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Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

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 **2008** calendar year, or tax year beginning **07/01, 2008**, and ending **06/30, 2009**

| | | |
|--|--|--|
| 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 | Please use IRS label or print or type. See Specific Instructions. C Name of organization SETON CENTER, INC. Doing Business As | D Employer identification number 43-0926003 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 2816 EAST 23RD STREET | E Telephone number (816) 231-3955 |
| | City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64127 | G Gross receipts \$ 2,036,061. |
| | F Name and address of principal officer | 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) |

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

J Website: ▶ **WWW.SETONKC.ORG** **H(c)** Group exemption number ▶

K Type of organization Corporation Trust Association Other ▶ **L** Year of formation **1979** **M** State of legal domicile **MO**

Part I Summary

| | |
|--|---|
| 1 Briefly describe the organization's mission or most significant activities <u>PROVIDING COMPASSIONATE CARE FOR DIVERSE POPULATIONS, FOOD PANTRY, HIGH SCHOOL, EMERGENCY ASSISTANCE, SAFETY NET DENTAL SERVICES, FAITH-BASED, CHARITABLE, NON-PROFIT.</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) 3 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 |
| | 5 Total number of employees (Part V, line 2a) 5 37 |
| | 6 Total number of volunteers (estimate if necessary) 6 316 |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a |
| | b Net unrelated business taxable income from Form 990-T, line 34 7b |

| | Prior Year | Current Year |
|--|---|---|
| 8 Contribution and grants (Part VIII, line 1h) 1,705,814. | 1,705,814. | 1,363,055. |
| 9 Program service revenue (Part VIII, line 2g) 839,550. | 839,550. | 659,179. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 24,109. | 24,109. | 7,297. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e) 7,494. | 7,494. | -350. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,576,967. | 2,576,967. | 2,029,181. |
| 13 Grants and similar amounts paid (Part IX, column (A), line 3) 47,019. | 47,019. | 68,235. |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) NONE | | NONE |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,066,677. | 1,066,677. | 949,439. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) 87,500. | | 87,500. |
| b Total fundraising expenses, Part IX, column (D), line 25) ▶ 162,699. | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 854,881. | 854,881. | 837,986. |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,968,577. | 1,968,577. | 1,943,160. |
| 19 Revenue less expenses Subtract line 18 from line 12. 608,390. | 608,390. | 86,021. |
| 20 Total assets (Part X, line 16) 3,085,067. | Beginning of Year 3,085,067. | End of Year 3,154,625. |
| 21 Total liabilities (Part X, line 26) 133,610. | 133,610. | 132,626. |
| 22 Net assets or fund balances Subtract line 21 from line 20. 2,951,457. | 2,951,457. | 3,021,999. |

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 ▶ *Sister Loretto Marie Colwell* **Signature of officer** **04-06-10** **Date**
 ▶ **Sister Loretto Marie Colwell, Executive Director** **Type or print name and title**

Paid Preparer's Use Only

Preparer's signature ▶ *[Signature]* **Date** **3/27/10** **Check if self-employed** **Preparer's identifying number (see instructions)** **P00642974**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **HOUSE PARK & DOBRATZ, P.C.** **EIN** ▶ **43-1562209**
605 W. 47TH STREET, SUITE 301 KANSAS CITY, MO 64112 **Phone no** ▶ **816-931-3393**

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. Form 990 (2008)

g/6 4

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

SEE STATEMENT 1

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 \$ 435,332. including grants of \$ _____) (Revenue \$ 205,135.)

EDUCATION SERVICES - FREE HIGH SCHOOL EDUCATION FOR AT-RISK STUDENTS (KANSAS CITY SCHOOL DISTRICT)

4b (Code: _____) (Expenses \$ 815,457. including grants of \$ _____) (Revenue \$ 449,279.)

DENTAL SERVICES PROVIDE FOR THE WELL-BEING OF THE COMMUNITY (MEDICAID, SLIDING SCALE FEES)

4c (Code: _____) (Expenses \$ 354,841. including grants of \$ _____) (Revenue \$ 4,765.)

SOCIAL SERVICES - PROVIDES FOOD, CLOTHING, CHILD CARE, ADULT DAY CARE AND OTHER SOCIAL SERVICE TO THE COMMUNITY (MISCELLANEOUS GRANTS AND CONTRIBUTIONS)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 1,605,630. (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | X |
| 5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | | X |
| 6 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 | | 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? If "Yes," complete Schedule D, Part II | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | 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? If "Yes," complete Schedule D, Part IV | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | | X |
| 11 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 | X | |
| 12 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 | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U S ? | | X |
| 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 | | 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? If "Yes," complete Schedule F, Part II | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | X | |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | X | |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | | X |
| 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | | 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? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25 | | 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? If "Yes," complete Schedule L, Part I | | X |
| 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 | | 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? If "Yes," complete Schedule L, Part II | | X |
| 27 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 | | X |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----------|--|-----|----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee. | | |
| a | 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)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | 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? <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 section 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 | |
| 35 | Is any related organization 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 |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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, process, or changes in Schedule O. See instructions | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 15 |
| b | Enter the number of voting members that are independent | 1b | 14 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | X |
| 6 | Does the organization have members or stockholders? | 6 | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | X |
| 8 | Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | 8a | X |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | 9a | X |
| 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? | 9b | |
| 10 | 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 | 10 | X |
| 11 | 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 | 11 | X |

Section B. Policies

| | | Yes | No |
|-----|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 | Does the organization have a written whistleblower policy? | 13 | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | |
| a | The organization's CEO, Executive Director, or top management official? | 15a | X |
| b | Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) | 15b | X |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b | If "Yes," 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? | 16b | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► MO
- 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 ► CAROL WINSBY 2816 EAST 23RD STREET KANSAS CITY, MO 64127
816-231-3955

Part VIII Statement of Revenue

43-0926003

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---|--|---|----------------------|----------------------|--|---|---|-------|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 22,125. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 32,331. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1,308,599. | | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | | | |
| | h Total. Add lines 1a-1f | | | 1,363,055. | | | | |
| Program Service Revenue | Business Code | | | | | | | |
| | 2a SCHOOL | | 611600 | 205,135. | 205,135. | | | |
| | b DENTAL SERVICES | | 621300 | 449,279. | 449,279. | | | |
| | c SOCIAL SERVICES | | 624200 | 4,765. | 4,765. | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 659,179. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | STMT 2 . . . ▶ | | 7,513. | | | 7,513. | |
| | 4 Income from investment of tax-exempt bond proceeds . . . ▶ | | | NONE | | | | |
| | 5 Royalties ▶ | | | NONE | | | | |
| | 6a Gross Rents | (i) Real | (ii) Personal | | | | | |
| | | b Less rental expenses | | | | | | |
| | | c Rental income or (loss) | | | | | | |
| | | d Net rental income or (loss) ▶ | | | | | | NONE |
| | 7a 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) ▶ | | | | | | -216. |
| | 8a Gross income from fundraising events (not including \$ 22,125. of contributions reported on line 1c) See Part IV, line 18 | STMT 3 | | | | | | |
| | | b Less direct expenses | | 350. | | | | |
| | | c Net income or (loss) from fundraising events ▶ | STMT 4 . . . ▶ | | -350. | -350. | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | | | | | | |
| b Less direct expenses | | | | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | NONE | | | |
| 10a Gross sales of inventory, less returns and allowances | | | | | | | | |
| | b Less cost of goods sold | | | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | | | | NONE | |
| Miscellaneous Revenue | | | Business Code | | | | | |
| 11a _____ | | | | | | | | |
| b _____ | | | | | | | | |
| c _____ | | | | | | | | |
| d All other revenue | | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | | | NONE | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶ | | | | 2,029,181. | 658,829. | | 7,297. | |

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).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (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 U.S. See Part IV, line 21 . . . | NONE | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | 68,235. | 68,235. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | NONE | | | |
| 4 Benefits paid to or for members | NONE | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 145,109. | 108,831. | 36,278. | NONE |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | NONE | | | |
| 7 Other salaries and wages | 615,422. | 521,596. | 33,172. | 60,654. |
| 8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . . | 30,239. | 22,679. | 7,560. | |
| 9 Other employee benefits | 104,737. | 87,276. | 10,048. | 7,413. |
| 10 Payroll taxes | 53,932. | 45,157. | 4,157. | 4,618. |
| 11 Fees for services (non-employees) | | | | |
| a Management | NONE | | | |
| b Legal | NONE | | | |
| c Accounting | 9,330. | 6,998. | 2,332. | |
| d Lobbying | NONE | | | |
| e Professional fundraising services See Part IV, line 17 | 87,500. | | | 87,500. |
| f Investment management fees | NONE | | | |
| g Other | 332,732. | 330,279. | 2,453. | |
| 12 Advertising and promotion | 1,451. | 937. | 17. | 497. |
| 13 Office expenses | 60,806. | 51,600. | 7,811. | 1,395. |
| 14 Information technology | 33,352. | 26,763. | 6,589. | |
| 15 Royalties | NONE | | | |
| 16 Occupancy | 105,083. | 82,685. | 22,398. | |
| 17 Travel | 5,422. | 4,213. | 1,209. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | NONE | | | |
| 19 Conferences, conventions, and meetings | 4,080. | 2,746. | 856. | 478. |
| 20 Interest | 1,188. | 891. | 297. | |
| 21 Payments to affiliates | NONE | | | |
| 22 Depreciation, depletion, and amortization . . . | 133,562. | 112,738. | 20,824. | |
| 23 Insurance | 17,212. | 12,909. | 4,303. | |
| 24 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) | | | | |
| a DENTAL SUPPLIES ----- | 50,622. | 50,622. | | |
| b FOOD EXPENSE ----- | 40,473. | 39,747. | 726. | |
| c EQUIPMENT RENT AND MAINTENAN | 10,384. | 6,572. | 3,812. | |
| d DUES, SUBSCRIPTIONS AND BOOK | 5,182. | 5,030. | 152. | |
| e MISCELLANEOUS ----- | 19,281. | 10,627. | 8,521. | 133. |
| f All other expenses ----- | 7,826. | 6,499. | 1,316. | 11. |
| 25 Total functional expenses. Add lines 1 through 24f | 1,943,160. | 1,605,630. | 174,831. | 162,699. |
| 26 Joint Costs. 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 |
|--|--|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 300 | 1 | 300 |
| | 2 Savings and temporary cash investments | 742,634 | 2 | 684,599 |
| | 3 Pledges and grants receivable, net | 268,898 | 3 | 334,986 |
| | 4 Accounts receivable, net | 95,328 | 4 | 68,786 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sales or use | 58,303 | 8 | 50,733 |
| | 9 Prepaid expenses and deferred charges STMT. 5 | 2,453 | 9 | 3,500 |
| | 10a Land, buildings, and equipment cost basis 10a 3,125,361 | | | |
| | b Less accumulated depreciation. Complete Part VI of Schedule D 10b 1,158,506 | | | |
| | | 1,868,195 | 10c | 1,966,855 |
| | 11 Investments - publicly traded securities STMT. 6 | 48,956 | 11 | 44,866 |
| | 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 | | 15 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,085,067 | 16 | 3,154,625 | |
| Liabilities | 17 Accounts payable and accrued expenses | 99,092 | 17 | 98,536 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow 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. STMT. 7 | 34,518 | 23 | 34,090 |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 133,610 | 26 | 132,626 |
| 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 | 2,427,456 | 27 | 2,500,791 |
| | 28 Temporarily restricted net assets | 524,001 | 28 | 521,208 |
| | 29 Permanently restricted net assets | | 29 | |
| | 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 | 2,951,457 | 33 | 3,021,999 | |
| 34 Total liabilities and net assets/fund balances | 3,085,067 | 34 | 3,154,625 | |

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? | 2a | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X |
| 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? | 2c | X |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | |

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 |
|---|------------|----------|------------|------------|------------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,020,489. | 993,763. | 1,297,747. | 1,705,814. | 1,340,931. | 6,358,744. |
| 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 1-3 | 1,020,489. | 993,763. | 1,297,747. | 1,705,814. | 1,340,931. | 6,358,744. |
| 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) | | | | | | 2,425,782. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 3,932,962. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|------------|----------|------------|------------|------------|--------------------------|
| 7 Amounts from line 4. | 1,020,489. | 993,763. | 1,297,747. | 1,705,814. | 1,340,931. | 6,358,744. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 4,080. | 16,314. | 23,946. | 23,743. | 7,513. | 75,596. |
| 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) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 6,434,340. |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 4,481,336. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 61.12 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 63.06 % |
| 16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. 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 "fact-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 - 2007. 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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 1-5 | | | | | | |
| 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| 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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (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 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 D
(Form 1041)

Capital Gains and Losses

OMB No 1545-0092

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

Employer identification number

SETON CENTER, INC.

43-0926003

Note: Form 5227 filers need to complete only Parts I and II

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|---|---|
| 1a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b | | | | | 1b 121. |
| 2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 | | | | | 2 |
| 3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | | 3 |
| 4 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2007 Capital Loss Carryover Worksheet | | | | | 4 () |
| 5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back | | | | | 5 121. |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| (a) Description of property (Example 100 shares 7% preferred of "Z" Co) | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Sales price | (e) Cost or other basis (see page 4 of the instructions) | (f) Gain or (loss) for the entire year Subtract (e) from (d) |
|---|--------------------------------------|----------------------------------|-----------------|---|---|
| 6a | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b | | | | | 6b -337. |
| 7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 | | | | | 7 |
| 8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts | | | | | 8 |
| 9 Capital gain distributions | | | | | 9 |
| 10 Gain from Form 4797, Part I | | | | | 10 |
| 11 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2007 Capital Loss Carryover Worksheet | | | | | 11 () |
| 12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back | | | | | 12 -337. |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2008

| Part III Summary of Parts I and II Caution: Read the instructions before completing this part. | | (1) Beneficiaries' (see page 5) | (2) Estate's or trust's | (3) Total |
|---|---|------------------------------------|----------------------------|-----------|
| 13 | Net short-term gain or (loss) | 13 | | 121. |
| 14 | Net long-term gain or (loss): | | | |
| a | Total for year | 14a | | -337. |
| b | Unrecaptured section 1250 gain (see line 18 of the wrksht.) | 14b | | |
| c | 28% rate gain | 14c | | |
| 15 | Total net gain or (loss). Combine lines 13 and 14 ▶ | 15 | | -216. |

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) if lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

| | | | |
|-----------|--|-----------|---------|
| 16 | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of a The loss on line 15, column (3) or b \$3,000 | 16 | (216.) |
|-----------|--|-----------|---------|

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

| | | | | |
|-----------|---|-----------|--|--|
| 17 | Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) | 17 | | |
| 18 | Enter the smaller of line 14a or 15 in column (2) but not less than zero | 18 | | |
| 19 | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) | 19 | | |
| 20 | Add lines 18 and 19 | 20 | | |
| 21 | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶ | 21 | | |
| 22 | Subtract line 21 from line 20. If zero or less, enter -0- | 22 | | |
| 23 | Subtract line 22 from line 17. If zero or less, enter -0- | 23 | | |
| 24 | Enter the smaller of the amount on line 17 or \$2,200 | 24 | | |
| 25 | Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23. | 25 | | |
| 26 | Subtract line 25 from line 24. | 26 | | |
| 27 | Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22 | 27 | | |
| 28 | Enter the amount from line 26 (If line 26 is blank, enter -0-) | 28 | | |
| 29 | Subtract line 28 from line 27 | 29 | | |
| 30 | Multiply line 29 by 15% (15) | 30 | | |
| 31 | Figure the tax on the amount on line 23. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) | 31 | | |
| 32 | Add lines 30 and 31 | 32 | | |
| 33 | Figure the tax on the amount on line 17. Use the 2008 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions) | 33 | | |
| 34 | Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T). | 34 | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

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

Table with 2 columns: Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 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 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.

Table with 2 columns: \$, \$, \$, \$. Rows include: 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, 1b 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, 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.

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 |
|---|--------|
| 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 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 | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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:

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

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

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 |
|--|--------------------------------------|---------------------------------|------------------|-------------------|
| 1a Land | 58,622. | | | 58,622. |
| b Buildings | 1,942,449. | | 711,819. | 1,230,630. |
| c Leasehold improvements | | | | |
| d Equipment | 640,315. | | 419,200. | 221,115. |
| e Other | 483,975. | | 27,487. | 456,488. |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) | | | | 1,966,855. |

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

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

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

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

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

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

| (a) Description of liability | (b) Amount |
|---|------------|
| Federal income taxes | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| _____ | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶ | |

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

| | | | |
|----|---|----|------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,029,181. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,943,160. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 86,021. |
| 4 | Net unrealized gains (losses) on investments | 4 | -8,121. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net). Add lines 4-8 | 9 | -8,121. |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. | 10 | 77,900. |

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

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 2,021,060. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | -8,121. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | -8,121. |
| 3 | Subtract line 2e from line 1 | 3 | 2,029,181. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5 | 2,029,181. |

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

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,943,160. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Losses reported on Form 990, Part IX, line 25 | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | 1,943,160. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5 | 1,943,160. |

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 XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

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) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|--|--|------------------------|--------------|------------------------|--|
| | | DINNER (event type) | (event type) | NONE (total number) | |
| Revenue | 1 Gross receipts | 22,125. | | | 22,125. |
| | 2 Less. Charitable contributions | 22,125. | | | 22,125. |
| | 3 Gross revenue (line 1 minus line 2) | | | | |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Other direct expenses | 350. | | | 350. |
| | 8 Direct expense summary Add lines 4 through 7 in column (d) ▶ | | | | (350.) |
| 9 Net income summary Combine lines 3 and 8 in column (d) ▶ | | | | -350. | |

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)) |
|---|-----------------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--|
| | | Yes | No | Yes | No | Yes | No | |
| Revenue | 1 Gross revenue | | | | | | | |
| Direct Expenses | 2 Cash prizes | | | | | | | |
| | 3 Non-cash prizes | | | | | | | |
| | 4 Rent/facility costs | | | | | | | |
| | 5 Other direct expenses | | | | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | | | | () | |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | |
| b If "No," Explain: _____ | | |
| 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | |
| b If "Yes," Explain _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | |
| 12 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? | 12 | |

13 Indicate the percentage of gaming activity operated in

- a The organization's facility **13a** %
- b An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----

c If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

16 Gaming manager information

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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 ▶ \$ -----

| | Yes | No |
|-----|-----|----|
| 13a | | |
| 13b | | |
| 14 | | |
| 15a | | |
| 16 | | |
| 17a | | |

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

SETON CENTER, INC.

43-0926003

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (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 | | | |
| THOMAS A COPPINGER MD VICE CHAIRPERSON | 1. | X | | X | | | | NONE | NONE | |
| KEVIN CONNOR SECRETARY/TREASURER | 1. | X | | X | | | | NONE | NONE | |
| PEARL BARNES TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| ROBERT FRAZIER TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| MARLON HAMMONS TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| PHIL HANSON TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| RANDALL J. HERR TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| SR. BONNIE HOFFMAN, DC CHAIRPERSON | 1. | X | | X | | | | NONE | NONE | |
| SR. LEAH MARIE HOLZUM, DC TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| MICHAEL MCCUNNIFF, DDS TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| MICHAEL G. O'FLAHERTY TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| PATRICK J. REARDON TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| KAY SAUNDERS TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| ROBERT P. WAGNER TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| BENNIE DAUGHERTY EX OFFICIO | 1. | X | | | | | | NONE | NONE | |
| GWEN BROOKS EX OFFICIO | 1. | X | | | | | | NONE | NONE | |
| FR. TERRELL FINNELL TRUSTEE | 1. | X | | | | | | NONE | NONE | |
| SR. LORETTO MARIE COLWELL, SCI EXECUTIVE DIRECTOR/EX OFFICIO | 40. | | | X | | | | NONE | NONE | |
| CAROL WINSBY DIRECTOR OF FINANCE | 40. | | | X | | | 68,234. | NONE | 8,206. | |
| | | | | | | | | | | |
| | | | | | | | | | | |

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

CONFLICT OF INTEREST COMPLIANCE MONITORING

FORM 990 PART VI, SECTION B, LINE 12C

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE ANNUAL

CONFLICT OF INTEREST QUESTIONNAIRES AND STATEMENTS. ANNUAL CONFLICT OF

INTEREST STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR, CORPORATE

RESPONSIBILITY OFFICER (CRO) AND AN OUTSIDE INTERNAL AUDITING AGENCY,

CATHOLIC HEALTHCARE AUDITORS (CHAN). IF CONFLICTS ARE PRESENT, THEY ARE

CLOSELY SCRUTINIZED, DISCLOSED AND CHANGES ARE MADE IF NEEDED.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

DETERMINATION OF COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

ALL COMPENSATION IS DETERMINED BASED ON COMPENSATION SURVEY OR STUDY.

EXECUTIVE DIRECTOR COMPENSATION IS ALSO UNDER WRITTEN EMPLOYMENT CONTRACT

SUBJECT TO APPROVAL BY A COMPENSATION COMMITTEE OF THE BOARD.

ALL OTHER COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

MEMBERS

PART VI SECTION A LINE 6, 7A AND 7B

SETON CENTER, INC. HAS A SINGLE CORPORATE MEMBER, ASCENSION HEALTH, WHICH HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF SETON CENTER, INC.

ASCENSION HEALTH HAS DESIGNED A SYSTEM OF AUTHORITY MATRIX WHICH ASSIGNS AUTHORITY FOR KEY DECISIONS THAT ARE NECESSARY IN THE OPERATION OF THE SYSTEM. SPECIFIC AREAS THAT ARE IDENTIFIED IN THE AUTHORITY MATRIX ARE: NEW ORGANIZATIONS & MAJOR TRANSACTIONS; GOVERNING DOCUMENTS; APPOINTMENTS/ REMOVALS; EVALUATION; DEBT LIMITS; STRATEGIC & FINANCIAL PLANS; ASSETS; SYSTEM POLICIES & PROCEDURES. THESE AREAS ARE SUBJECT TO CERTAIN LEVELS OF APPROVAL BY ASCENSION PER THE SYSTEM AUTHORITY MATRIX.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

FORM 990 REVIEW PROCESS

PART VI SECTION A LINE 10

THE FORM 990 IS REVIEWED BY SETON CENTER'S EXECUTIVE DIRECTOR, CFO AND AN OUTSIDE AUDIT FIRM FOR ASCENSION HEALTH PRIOR TO FILING. IT IS AVAILABLE FOR REVIEW AND QUESTIONS BY THE BOARD AT THE NEXT CLOSEST BOARD MEETING TO THE FILING DATE.

Name of the organization

Employer identification number

SETON CENTER, INC.

43-0926003

AVAILABILITY OF DOCUMENTS TO THE PUBLIC

PART VI SECTION C LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS

ARE AVAILABLE TO ALL FUNDERS AND CONTRACT INSTITUTIONS UPON REQUEST.

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)

| | Yes | No |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| 1d | X | |
| 1e | | X |
| 1f | | X |
| 1g | | X |
| 1h | | X |
| 1i | | X |
| 1j | | X |
| 1k | | X |
| 1l | | X |
| 1m | | X |
| 1n | | X |
| 1o | X | |
| 1p | | X |
| 1q | | X |
| 1r | | X |

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) ASCENSION HEALTH | | D | 34,090. |
| (2) ASCENSION HEALTH | | O | 47,005. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

SETON CENTER IS A CATHOLIC-SPONSORED HUMAN SERVICE AGENCY IN GREATER KANSAS CITY THAT HELPS PEOPLE BREAK CYCLES OF POVERTY. SETON CENTER PROVIDES HEALTH, SOCIAL, AND EDUCATIONAL PROGRAMS TO ADDRESS CURRENT COMMUNITY NEEDS, AND TOOLS TO SUPPORT PEOPLE IN TRANSFORMING THEIR LIVES.

FORM 990, PART VIII - INVESTMENT INCOME

| DESCRIPTION | (A) TOTAL REVENUE | (B) RELATED OR EXEMPT REVENUE | (C) UNRELATED BUSINESS REV. | (D) EXCLUDED REVENUE |
|---|-------------------------|-------------------------------------|-----------------------------------|----------------------------|
| INTEREST AND DIVIDENDS FROM INVESTMENTS | 7,513. | | | 7,513. |
| TOTALS | 7,513. | | | 7,513. |

FORM 990, PART VIII - FUNDRAISING EVENTS
=====

| DESCRIPTION ----- | DIRECT EXPENSES ----- | NET INCOME ----- |
|-----------------------|-----------------------------|------------------------|
| SWINGING AT THE STACK | 350. | -350. |
| TOTALS | 350. | -350. |

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| DESCRIPTION ----- | ENDING BOOK VALUE ----- |
|----------------------|-------------------------------|
| PREPAID EXPENSES | 3,500. |
| TOTALS | ----- 3,500. ===== |

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

| DESCRIPTION ----- | ENDING BOOK VALUE ----- | COST OR FMV ----- |
|-------------------------------|-------------------------------|-------------------------|
| UMB EQUITY MUTUAL FUNDS | 22,192. | FMV |
| UMB FIXED INCOME MUTUAL FUNDS | 21,829. | FMV |
| STOCK | 845. | FMV |
| | ----- | |
| TOTALS | 44,866. | |
| | ===== | |

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

=====

LENDER: ASCENSION CDMS NOTE
ORIGINAL AMOUNT: 35,785.
INTEREST RATE: 3.543857
DATE OF NOTE: 02/01/2005
MATURITY DATE: 11/15/2039
REPAYMENT TERMS: MONTHLY INTEREST, ANNUAL PRINCIPAL PAYMENTS
SECURITY PROVIDED: NONE
PURPOSE OF LOAN: DEBT CONSOLIDATION

| | |
|-----------------------------|---------|
| BEGINNING BALANCE DUE | 34,518. |
| ENDING BALANCE DUE | 34,090. |

| | |
|---|---------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 34,518. |
|---|---------|

| | |
|--|---------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 34,090. |
|--|---------|