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Return of Organization Exempt From Income Tax

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

2009

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 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Form header section containing organization name (SETON CENTER, INC.), EIN (43-0926003), address (2816 EAST 23RD STREET, KANSAS CITY, MO 64127), and principal officer (SR. LORETTO MARIE COLWELL).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include Revenue (Total: 1,528,684), Expenses (Total: 1,836,155), and Net Assets or Fund Balances (End of Year: 2,715,927).

Part II Signature Block

Signature block containing officer signature (Sister Loretto Marie Colwell), preparer signature (Stan Brown), and date (2/23/11).

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

SCANNED MAR 27 2011

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 2

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 \$ 474,474. including grants of \$ _____) (Revenue \$ 234,850.)
EDUCATION SERVICES - FREE HIGH SCHOOL EDUCATION FOR AT-RISK STUDENTS

4b (Code: _____) (Expenses \$ 765,824. including grants of \$ _____) (Revenue \$ 431,738)
DENTAL SERVICES PROVIDE FOR THE WELL- BEING OF THE COMMUNITY (MEDICAID, SLIDING SCALE FEES)

4c (Code. _____) (Expenses \$ 327,655. including grants of \$ 24,101) (Revenue \$ 1,855)
SOCIAL SERVICES - PROVIDES FOOD, CLOTHING, AND OTHER SOCIAL SERVICES 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 ► 1,567,953.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 contain various organizational requirements and their completion status (Yes/No).

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and documentation.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower policy, and document retention.

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.
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

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

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

Check this box if the organization did not compensate any current officer, director, or trustee

(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			
PHILLIP HANSON VICE CHAIRPERSON	1.00	X		X				0.	0.	
MARVIN CAROLINA, JR. TRUSTEE	1.00	X						0.	0.	
MICHELLE L. LONG TRUSTEE	1.00	X						0.	0.	
ROBERT FRAZIER TRUSTEE	1.00	X						0.	0.	
MARLON HAMMONS TRUSTEE	1.00	X						0.	0.	
RANDALL J. HERR TRUSTEE	1.00	X						0.	0.	
SR. BONNIE HOFFMAN, DC CHAIRPERSON	1.00	X		X				0.	0.	
SR. LEAH MARIE HOLZUM, DC TRUSTEE	1.00	X						0.	0.	
MICHAEL MCCUNNIFF, DDS TRUSTEE	1.00	X						0.	0.	
MICHAEL G. O'FLAHERTY TRUSTEE	1.00	X						0.	0.	
PATRICK J. REARDON SECRETARY/TREASURER	1.00	X		X				0.	0.	
KAY SAUNDERS TRUSTEE	1.00	X						0.	0.	
ROBERT P. WAGNER TRUSTEE	1.00	X						0.	0.	
FR. TERRELL FINNELL TRUSTEE	1.00	X						0.	0.	
SR. LORETTO MARIE COLWELL, SCL EXECUTIVE DIRECTOR	40.00			X				0.	0.	
CAROL WINSBY DIRECTOR OF FINANCE	40.00			X			73,517.		8,676.	

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					
	1b	Membership dues					
	1c	Fundraising events	36,766.				
	1d	Related organizations					
	1e	Government grants (contributions)	25,003.				
	1f	All other contributions, gifts, grants, and similar amounts not included above	793,865.				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	855,634.				
Program Service Revenue	2a	SCHOOL	611600	236,178.	236,178		
	2b	DENTAL SERVICES	621300	433,067	433,067.		
	2c	SOCIAL SERVICES	624200	3,184.	3,184.		
	2d						
	2e						
	2f	All other program service revenue					
	g	Total. Add lines 2a-2f		672,429.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3		4,110		4,110.	
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
	6a	Gross Rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	9,296.			
			(ii) Other				
	b	Less cost or other basis and sales expenses	8,799.				
	c	Gain or (loss)	497.				
	d	Net gain or (loss)		497.		497	
	8a	Gross income from fundraising events (not including \$ 36,766 of contributions reported on line 1c). See Part IV, line 18	ATCH 4				
	b	Less: direct expenses	11,820				
c	Net income or (loss) from fundraising events	15,806					
9a	Gross income from gaming activities. See Part IV, line 19	ATCH. 5.					
b	Less direct expenses						
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0.				
12	Total Revenue. See instructions		1,528,684.	668,443.		4,607.	

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 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,101.	24,101.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	79,542.	59,656.	19,886.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	636,372.	523,082.	37,677.	75,613.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,087.	9,065.	3,022.	
9 Other employee benefits	129,067.	103,254.	12,806.	13,007.
10 Payroll taxes	53,469.	43,452.	4,233.	5,784.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	9,836.	8,852.	984.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	361,201.	336,164.	23,882.	1,155.
12 Advertising and promotion	5,492.	1,758.	162.	3,572.
13 Office expenses	51,984.	48,108.	2,902.	974.
14 Information technology	36,162.	30,781.	2,882.	2,499.
15 Royalties	0.			
16 Occupancy	103,414.	77,832.	6,248.	19,334.
17 Travel	4,515.	3,493.	1,022.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	6,678.	5,056.	1,531.	91.
20 Interest	978.	733.	245.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	140,282.	118,931.	21,351.	
23 Insurance	-1,514.	-1,135.	-379.	
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 <u>DENTAL SUPPLIES</u>	40,880.	40,880.		
b <u>FOOD EXPENSE</u>	54,589.	54,316.	273.	
c <u>TRANSPORTATION</u>	34,755.	34,755.		
d <u>BAD DEBTS</u>	10,337.	10,337.		
e <u>LOSS ON EQUIPMENT DISPOSAL</u>	12,362.	9,271.	3,091.	
f All other expenses	29,566.	25,211.	4,109.	246.
25 Total functional expenses. Add lines 1 through 24f	1,836,155.	1,567,953.	145,927.	122,275.
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	684,599.	2	637,077.
	3 Pledges and grants receivable, net	334,986.	3	140,248.
	4 Accounts receivable, net	68,786.	4	85,925.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	50,733.	8	50,504.
	9 Prepaid expenses and deferred charges	3,500.	9	4,912.
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 3,167,651.		
	b Less accumulated depreciation	10b 1,292,835.	1,966,855.	10c 1,874,816.
	11 Investments - publicly traded securities	ATCH. 7	44,866.	11 50,187.
	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)		3,154,625.	16 2,843,969.	
Liabilities	17 Accounts payable and accrued expenses	98,536.	17	94,295.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	34,090.	25	33,747.
	26 Total liabilities. Add lines 17 through 25	132,626.	26	128,042.
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	2,500,791.	27	2,409,144.
	28 Temporarily restricted net assets	521,208.	28	306,783.
	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	3,021,999.	33	2,715,927.	
34 Total liabilities and net assets/fund balances	3,154,625.	34	2,843,969.	

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

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	993,763	1,297,747	1,705,814	1,340,931	855,634	6,193,889
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	993,763	1,297,747	1,705,814	1,340,931	855,634	6,193,889
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).						2,429,491
6 Public support. Subtract line 5 from line 4						3,764,398

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	993,763	1,297,747	1,705,814	1,340,931	855,634	6,193,889
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,314	23,946	23,743	7,513	4,110	75,626
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						6,269,515
12 Gross receipts from related activities, etc. (see instructions)					12	4,070,297
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	60.04 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	61.12 %
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2008. 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2009.** 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 - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization SETON CENTER, INC.

Employer identification number 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 Total number at end of year, Aggregate contributions, Aggregate grants, Aggregate value, and two Yes/No questions about donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for land preservation purposes and a table for 'Held at the End of the Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

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

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

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 table for 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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,528,684.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,836,155.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-307,471.
4	Net unrealized gains (losses) on investments	4	3,502.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-2,103.
9	Total adjustments (net) Add lines 4 through 8	9	1,399.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-306,072.

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	1,547,992.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	3,502.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	15,806.
e	Add lines 2a through 2d	2e	19,308.
3	Subtract line 2e from line 1	3	1,528,684.
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 must equal Form 990, Part I, line 12)	5	1,528,684.

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

1	Total expenses and losses per audited financial statements	1	1,851,961.
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	Other losses	2c	
d	Other (Describe in Part XIV)	2d	15,806.
e	Add lines 2a through 2d	2e	15,806.
3	Subtract line 2e from line 1	3	1,836,155.
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 must equal Form 990, Part I, line 18)	5	1,836,155.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILING ITEMS BETWEEN AUDITED FINANCIAL STATEMENTS AND 990
FORM 990 SCHEDULE D PART XII LINE 2D AND PART XIII LINE 2D
DIRECT SPECIAL EVENT EXPENSES OF \$15,806 ARE INCLUDED IN EXPENSES FOR
AUDIT PURPOSES BUT ARE NETTED AGAINST REVENUE FOR 990 PURPOSES.

OTHER DECREASES IN NET ASSETS
FORM 990 SCHEDULE D PART XI LINE 8
PENSION LIABILITY ADJUSTMENT REFLECTED AS A DECREASE IN NET ASSETS IN THE
FINANCIAL STATEMENTS OF (\$2,103).

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)	DINNER (event type)	0 (total number)	
Revenue	1	Gross receipts	29,861.	18,725.	48,586.
	2	Less: Charitable contributions	24,911.	11,855.	36,766.
	3	Gross income (line 1 minus line 2)	4,950.	6,870.	11,820.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	2,500.		2,500.
	7	Food and beverages	6,469.		6,469.
	8	Entertainment	1,303.		1,303.
	9	Other direct expenses	5,534.		5,534.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				-3,986.

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	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column d, and line 7				

	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? b If "No," explain _____	9a	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain. _____	10a	
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	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ASSISTANCE TO INDIVIDUALS	115	24,101.			

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

SCHEDULE I PART I LINE 2

PROCEDURE FOR MONITORING GRANTS AND ASSISTANCE

INDIVIDUALS WHO RECEIVE ASSISTANCE MUST PROVIDE PROOF OF INCOME (W-2S,

UNEMPLOYMENT, STATE AID), PROOF OF RESIDENCY WITHIN OUR NEIGHBORHOOD

BOUNDARIES, PROOF OF NUMBER OF DEPENDENTS (SOCIAL SECURITY CARDS).

CALCULATIONS ARE MADE IN RELATION TO FEDERAL POVERTY GUIDELINES FOR

QUALIFICATION.

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SETON CENTER, INC.

Employer identification number

43-0926003

ATTACHMENT 1

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 AUDIT NETWORK (CHAN). IF CONFLICTS ARE PRESENT, THEY ARE CLOSELY SCRUTINIZED, DISCLOSED AND CHANGES ARE MADE IF NEEDED.

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.

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

Name of the organization SETON CENTER, INC.	Employer identification number 43-0926003
--	--

ATTACHMENT 1 (CONT'D)

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.

FORM 990 REVIEW PROCESS

PART VI SECTION A LINE 11A

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.

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.

ATTACHMENT 2FORM 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 DENTAL, SOCIAL, AND EDUCATIONAL PROGRAMS TO ADDRESS CURRENT
COMMUNITY NEEDS, AND TOOLS TO SUPPORT PEOPLE IN TRANSFORMING THEIR
LIVES.

Name of the organization

SETON CENTER, INC.

Employer identification number

43-0926003

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST AND DIVIDENDS FROM INVESTMENTS	4,110			4,110.
TOTALS	<u>4,110</u>			<u>4,110</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SWINGIN' AT THE STACK	11,855.
EVENING AS A CHILD	24,911.
TOTAL	<u>36,766.</u>

ATTACHMENT 5FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SWINGIN' AT THE STACK	6,870.		6,870.
EVENING AS A CHILD	4,950.	15,806.	-10,856.
TOTALS	<u>11,820.</u>	<u>15,806.</u>	<u>-3,986.</u>

ATTACHMENT 6

Name of the organization

SETON CENTER, INC.

Employer identification number

43-0926003

ATTACHMENT 6 (CONT'D)FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	4,912.
TOTALS	<u>4,912.</u>

ATTACHMENT 7FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
UMB EQUITY MUTUAL FUNDS	27,472.	FMV
UMB FIXED INCOME MUTUAL FUNDS	21,811.	FMV
STOCK	904.	FMV
TOTALS	<u>50,187.</u>	

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

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

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 or (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	(b) Transaction type (a-r)	(c) Amount involved	Yes	No
(1)	ASCENSION HEALTH	D	33,747.		X
(2)	ASCENSION HEALTH	O	36,615.		X
(3)					
(4)					
(5)					
(6)					

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization SETON CENTER, INC.	Employer identification number 43-0926003
	Number, street, and room or suite no. If a P.O. box, see instructions 2816 EAST 23RD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. KANSAS CITY, MO 64127	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of CAROL WINSBY
Telephone No. 816 231-3955 FAX No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 05/15, 2011 .
5 For calendar year _____, or other tax year beginning 07/01, 2009, and ending 06/30, 2010 .
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 2/9/11

HOUSE PARK & DOBRATZ, P.C.
605 WEST 47TH STREET, SUITE 301
KANSAS CITY, MO 64112

House Park & Dobratz, P.C
Certified Public Accountants
605 West 47th Street, Suite 301
Kansas City, MO 64112 Fb.D 1 D #43-1562209