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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

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

<b>A</b> For the 2008 calendar year, or tax year beginning <b>July 1</b> , 2008, and ending <b>June 30</b> , 20 <b>09</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST JOSEPH'S CENTER AUXILIARY</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2010 ADAMS AVENUE</b> City or town, state or country, and ZIP + 4 <b>SCRANTON, PA 18509-1599</b>
	<b>D</b> Employer identification number <b>20 0664132</b>
	<b>E</b> Telephone number <b>( 570 ) 342-8379</b>
	<b>G</b> Gross receipts \$ <b>745,773</b>
	<b>F</b> Name and address of principal officer <b>Sister Therese O'Rourke, IHM (same as C above)</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>N/A</b>	
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
<b>L</b> Year of formation <b>2003</b> <b>M</b> State of legal domicile <b>PA</b>	

<b>Part I Summary</b>		
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities. <u>St. Joseph's Center Auxiliary was formed to solicit, collect, hold, or distribute property, real or otherwise, for the benefit of St. Joseph's Center, a non-profit institution founded by the Congregation of Sisters, Servants of the Immaculate Heart of Mary. The Auxiliary has an independent Board of Directors who manage its affairs.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b>	
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>30</b>	
	5 Total number of employees (Part V, line 2a) . . . . . <b>0</b>	
	6 Total number of volunteers (estimate if necessary) . . . . . <b>285</b>	
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . . <b>0</b>	
	7b Net unrelated business taxable income from Form 990-T, line 34. . . . . <b>0</b>	
	<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1b) . . . . . <b>24,981</b>
		9 Program service revenue (Part VIII, line 2c) . . . . . <b>2,265</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . <b>647</b>		
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e) . . . . . <b>635,494</b>		
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . <b>663,387</b>		
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . <b>670,000</b>	
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . <b>0</b>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . <b>0</b>	
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . <b>0</b>	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ . . . . . <b>0</b>	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . <b>17,147</b>	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . <b>687,147</b>	
	19 Revenue less expenses. Subtract line 18 from line 12 . . . . . <b>-23,760</b>	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) . . . . . <b>59,844</b>	
	21 Total liabilities (Part X, line 26) . . . . . <b>15,484</b>	
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . <b>44,360</b>	

<b>Part II Signature Block</b>	
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.	
<b>Sign Here</b> Signature of officer <i>[Signature]</i> Date <b>5/10/10</b> Type or print name and title <b>Robert Bonar Vice President / CFO</b>	
Preparer's signature <i>[Signature]</i> Date Firm's name (or yours if self-employed), address, and ZIP + 4 EIN Phone no	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions)

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)

SCANNED JUN 25 2010

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**Part III** Statement of Program Service Accomplishments (see instructions)

**1** Briefly describe the organization's mission:  
St. Joseph's Center Auxiliary was formed to solicit, collect, hold, or distribute property, real or otherwise, for the  
benefit of St. Joseph's Center, a non-profit institution founded by the Congregation of Sisters, Servants of the  
Immaculate Heart of Mary. The Auxiliary has an independent Board of Directors who manage its affairs.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 120,000 including grants of \$ 0 ) (Revenue \$ 0 )  
Contributions made for the general support of St. Joseph's Center's Adoption, Maternity and Mother Infant Programs.

**4b** (Code: ) (Expenses \$ 416,853 including grants of \$ 0 ) (Revenue \$ 629,992 )  
Festival proceeds distributed to the St. Joseph's Center Capital Improvement fund for the Olyphant Avenue  
waiver home renovation project and to St. Joseph's Center for general operating expenses.

**4c** (Code: ) (Expenses \$ 5,496 including grants of \$ 0 ) (Revenue \$ 16,335 )  
Proceeds from the Junior Auxiliary's fundraising efforts used to reimburse St. Joseph's Center for the purchase of  
2 easy stands and a communication device for the residents of St. Joseph's Center.

**4d** Other program services. (Describe in Schedule O.)  
 (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ► \$ 542,349 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A) line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	<input type="checkbox"/>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	✓
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	✓
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	✓
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .	<b>34</b>	✓
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35</b>	✓
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	<b>37</b>	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b>	<b>2</b>
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	✓
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>0</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	✓
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions		
<b>1a</b> Enter the number of voting members of the governing body	<b>1a</b>	<b>30</b>
<b>b</b> Enter the number of voting members that are independent	<b>1b</b>	<b>30</b>
<b>2</b> 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?	<b>2</b>	✓
<b>3</b> 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?	<b>3</b>	✓
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	<b>4</b>	✓
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?	<b>5</b>	✓
<b>6</b> Does the organization have members or stockholders?	<b>6</b>	✓
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<b>7a</b>	✓
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<b>7b</b>	✓
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	✓
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	✓
<b>9a</b> Does the organization have local chapters, branches, or affiliates?	<b>9a</b>	✓
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	<b>10</b>	✓
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>11</b>	✓

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	✓
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>12c</b>	
<b>13</b> Does the organization have a written whistleblower policy?	<b>13</b>	✓
<b>14</b> Does the organization have a written document retention and destruction policy?	<b>14</b>	✓
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official?	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization?	<b>15b</b>	✓
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	✓
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Robert Gordon 2010 Adams Avenue, Scranton, PA 18509 570-342-8379**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List 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 the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Sr. Terry O'Rourke, IHM Honorary President	3	✓		✓				0	0	0
Sr. Mary Jo Gallagher, IHM IHM Liaison	1	✓						0	0	0
Jeannie Kreis McDonald Co-President	3	✓		✓				0	0	0
Michele Coyer Fox Co-President	3	✓		✓				0	0	0
Terri Crambo Co-President Elect	1	✓						0	0	0
Terry Pidgeon Co-President Elect	1	✓						0	0	0
Lynn Gavin Recording Secretary	1	✓						0	0	0
Tana Ferguson Corresponding Secretary	1	✓						0	0	0
Mary Jo Sheridan Treasurer	1	✓		✓				0	0	0
Maria Lawler Assistant Treasurer	1	✓		✓				0	0	0
Kathy Stella Advisor	3	✓						0	0	0
Tracy Bannon Advisor	3	✓						0	0	0
Jan Needham Advisor	4	✓						0	0	0
Elaine Witiak Director	1	✓						0	0	0
Jane Carlonas Director	1	✓						0	0	0
Karen Clifford Director	1	✓						0	0	0
Marijo DePaola Director	1	✓						0	0	0



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Alverda Evans Director	7	<input checked="" type="checkbox"/>						0	0	0
Judy Grambo Director	1	<input checked="" type="checkbox"/>						0	0	0
Mary Jo Granahan Director	1	<input checked="" type="checkbox"/>						0	0	0
Maureen Guzzi Director	1	<input checked="" type="checkbox"/>						0	0	0
Mary Hickey Director	.6	<input checked="" type="checkbox"/>						0	0	0
Beth Hopkins Director	1	<input checked="" type="checkbox"/>						0	0	0
Kate Dempsey Jones Director	1	<input checked="" type="checkbox"/>						0	0	0
Patty Lawler Director	1	<input checked="" type="checkbox"/>						0	0	0
Sharon Mundrake Director	.5	<input checked="" type="checkbox"/>						0	0	0
Linda Robeson Director	1	<input checked="" type="checkbox"/>						0	0	0
Vickie Randis Director	1	<input checked="" type="checkbox"/>						0	0	0
Colleen Ryan Director	.6	<input checked="" type="checkbox"/>						0	0	0
Kathy Terrery Director	.6	<input checked="" type="checkbox"/>						0	0	0
<b>1b Total</b>								<b>0</b>	<b>0</b>	<b>0</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

**3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		<input checked="" type="checkbox"/>
<b>4</b>		<input checked="" type="checkbox"/>
<b>5</b>		<input checked="" type="checkbox"/>

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
None		
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization <b>0</b>		

<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	0				
	<b>b</b> Membership dues	<b>1b</b>	4,440				
	<b>c</b> Fundraising events	<b>1c</b>	0				
	<b>d</b> Related organizations	<b>1d</b>	0				
	<b>e</b> Government grants (contributions)	<b>1e</b>	0				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	28,304				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		0				
	<b>h Total.</b> Add lines 1a-1f		32,744				
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>		0				
	<b>b</b>		0				
	<b>c</b>		0				
	<b>d</b>		0				
	<b>e</b>		0				
	<b>f</b> All other program service revenue		0				
	<b>g Total.</b> Add lines 2a-2f		0				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		520				520
	<b>4</b> Income from investment of tax-exempt bond proceeds		0				
	<b>5</b> Royalties		0				
			(i) Real	(ii) Personal			
	<b>6a</b> Gross Rents		0	0			
	<b>b</b> Less rental expenses		0	0			
	<b>c</b> Rental income or (loss)		0	0			
	<b>d</b> Net rental income or (loss)		0				
			(i) Securities	(ii) Other			
	<b>7a</b> Gross amount from sales of assets other than inventory		0	0			
	<b>b</b> Less cost or other basis and sales expenses		0	0			
	<b>c</b> Gain or (loss)		0	0			
	<b>d</b> Net gain or (loss)		0				
	<b>8a</b> Gross income from fundraising events (not including \$0 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	712,509				
	<b>b</b> Less: direct expenses	<b>b</b>	146,910				
	<b>c</b> Net income or (loss) from fundraising events		565,599				565,599
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>	0				
	<b>b</b> Less: direct expenses	<b>b</b>	0				
	<b>c</b> Net income or (loss) from gaming activities		0				
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	0				
<b>b</b> Less cost of goods sold	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory		0					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b>		0					
<b>b</b>		0					
<b>c</b>		0					
<b>d</b> All other revenue		0					
<b>e Total.</b> Add lines 11a-11d		0					
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		598,863	0	0	566,119		

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>542,349</b>	<b>542,349</b>		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees				
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b>	Other salaries and wages				
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b>	Other employee benefits				
<b>10</b>	Payroll taxes				
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management				
<b>b</b>	Legal				
<b>c</b>	Accounting	<b>7,075</b>		<b>7,075</b>	
<b>d</b>	Lobbying				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees				
<b>g</b>	Other				
<b>12</b>	Advertising and promotion				
<b>13</b>	Office expenses	<b>981</b>			<b>981</b>
<b>14</b>	Information technology				
<b>15</b>	Royalties				
<b>16</b>	Occupancy	<b>2,700</b>		<b>2,700</b>	
<b>17</b>	Travel				
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b>	Conferences, conventions, and meetings				
<b>20</b>	Interest				
<b>21</b>	Payments to affiliates				
<b>22</b>	Depreciation, depletion, and amortization				
<b>23</b>	Insurance				
<b>24</b>	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b>	Christmas Gifts	<b>5,725</b>		<b>5,725</b>	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	<b>558,830</b>	<b>542,349</b>	<b>15,500</b>	<b>981</b>
<b>26</b>	<b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	44,964	1	81,749
	2 Savings and temporary cash investments . . . . .	0	2	0
	3 Pledges and grants receivable, net . . . . .	0	3	0
	4 Accounts receivable, net . . . . .	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L . . . . .	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .	0	6	0
	7 Notes and loans receivable, net . . . . .	0	7	0
	8 Inventories for sale or use . . . . .	0	8	0
	9 Prepaid expenses and deferred charges . . . . .	14,880	9	16,594
	10a Land, buildings, and equipment, cost basis 10a 0			
	b Less: accumulated depreciation Complete Part VI of Schedule D 10b 0	0	10c	0
	11 Investments—publicly traded securities . . . . .	0	11	0
	12 Investments—other securities See Part IV, line 11 . . . . .	0	12	0
	13 Investments—program-related See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
	15 Other assets See Part IV, line 11 . . . . .	0	15	0
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	59,844	16	98,343	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	0	17	0
	18 Grants payable . . . . .	0	18	0
	19 Deferred revenue . . . . .	12,376	19	11,375
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable . . . . .	0	24	0
	25 Other liabilities. Complete Part X of Schedule D . . . . .	3,108	25	2,575
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	15,484	26	13,950
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	44,360	27	84,393
	28 Temporarily restricted net assets . . . . .	0	28	0
	29 Permanently restricted net assets . . . . .	0	29	0
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds . . . . .	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds . . . . .	0	32	0
	33 <b>Total net assets or fund balances . . . . .</b>	44,360	33	84,393
	34 <b>Total liabilities and net assets/fund balances . . . . .</b>	59,844	34	98,343

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
c If "Yes" to lines 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?	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits?		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

St. Joseph's Center Auxiliary

Employer identification number

20 0664132

**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. (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
  - h Provide the following information about the organizations the organization supports.

(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	
St. Joseph's Center	24-0795689	7	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		542,349
<b>Total</b>									542,349

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1-3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	%
<b>16a 33⅓% support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33⅓% support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

- 19a 33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**St. Joseph's Center Auxiliary**

Employer identification number

**20 0664132**

**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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

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

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

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

4 Number of states where property subject to conservation easement is located ► . . . . .

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ . . . . .

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ► \$ . . . . .

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

a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

b Assets included in Form 990, Part X . . . . . ► \$ . . . . .

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** ☐ Public exhibition
- 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** **Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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.

	Amount
1c	
1d	
1e	
1f	

**Part V Endowment Funds.** Complete if 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
<b>1a</b> Beginning of year balance		\$ 1,000,000	\$ 1,000,000		\$ 1,000,000
<b>b</b> Contributions		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<b>c</b> Investment earnings or losses				\$ 1,000,000	\$ 1,000,000
<b>d</b> Grants or scholarships					\$ 1,000,000
<b>e</b> Other expenditures for facilities and programs		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000
<b>f</b> Administrative expenses					
<b>g</b> End of year balance		\$ 1,000,000	\$ 1,000,000	\$ 1,000,000	\$ 1,000,000

- 2** Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ .....%
- b Permanent endowment ▶ .....%
- c Term endowment ▶ .....%

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

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

- |                             |       |
|-----------------------------|-------|
| (i) unrelated organizations | ..... |
| (ii) related organizations  | ..... |

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )

**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
Financial derivatives and other financial products . . . . .		
Closely-held equity interests . . . . .		
Other .....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15.) ►	

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>Due to Related Party (St. Joseph's Center)</b>	<b>2,575</b>
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 25.) ►	<b>2,575</b>

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

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

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	598,863
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	558,830
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1	<b>3</b>	40,033
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	0
<b>5</b>	Donated services and use of facilities	<b>5</b>	0
<b>6</b>	Investment expenses	<b>6</b>	0
<b>7</b>	Prior period adjustments	<b>7</b>	0
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	0
<b>9</b>	Total adjustments (net). Add lines 4–8	<b>9</b>	0
<b>10</b>	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	<b>10</b>	40,033

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	745,773
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	0
<b>b</b>	Donated services and use of facilities	<b>2b</b>	0
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	146,910
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	146,910
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	598,863
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12.)	<b>5</b>	598,863

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	705,740
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	0
<b>b</b>	Prior year adjustments	<b>2b</b>	0
<b>c</b>	Losses reported on Form 990, Part IX, line 25	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	146,910
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	146,910
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	558,830
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	0
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	0
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18.)	<b>5</b>	558,830

**Part XIV Supplemental Information**

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

**Part XII Line 2d:** This represents direct expenses from fundraising events that were included on Form 990 Part VIII Line 8B

**Part XIII Line 2d:** This represents direct expenses from fundraising events that were included on Form 990 Part VIII Line 8B

**Part XIV** Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ line 6a.

2008

**Open To Public Inspection**

## St. Joseph's Center Auxiliary

20 : 0664132

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

[illegible]

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <b>Festival</b> (event type)	(b) Event #2 <b>Auction</b> (event type)	(c) Other Events <b>3</b> (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	<b>629,992</b>	<b>50,694</b>	<b>23,975</b>	<b>704,661</b>
	<b>2</b> Less: Charitable contributions . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>3</b> Gross revenue (line 1 minus line 2) . . . . .	<b>629,992</b>	<b>50,694</b>	<b>23,975</b>	<b>704,661</b>
Direct Expenses	<b>4</b> Cash prizes . . . . .	<b>3,500</b>	<b>0</b>	<b>0</b>	<b>3,500</b>
	<b>5</b> Non-cash prizes . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>6</b> Rent/facility costs . . . . .	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	<b>7</b> Other direct expenses . . . . .	<b>110,713</b>	<b>12,286</b>	<b>9,445</b>	<b>132,444</b>
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) . . . . .				<b>( 135,944 )</b>
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) . . . . .				<b>568,717</b>

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Non-cash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . .				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities: _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? . . . . .	<b>9a</b>	
<b>b</b> If "No," Explain: _____ _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	<b>10a</b>	
<b>b</b> If "Yes," Explain: _____ _____		
<b>11</b> Does the organization operate gaming activities with nonmembers?	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<b>12</b>	

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility <span style="float: right;"><b>13a</b> %</span>		
<b>b</b>	An outside facility <span style="float: right;"><b>13b</b> %</span>		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ .....			
Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>	
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....		
<b>c</b>	If "Yes," enter name and address:		
Name ▶ .....			
Address ▶ .....			
<b>16</b>	Gaming manager information:		
Name ▶ .....			
Gaming manager compensation ▶ \$ .....			
Description of services provided ▶ .....			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions.		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>	
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....		



## Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

OMB No. 1545-0047

2008

## Open to Public Inspection

Name of the organization

20  
Empl

## St. Joseph's Center Auxiliary

## Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Cat No 50055P

Schedule I (Form 990) 2008





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

**St. Joseph's Center Auxiliary**

Employer identification number

**20 0664132**

Schedule R Part II (B): The primary activity of St. Joseph's Center is to provide rehabilitation and developmental services in various institutional and community-based settings to individuals who are physically and emotionally impaired--to foster the welfare of the individuals and their families in any appropriate manner. (EIN# 24-0795689)

Part VI Section A Question 2: The St. Joseph's Center Auxiliary is comprised of 100% community volunteers. The St. Joseph's Center Auxiliary's Board of Directors has family relationships. Maureen Guzzi and Jan Needham are sisters. Maureen Guzzi, Jan Needham, and Jeannie Kreis McDonald are sisters-in-law. Jeannie Kreis McDonald and Mary Jo Sheridan are cousins.

Part VI Section A Question 10: The Form 990 is prepared by an accountant of St. Joseph's Center. It is reviewed by St. Joseph's Center's accounting manager, St. Joseph's Center's CFO, and an outside accounting firm before it is filed.

Part VI Section B Question 15b: St. Joseph's Center Auxiliary does not have any compensated employees.

Part VI Section C Question 19: St. Joseph's Center Auxiliary makes its governing documents and financial statements available to the public through the Form 990 and upon request.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

St. Joseph's Center Auxiliary

Employer identification number

20 0664132

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
St. Joseph's Center, 2010 Adams Avenue, Scranton, PA 18509	See Schedule O	PA	501(c)(3)	170(b)(1)(A)(vi)	N/A

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

Cat No. 50135Y

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .**b** Gift, grant, or capital contribution to other organization(s) . . . . .**c** Gift, grant, or capital contribution from other organization(s) . . . . .**d** Loans or loan guarantees to or for other organization(s) . . . . .**e** Loans or loan guarantees by other organization(s) . . . . .**f** Sale of assets to other organization(s) . . . . .**g** Purchase of assets from other organization(s) . . . . .**h** Exchange of assets . . . . .**i** Lease of facilities, equipment, or other assets to other organization(s) . . . . .**j** Lease of facilities, equipment, or other assets from other organization(s) . . . . .**k** Performance of services or membership or fundraising solicitations for other organization(s) . . . . .**l** Performance of services or membership or fundraising solicitations by other organization(s) . . . . .**m** Sharing of facilities, equipment, mailing lists, or other assets . . . . .**n** Sharing of paid employees . . . . .**o** Reimbursement paid to other organization for expenses . . . . .**p** Reimbursement paid by other organization for expenses . . . . .**q** Other transfer of cash or property to other organization(s) . . . . .**r** Other transfer of cash or property from other organization(s) . . . . .**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





# ParenteBeard LLC

## **St. Joseph's Center Auxiliary**

Financial Statements  
For the Years Ended  
June 30, 2009 and 2008  
&  
Independent Auditors' Report

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
St. Joseph's Center Auxiliary:

We have audited the accompanying balance sheet of St. Joseph's Center Auxiliary (the "Auxiliary") as of June 30, 2009 and 2008, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Auxiliary's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of St. Joseph's Center Auxiliary as of June 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.



Scranton, Pennsylvania  
December 7, 2009

ST. JOSEPH'S CENTER AUXILIARY

BALANCE SHEET  
JUNE 30, 2009 AND 2008

	2009	2008
<u>ASSETS</u>		
CASH	\$81,749	\$44,964
PREPAID EXPENSES	<u>16,594</u>	<u>14,880</u>
TOTAL	<u>\$98,343</u>	<u>\$59,844</u>
<u>LIABILITIES AND NET ASSETS</u>		
CURRENT LIABILITIES:		
Deferred revenue	\$11,375	\$12,376
Due to related party	<u>2,575</u>	<u>3,108</u>
Total current liabilities	13,950	15,484
NET ASSETS, UNRESTRICTED	<u>84,393</u>	<u>44,360</u>
TOTAL	<u>\$98,343</u>	<u>\$59,844</u>

See Notes to Financial Statements

# ST. JOSEPH'S CENTER AUXILIARY

## STATEMENT OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

	2009	2008
UNRESTRICTED PUBLIC SUPPORT AND OTHER REVENUES:		
Special event - annual fair	<u>\$ 629,992</u>	<u>\$ 727,537</u>
Other revenues:		
Auction	50,694	36,518
Donations	28,304	13,391
Miscellaneous fundraisers	14,002	7,502
Golf tournament	6,124	45
Card party	5,095	3,975
Membership dues	4,440	2,265
Walkathon	3,276	4,336
Annual Dinner	3,098	802
Interest income	520	647
Tea party	<u>228</u>	<u>113</u>
Total other revenues	<u>115,781</u>	<u>69,594</u>
Total unrestricted public support and other revenues	<u>745,773</u>	<u>797,131</u>
EXPENSES:		
Contributions to St. Joseph's Center	542,349	670,000
Special event - annual fair	114,213	116,690
Auction	12,286	8,814
Professional fees	7,075	2,290
Christmas gifts	5,725	5,800
Card party	5,066	3,027
Other fundraising costs	6,943	2,217
Annual dinner	2,566	2,786
Storage	2,700	2,700
Walkathon	2,395	1,313
Golf tournament	1,951	4,141
Tea party	1,490	1,113
Postage	<u>981</u>	<u>-</u>
Total expenses	<u>705,740</u>	<u>820,891</u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS	40,033	(23,760)
NET ASSETS, UNRESTRICTED, BEGINNING	<u>44,360</u>	<u>68,120</u>
NET ASSETS, UNRESTRICTED, ENDING	<u>\$ 84,393</u>	<u>\$ 44,360</u>

See Notes to Financial Statements

ST. JOSEPH'S CENTER AUXILIARY

STATEMENT OF CASH FLOWS  
FOR THE YEARS ENDED JUNE 30, 2009 AND 2008

	2009	2008
CASH FLOWS FROM OPERATING ACTIVITIES:		
Increase (decrease) in net assets	\$40,033	\$(23,760)
Changes in assets and liabilities:		
Prepaid expenses	(1,714)	1,549
Due to related party	(533)	(2,768)
Deferred revenue	<u>(1,001)</u>	<u>(34,733)</u>
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES AND INCREASE (DECREASE) IN CASH	36,785	(59,712)
CASH, BEGINNING	<u>44,964</u>	<u>104,676</u>
CASH, ENDING	<u>\$81,749</u>	<u>\$ 44,964</u>

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See Notes to Financial Statements

**ST. JOSEPH'S CENTER AUXILIARY**  
**NOTES TO FINANCIAL STATEMENTS**

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**1. NATURE OF OPERATIONS AND SUMMARY OF  
SIGNIFICANT ACCOUNTING POLICIES**

**NATURE OF OPERATIONS**

St. Joseph's Center Auxiliary (the "Auxiliary") was founded by certain officers of the Congregation of Sisters, Servants of the Immaculate Heart of Mary, Scranton, Pennsylvania (the "Congregation"). The Auxiliary was formed to solicit, collect, hold or distribute property, real or otherwise, for the benefit of St. Joseph's Center (the "Center"), a not-for-profit institution, also founded by the Congregation.

The Auxiliary evaluated subsequent events for recognition or disclosure through December 7, 2009, the date the financial statements were available to be issued.

**USE OF ESTIMATES**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates.

**CASH AND CASH EQUIVALENTS**

Cash and cash equivalents include highly liquid instruments purchased with an original maturity of three months or less.

**PREPAID EXPENSES**

Costs incurred for fund-raising events in advance of the event are recorded as prepaid expenses.

**DEFERRED REVENUE**

Revenue received for fund-raising events in advance of the event are recorded as deferred revenue.

ST. JOSEPH'S CENTER AUXILIARY  
NOTES TO FINANCIAL STATEMENTS

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The Auxiliary adopted Statement of Financial Accounting Standards No. 165, "Subsequent Events" ("SFAS 165") as of June 30, 2009. SFAS 165 established general standards of accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. The adoption of SFAS 165 did not have a material effect on the Auxiliary's financial statements.

## 2. RELATED PARTY TRANSACTIONS

The Auxiliary contributes funds to the Center to aid in meeting operating needs and capital expenditures of the Center. Contributions to the Center were \$542,349 in 2009 and \$670,000 in 2008.

Amounts due to the Center, for expenses paid on behalf of the Auxiliary, were \$2,575 and \$3,108 at June 30, 2009 and 2008, respectively.

## 3. FUNCTIONAL EXPENSES

The Auxiliary conducts fundraising activities for the benefit of the Center. Expenses related to providing these services are as follows:

	<u>2009</u>	<u>2008</u>
Organizational services	\$542,349	\$670,000
Fundraising	150,591	142,801
General and administrative	<u>12,800</u>	<u>8,090</u>
Total	<u>\$705,740</u>	<u>\$820,891</u>

## 4. CONCENTRATION OF CREDIT RISK

The Auxiliary maintains substantially all of its cash accounts with one financial institution. The Company periodically has amounts on deposit in excess of the Federal Deposit Insurance Corporation insured limits.

## 5. SIGNIFICANT CONCENTRATION

Approximately 85% of the Auxiliary's support and revenues was generated by the Annual Fair. The loss of this support and revenues would have an adverse impact on the Auxiliary's financial statements.