,030.	733,026.

FORM 199	OTHER ASSETS	STATEMENT	9
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DESCRIPTION

BEG. OF YEAR

END OF YEAR

PREPAID EXPENSES AND OTHER	123,183.	107,872.
DEPOSITS	6,310.	9,874.
PLEDGES AND GRANTS RECEIVABLE	1,392,847.	0.
RESTRICTED CASH	569,120.	0.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,091,460.	117,746.

FORM 199	OTHER LIABILITIES	STATEMENT 10
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	254,971.	234,258.
UNSECURED NOTES AND LOANS PAYABLE	150,000.	275,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	404,971.	509,258.

FORM 199	INCOME NOT RECORDED ON BOOKS THIS YEAR	STATEMENT 11
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DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	5,339.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 4	5,339.

FORM 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	-925.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	-925.

FORM 199	DEDUCTIONS IN THIS RETURN NOT CHARGED AGAINST BOOK INCOME THIS YEAR	STATEMENT 13
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DESCRIPTION	AMOUNT
INVESTMENT MANAGEMENT FEES	5,339.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 8	5,339.

FORM 199

DEPRECIABLE ASSETS

STATEMENT 14

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
BUILDING	4,214,347.	1,485,828.	2,728,519.
BUILDING IMPROVEMENTS	322,690.	149,011.	173,679.
VEHICLES	161,884.	146,137.	15,747.
OFFICE EQUIPMENT	6,932.	2,891.	4,041.
COMPUTERS & SOFTWARE	244,774.	166,775.	77,999.
FURNITURE & FIXTURES	52,475.	37,337.	15,138.
CAPITAL LEASES	1,611.	1,611.	0.
LEASEHOLD IMPROVEMENTS	10,277.	9,980.	297.
GOVERNMENT FURNISHED EQUIPMENT	83,823.	35,924.	47,899.
TOTAL TO FORM 199, SCH L, LINE 10	5,098,813.	2,035,494.	3,063,319.

Political or Legislative Activities by Section 23701d Organizations

2011

3509

For calendar year 2011 or fiscal year beginning month 7 day 1 year 2011, and ending month 6 day 30 year 2012.

Attach to Form 199.

Corporation/Organization name Sacred Heart Community Service			California corporation number 0 6 6 7 4 6 7
Address (suite, room, or PMB no.) 1381 South First Street			FEIN 2 3 7 1 7 9 7 8 7
City San Jose	State CA	Zip Code 9 5 1 1 0	

Part I – Political Activities

Complete if the organization supported or opposed a candidate for public office. See instructions.

1 Has the organization participated or intervened in any political campaign on behalf of any elective public office candidate? **1** Yes No
If "Yes," describe the activities. Provide a summary of any published material relating to the activities.

2 Has the organization contributed funds to support or oppose any individual public office candidate, or any organizations formed to support or oppose a public office candidate? **2** Yes No
If "Yes," describe the activities. Include the name of the individual or organization the organization contributed to, the amount paid, and date of contribution.

Part II – Legislative Activities. See instructions.

Complete if the organization attempted to influence legislation.

3 Has the organization attempted to influence any national, state or local legislation, or ballot measure? **3** Yes No
If "Yes," describe the activities in detail. Provide a summary of any published materials relating to the activities.

[See attachment](#)

4 Has the organization, during the taxable year listed above, filed a federal election Form 5768, Election/Revocation of Election by an Eligible Section 501(c)(3) Organization to Make Expenditure to Influence Legislation? **4** Yes No
The organization **cannot** make this election if it is a church, an integrated auxiliary of a church, a private foundation, or an affiliated organization.
If "Yes," attach a copy of federal Form 5768 filed with the Internal Revenue Service (IRS).

If the organization elected to make expenditures to influence legislation, furnish the following financial information for the taxable year:

5 Exempt Purpose Expenditures The total amount paid or incurred to accomplish the charitable, educational, religious, etc. purpose.	5	\$	00
6 Lobbying Expenditures The total amount expended for the purpose of influencing legislation through communication with any member or employee of a legislative body or any government official or employee who may participate in the formation of legislation.	6	\$	00
7 Grass Roots Expenditures The amount expended to influence any legislation through attempts to affect the opinions of the general public or any segment of it.	7	\$	00

SACRED HEART COMMUNITY SERVICE

FOR FISCAL YEAR ENDING 6/30/2012

FEIN 23-7179787

CA CORPORATION NUMBER 0667467

FORM 199, LINE J STATEMENT

**ATTACHMENT TO FORM FTB 3509, POLITICAL OR LEGISLATIVE ACTIVITIES BY
SECTION 23701D ORGANIZATIONS**

DURING FY11-12 SACRED HEART SUPPORTED A LOCAL COMMUNITY EFFORT TO PUT AN INITIATIVE ON THE BALLOT TO RAISE THE MINIMUM WAGE IN THE CITY OF SAN JOSE. SACRED HEART SUPPORTED THIS COMMUNITY INITIATIVE BY RECRUITING AND ORGANIZING COMMUNITY VOLUNTEERS TO GET INVOLVED IN THE CAMPAIGN AND BY PUBLICIZING IT TO THE COMMUNITY. ARTICLES ABOUT THE MINIMUM WAGE WERE INCLUDED IN THE AGENCY'S SPRING NEWSLETTER AND IN E-NEWSLETTERS. SACRED HEART STAFF ALSO SUPPORTED SIGNATURE GATHERING EFFORTS TO GET THE INITIATIVE ON THE BALLOT. THE BOARD OF DIRECTORS DECIDED TO SUPPORT THIS ISSUE BECAUSE IT DIRECTLY IMPACTS THE WELL BEING OF THE LOW-INCOME COMMUNITY THAT WE SERVE. THE OVERALL COST OF SUPPORTING THIS INITIATIVE WAS \$10,035 WHICH REPRESENTS AN INSIGNIFICANT PART OF ALL THE ACTIVITIES, PROGRAMS, AND SERVICES PROVIDED BY OUR ORGANIZATION.

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 13938 SACRED HEART COMMUNITY SERVICE <small>Name of Organization</small> 1381 SOUTH FIRST STREET <small>Address (Number and Street)</small> SAN JOSE, CA 95110 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. C0667467 Federal Employer I.D. No. 23-7179787
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2011 ending 06/30/2012) list:
 Gross annual revenue \$ 19,790,437. Total assets \$ 7,921,594.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. STMT 16	X	
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 17	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. STMT 18	X	
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number **(408) 278-2160**

Organization's e-mail address **MICHAELSP@SACREDHEARTCOMMUNITYSERVICE.ORG**

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

PONCHO GUEVARA **EXECUTIVE DIRECTOR**

Signature of authorized officer Printed Name Title Date

FORM RRF-1

INFORMATION REGARDING PROFESSIONAL
FUND-RAISING SERVICES
PART B, LINE 5

STATEMENT 16

THE ORGANIZATION CONTRACTS WITH DONATE FOR CHARITY TO PROCESS CAR
DONATIONS.

DONATE FOR CHARITY

(866)392-4483

1436 SECOND STREET, SUITE 258

NAPA, CA 94559

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 17

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF AGRICULTURE
U. S. DEPARTMENT OF ENERGY
PASSED THROUGH; STATE OF CALIFORNIA DEPARTMENT OF HEALTH AND HUMAN
SERVICES
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
P.O. BOX 1947
SACRAMENTO, CA 95812
ATTN: MR. DIAMOND LONGJEL
ATTN: MR. CHE HERNANDEZ
(916)576-7109

U.S. DEPARTMENT OF HOMELAND SECURITY
EMERGENCY FOOD AND SHELTER PROGRAM
701 NORTH FAIRFAX STREET #310
ALEXANDRIA, VA 22314-2064

U.S. DEPARTMENT OF HOUSING AND URBAN DEVLEOPMENT
PASSED THROUGH;
COUNTY OF SANTA CLARA SOCIAL SERVICES AGENCY
FINANCIAL MANAGEMENT SERVICES
333 W JULIAN ST.
SAN JOSE, CA 95110
(408)491-6760
CITY OF CAMPBELL
CITY OF SAN JOSE
CITY OF SANTA CLARA

U.S. DEPARTMENT OF EDUCATION
PASSED THROUGH THE STATE OF CALIFORNIA
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
1800 THIRD STREET, ROOM 350
SACRAMENTO, CA 95811

CITY OF SAN JOSE, VARIOUS PROGRAMS
HOUSING DEPARTMENT
200 E. SANTA CLARA ST. 12TH FLOOR
SAN JOSE, CA 95113
ATTN: MS. EVA LEE

SANTA CLARA COUNTY, VARIOUS PROGRAMS
THROUGH THE CITY OF CAMPBELL
70 N. FIRST STREET
CAMPBELL, CA 95008

FORM RRF-1

EXPLANATION OF VEHICLE DONATIONS
PART B, LINE 8

STATEMENT 18

THE ORGANIZATION HAS ESTABLISHED AN ARRANGEMENT WITH DONATE FOR CHARITY TO PROCESS VEHICLE DONATIONS. DONATE FOR CHARITY ARRANGES A FREE PICKUP, HANDLES ALL THE DMV ISSUES, SELLS THE VEHICLE AT AUCTION, AND DISTRIBUTES THE NET PROCEEDS TO THE ORGANZIATION.