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Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Inspection

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

Open to Public

AF	or the	2010 calendar year, or tax year beginning $JUL 1$, 2010 and ϵ	ending	<u>JUN 30, 2011</u>	
B CI	neck if	C Name of organization		D Employer identifi	cation number
Γ	Addres	ST. ALOYSIUS CENTURY FOUNDATION			
	Name change			23-7	004460
	Initial return		Room/suite	E Telephone numbe	
	Termin ated			504-	283-1561
	Ameno			G Gross receipts \$	3,725,158.
	Application	NEW ORLEANS, LA 70122		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer. JOHN DEVLIN, III		for affiliates?	<u></u> ⊻es X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	cluded? Yes No
		empt status X 501(c)(3)	or 527	-1 '	list (see instructions)
		e: ▶ N/A		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 1968 N	M State of legal domicile: LA
Ра	rt I	Summary	7011001		
8	1	Briefly describe the organization's mission or most significant activities $\ \ \underline{SEE} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	CHEDU	TE O	
nar		Object, they have been selected as a constitution of dispose	and of more	o than OEO/ of to not or	
K Governance		Check this box (if the organization discontinued its operations or dispose the continued its operations.)	sea or more	e than 25% of its field as	seis
⊼ું છું		Number of voting members of the governing body (r art vi, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		4	7
રુષ્દ્ર∣		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	Ó
it @		Total number of volunteers (estimate if necessary)		6	235
⋑ફ્રે∣		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
MAK U 8 CUM Activities & G		Net unrelated business taxable income from Form 990-T, fine 34		7b	0.
*				Prior Year	Current Year
ગ્રહ્મ	8	Contributions and grants (Part VIII, line 1h)		1,595,552.	1,011,924.
巡 호	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.
多	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		304,188.	473,272.
SCANNED Revenue	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	-1,232.	2,788.
<u></u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,898,508.	1,487,984.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	472,574.	1,658,309.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	144 643	161 106
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	144,643.	161,106.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	14.		0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11q, 11f-24f)		36,054.	94,529.
	17 18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line (25)	7	653,271.	1,913,944.
	19	Revenue less expenses Subtract line 18 from line 32	حا ا¦ن	1,245,237.	
is or		To	7.1	eginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)	ر م	11,515,742.	12,591,167.
Net Assets or Fund Balances	21	TOTAL HADILLES TO ALL A. HIE ZOI		281,777.	
Fun	22	Net assets or fund balances Subtract line 21 from line 2001016.		11,233,965.	12,354,095.
	rt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			ly knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	r has any knowledge.	
		Signature of officer	10	Data	
Sigr		•	Mui	Date Date	2-8-12
Here	e	JOHN DEVLIN, III, SECRETARY/TREASURER Type or print name and title	<i>y</i> ''		
			1	Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature BONNIE M. WYLLIE, JD, LLY Jorne M. WYLLIE, JD, LLY Jorne M. WYLLIE	1	2/7/12 If self-employ.	<u> </u>
Prep		Firm's name LAPORTE, APAC		Firm's EIN	11 0-3 100[]
Use			ITE 60		· · · · · · · · · · · · · · · · · · ·
230	Jy	METAIRIE, LA 70005-4958			504)835-5522
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
	01 02-2		ons.		Form 990 (2010)

	1990 (2010) ST. ALOYSIUS CENTURY FOUNDATION 23-700446	<u>U</u>	Page Z
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
,	TO PROVIDE FINANCIAL SUPPORT TO HELP PERPETUATE THE EDUCATIONAL		
	OF ROVIDE FINANCIAL SUFFORT TO HELD FERTILIZED AN DOMES MADERIAL SUFFORT TO HELD AN DOMEST MADERIAL SUFFORT SUFFORT TO HELD AN DOMEST MADERIAL SUFFORT	HOC	
	CHARISM OF BROTHERS OF THE SACRED HEART AT BROTHER MARTIN HIGH SC		
	THIS CHARISM IS EXPRESSED WITHIN THE BROTHERS' OWN "RULE OF LIFE"	AL	עו
	THEIR "EDUCATIONAL MISSION AND MINISTRY" DOCUMENT.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	res	X No
	and prior to an obside all		
	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization occurs of the property of	res	V 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.		
	1 055 130	-	<u> </u>
4a			—— <i>'</i>
	GRANTS TO BROTHER MARTIN HIGH SCHOOL		
		-	
	(Code) (Expenses \$ including grants of \$) (Revenue \$		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)		······································
)/Dayana f		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$		
			_
	Oll Commence (Decomber of Cabadula O.)		
4d			
	(Expenses \$ including grants of \$) (Revenue \$)		
<u>4e</u>			
	For	m 99	0 (2010)

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	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ĺ	
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			İ
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	-
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	_		7.7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		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	9		х
40	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9	-	
10	If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• • •	as applicable			
а	The state of the s			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 167 If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_ X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<u> </u>	X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	441-		v
4-	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		X
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45	ļ	v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	-	X
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		1
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
•	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b				
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	<u> </u>
		Form	990	2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	ļ
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			·
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	 	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	 	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		х
oe	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		Λ
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	 	
а				
26	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		ŀ	
36	If "Yes," complete Schedule R, Part V, line 2	36		Х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		- 22
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
~	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	2010)

032004 12-21-10

Form 990 (2010) ST. ALOYSIUS CENTURY FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Biox 3 of Form 1096 Enter 0-if not applicable 1a 0 1b 0 1c		Check if Schedule O contains a response to any question in this Part V			
be filet the number of Forms W26 included in line 1a. Enter 9-4 not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, filed to fine calendar year ending with or within the year covered by this return bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of line 1s and 2 is greater than 250, you may be required to e-five (see instructions) 3b. Old the organization have unrelated business gross income of \$1,000 or more during the year? 5a. Was the forganization have unrelated business gross income of \$1,000 or more during the year? 5b. If "Yes," as tifed a Form 990T for the year If "No," provide an explanation is Schedule 0 3c. Hampling to the calendar year, do the organization have an interest in, or a signature or other authority over, a financial accountly in 6 foreign country, [which is a bank account, securities account, or other financial account)? 5c. Was the organization a party to a prohibited tax sheller transaction? 5c. Was the organization and party to a prohibited tax sheller transaction? 6c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax sheller transaction or grits were not tax deductible? 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7c. You are accounted to the number of Forms 8882 feed during the year 9d. If "Yes," did the organization shell explained in the state of the section 170(c). 9d. If "Yes," did the organization shell may receive deductible contribution of qualified intellectual property, did the organization shell property of the organization received a contributi				Yes	No
b Enter the number of Forms W26 included in line 1s. Enter 0-4 not applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pizzo winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, liked for the calendar year ending with or within the year covered by this return D I at least one is reported on line 2a, did the organization file all equired federal employment tax returns? Note. If the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 3a D obtition of the organization have unrelated business gross income of \$1,000 or more during the year? 3b If **Ves*, the strip of the thing of **Ves*, the strip of the the organization have an interest in, or a signature or other authority over, a financial account; of the strip or the year or other financial account; or other financial accounts? 5a Was the organization have an abstraction, the strip of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b I was the organization the organization that was or is a party to a prohibited tax shelter transaction? 6c I **Yes*, **To time Sa or Sb, did the organization file Form 8886*17* 6a Does the organization have annual gross receptions that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6b I were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6c I **Yes*, **To the diductible** 7 Organizations that may receive deductible on the payor of the value of the goods or services provided? 7 Organizations that may receive deductible on the payor of the value of the goods or services provided? 7 Organizations that may receive deductible on the payor of the value of the goods or services provided? 8 Obt the organization expense of the	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
c Dut the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) without summers? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, led to the calendar year ending with or within the year covered by this return 8 If a let a to a reported on line 2a, did the organization file all required federal employment tax returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 8 If If 1 Ves, 1 has it filed a Form 990-T for this year? If 1 No. 7 provide an explanation in Schedule O 8 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 9 If 1 Yes, 1 when the name of the foreign country. ► See instructions for filing requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. 8 Was the organization in a report to a prohibetid star shelter transaction at any time during the tax year? 9 If Yes, 1 to line Sa or Sb, did the organization file Form 8886-17 9 If Yes, 1 to line Sa or Sb, did the organization file Form 8886-17 9 If Yes, 2 to line Sa or Sb, did the organization file Form 8886-17 9 If Yes, 2 to line organization have much gly oss receptions that are mornally greater than \$100,000, and did the organization solicit any contributions that may receive deductible? 9 If Yes, 2 to line organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If Yes, 2 to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If Yes, 3 to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 If Yes, 1 to the organization include on the promise			1		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lifed for the calendary year ending with or within the year covered by this return If at least one's reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrealed business gross incine of \$1,000 or more dumpf the year? 3a At any time during the calendary year, did the organization floor or more dumpf the year? 4a At any time the name of the foregon country, louch as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account; or life the foreign country (such as a bank account, securities account, or other financial account; or life the foreign country (such as a bank account, securities account, or other financial Accounts. 5b Was the organization for form DF 90 221, Feport of Foreign Bank and Financial Accounts. 5c Was the organization for form TD F 90 221, Feport of Foreign Bank and Financial Accounts. 5c Was the organization for form 8888-17? 5c If 1'Yes, 1' to line 5a or 5b, cid the organization file form 8888-17? 5c Did any time and the organization file form 8888-17? 5d Did in year, and the organization file form 8888-17? 5d Did the organization for include with every solicitation an express statement that such contributions or grifts were not tax deductible? 6d Different form 68287 6d Different form 68287 6d Different form 68287 7d Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organization encewed an onlyth the donor of the value of the goods or services provided? 9 Different form 88287 (see the organization and services) provided? 10 Different form 68287 7e X 7d X 7d X 7d X 7d X 7d X 7d Y 7d S 8 Sponsoring organizations maintaining donor advised funds as declined special p					
hilled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the requirement of the form 250 and 2a. It is a sum of the			1c		
hilled for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to the requirement of the form 250 and 2a. It is a sum of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		i			
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a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	9				
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					v
					X
	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		aan /	2010

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year)		
b	Enter the number of voting members included in line 1a, above, who are independent	7		
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 governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant 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 organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	İ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
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?	10b	ļ <u>.</u>	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	ļ		
	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?			
	The organization's CEO, Executive Director, or top management official	15a	_	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	ł		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		.
	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	466		
	exempt status with respect to such arrangements?	16b	1	<u> </u>
	List the states with which a copy of this Form 990 is required to be filed NONE			
17		o for		
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	5 101		
	public inspection. Indicate how you make these available. Check all that apply Own website			
40	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy, and the conflict of interest policy.	and fine	ancial	
19		ariu (II le	ai 101 2 1	
~	statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation 1	•	
20	THE ORGANIZATION - 504-283-1561			
	4401 ELYSIAN FIELDS AVENUE, NEW ORLEANS, LA 70122			
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032006 12-21-10

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

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

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

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

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

Check this box if neither the organization r (A) Name and Title	(B) Average hours per			(C Pos	C) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (describe hours for related organizations in Schedule O)	rustee or director	Institutional trustee	Officer		Highest compensated employee		from	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. BRIAN BARKEMEYER										
DIRECTOR	0.50	X			<u> </u>	 		0.	0.	0.
JOE CARUSO	0.50									_
DIRECTOR	0.50	X	<u> </u>		_	-		0.	0.	0 .
DAVID GALLO	0.50			1	1					_
DIRECTOR	0.50	X	<u> </u>	<u> </u>		-		0.	0.	0.
JOHN DEVLIN, III	2 50			٦,			1		104 100	6 205
SECRETARY/TREASURER	2.50	X	<u> </u>	X		-	├	0.	124,108.	6,205
THOMAS RIDGLEY	0.50	37						0.	0.	0
DIRECTOR	0.50	Λ		-	-		├	0.	0.	<u> </u>
JEROME J. RESO, JR.	0.50	v						0.	0.	0.
DIRECTOR	0.30	Λ				 	\vdash			
KELVIN ROUSSEVE	0.50	v					ļ	0.	0.	0.
DIRECTOR	0.30	^			├					
BROTHER IVY LEBLANC, S.C. DIRECTOR	0.50	x		х				0.	0.	0
THOMAS MITCHELL	1					1				_
PRESIDENT	2.00	x	i	х				0.	68,501.	3,425
					_					
	<u> </u>									

Form 990 (2010)

Parl	VII Section A. Officers, Directors, Tru	stees, Key Er	npk	yee	s, a	nd l	<u> High</u>	est	Compensated Employ	ees (continued)			
	(A)	(B)							(D)	(E)		(F)	
	Name and title	Average	Position (check all that apply)						Reportable	Reportable	_	ed	
		hours per week	(6	neck	(all I	ınaı	Т	ינעיי ו	compensation from	compensation from related	a	mount other	OT
		(describe	흃						the	organizations	cor	npensa	ation
		hours for	ip io	8			gg		organization	(W-2/1099-MISC)	f	from the	e
		related organizations	rustee	trust		8	in de		(W-2/1099-MISC)		1 '	ganızat	
		in Schedule	Individual trustee or director	Institutional trustee	<u></u>	Key employee	Highest compensated employee	_ 5				nd relati janizatio	
		O)	횰	Instit	Officer	Keye	Hgh	ğ			Jong	,ai iizati	01.0
										T.			
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					1								
1b	Sub-total Sub-total							.1	0.	192,609	$\overline{\cdot}$	9,6	30.
	Total from continuation sheets to Part V	II, Section A					>		0.	0			0.
	Total (add lines 1b and 1c)						▶		0.	192,609	•	9,6	30.
2	Total number of individuals (including but r	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			_
	compensation from the organization											TV	0
_	5.44											Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			э, ке	y en	ibio	yee,	Or I	nighest compensated er	ripioyee on	3		x
4	For any individual listed on line 1a, is the si			omp	ensa	atior	า ลกเ	d ot	her compensation from	the organization	<u> </u>	+	
•	and related organizations greater than \$15									3	4		х
5	Did any person listed on line 1a receive or									idual for services			
	rendered to the organization? If "Yes," com	plete Schedui	e J	for s	uch	per	son		 		5_		X
Sec	tion B. Independent Contractors							_		<u> </u>			
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racte	ors 1	that received more than	\$100,000 of compe	nsation	trom	
	the organization. NONE								(B)			(C)	
	(A) Name and business	address							Description of s	services		ensatio	n
				_									
	<u></u>												
		_											
								_					
	-												
					_								
2	Total number of independent contractors (including but r	not I	mıte	ed to	tho	se li	ste	d above) who received n	nore than			
	\$100,000 in compensation from the organi	zation 🕨					0						
											_	- മറവ	0040

032008 12-21-10

Pa	rt VII	II Statement of Rever	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
s, g	С	: Fundraising events	1c					
gift	d	Related organizations	1d					
is,	е	Government grants (contribut	tions) 1e					
tior r si	f	All other contributions, gifts, gran	nts, and					
ibu		similar amounts not included abo	ve 1f 1,	011,924.				
d d	g	Noncash contributions included in lines	s 1a-1f \$			1		
Se	h	Total. Add lines 1a-1f			1,011,924.			
				Business Code				
ė	2 a	<u> </u>						
ه کِ	b				·			
S	С							
eve	d							
Program Service Revenue	е							
ሷ	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		•	· · · · · · · · · · · · · · · · · · ·			
	3	Investment income (including	dıvıdends, intere	est, and				
		other similar amounts)		>	443,013.			443,013.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		•				
			(i) Real	(ii) Personal				
	6 a	a Gross Rents						
	b	Less rental expenses						
	c	, ,						
		d Net rental income or (loss)		<u> </u>				
	7 a	a Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2242524.					
	b	Less: cost or other basis						
		and sales expenses	2212265.					
	i .	Gain or (loss)	30,259.		20 050			20 250
	1	d Net gain or (loss)			30,259.			30,259.
ē	8 a	a Gross income from fundraising						
je j		including \$						
Other Revenue		contributions reported on line		27 607				
ĕ	_	Part IV, line 18	a					
₹		b Less direct expenses	b	24,909.	2,788.			2 700
	1	Net income or (loss) from fun	-		4,700.			2,788.
	9 8	a Gross income from gaming a						
	١.	Part IV, line 19 b Less direct expenses	a					
		•	b	`L				
	ı	 Net income or (loss) from gar Gross sales of inventory, less 	=			1		
	10 2	and allowances		.]				
	١.	b Less cost of goods sold	a b					
		Net income or (loss) from sale		<u> </u>	!			
	<u> </u>	Miscellaneous Reven		Business Code				
	11 8			Susmissis Code				
	'' :			-				
	ָ	<u> </u>			-	 		
	!	d All other revenue						
	'	e Total, Add lines 11a-11d		•				<u> </u>
	12	Total revenue See instructions.		•	1,487,984.	0.	0.	476,060.
0320 12-2	09					1		Form 990 (2010)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) (B) Do not include amounts reported on lines 6b, Total expenses Program service Managèment and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses' Grants and other assistance to governments and 1,658,309 1,658,309 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 161,106. 161,106 Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees). 11 Management Legal h 17,261. 17,261 Accounting C Lobbying d Professional fundraising services. See Part IV, line 17 e 58,591 58,591 Investment management fees f q Advertising and promotion 12 76 76 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 12,040 CONTRIBUTION EXPENSE 12,040. 4,467 4,467. CREDIT CARD DISCOUNT 1,875 1,875 BAD DEBT EXPENSE 214 214 AUCTION EXPENSE 5 5 . MISCELLANEOUS EXPENSE All other expenses 1,913,944 1,855,139 58,591 214. Total functional expenses. Add lines 1 through 24f 25 Joint costs Check here

if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Form 990 (2010)

Pai	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,394,882.	2	1,763,485.
	3	Pledges and grants receivable, net	452,929.	3	475,069.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instructions)		_ 6	
Assets	7	Notes and loans receivable, net		_7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment. cost or other			
		basis Complete Part VI of Schedule D 10a	<u> </u>	_	
	b	Less accumulated depreciation 10b	0.445.044	10c	0 646 405
	11	Investments - publicly traded securities	9,147,044.	11	9,646,485.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	F00 007	14	706 100
	15	Other assets. See Part IV, line 11	520,887.	15	706,128.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,515,742.	16	12,591,167.
	17	Accounts payable and accrued expenses	8,056. 141,981.	17	8,678. 104,021.
	18	Grants payable	141,301.	18	104,021.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20 21	
Liabilities	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ξ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Lia		-		22	
		of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
	23	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	131,740.	25	124,373.
	26	Total liabilities. Add lines 17 through 25	281,777.		237,072.
	20	Organizations that follow SFAS 117, check here X and complete	2027777		23//3/21
w		lines 27 through 29, and lines 33 and 34.			
č	27	Unrestricted net assets	4,779,547.	27	5,357,193.
<u> </u>	28	Temporarily restricted net assets	6,454,418.	28	6,996,902.
ĕ	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117, check here			
F		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances	11,233,965.	1	12,354,095.
	34	Total liabilities and net assets/fund balances	11,515,742.	34	12,591,167.

Form **990** (2010)

-	OCC (COLO)	22	7004	460		40
	990 (2010) ST. ALOYSIUS CENTURY FOUNDATION 1 XI Reconciliation of Net Assets	<u> 23</u>	<u>-7004</u>	460	Pa	ge 12
rai	Check if Schedule O contains a response to any question in this Part XI					$\overline{\mathbf{X}}$
		-				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,48	7,9	84.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,91		
3	Revenue less expenses Subtract line 2 from line 1	3		-42	5,9	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,23	3,9	65.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	,54	6,0	90.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12	, 35	4,0	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
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	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audr	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (Э.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii	ngle A	udrt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdıt			

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

SCHEDULE A (Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

2010

Open to Public

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Inspection

Employer identification number

		ST. ALO	YSIU	IS CENTUR	23	<u>23-7004460</u>						
Part I	Reason	for Public Char	ity Sta	atus (All organiz	zations mu	st complet	e this part	t) See inst	ructions			
 Γhe orga	inization is not a	private foundation	because	e it is (For lines	1 through	11, check	only one b	ox)		_		
1 🗔	A church, co	nvention of churches	s, or ass	sociation of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(ı)				
2 🗀	A school des	cribed in section 17	О(Ь)(1)(A)(ii). (Attach Sc	hedule E)							
з 🗔	A hospital or	a cooperative hospi	al servi	ce organization	described	n ection	170(b)(1)	(A)(iii).				
4	A medical res	search organization of	perate	d in conjunction	with a hos	pital descr	ıbed ın se	ction 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's name,	
	city, and stat	e:										
5	An organizati	on operated for the	benefit	of a college or u	niversity o	wned or op	perated by	a governr	nental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part	II)								
6 🗀	n	ite, or local governm			t described	d in sectio	n 170(b)(1	I)(A)(v).				
7	An organizati	on that normally rec	eives a	substantial part	of its supp	ort from a	governme	ental unit c	r from the	general p	oublic described in	
	=	b)(1)(A)(vi). (Comple					•					
8 🗔	1	trust described in s			(Complete	Part II)						
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, an											d gross receipts from	m
	activities rela	ted to its exempt fur	nctions	- subject to certa	ain excepti	ons, and (2	2) no more	than 33 1	/3% of its	support 1	from gross investme	nt
	income and i	unrelated business to	axable ı	ncome (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	inization a	fter June 30, 1975	
	See section	509(a)(2). (Complete	Part III	!)								
10] An organizati	on organized and or	erated	exclusively to te	st for publ	c safety S	See sectio	n 509(a)(4	I) .			
11 X	An organizat	on organized and or	erated	exclusively for the	he benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	purposes of one or	
	more publicly	supported organiza	itions d	escribed in secti	on 509(a)(1) or section	on 509(a)(2) See sec	tion 509(a)(3). Che	ck the box that	
	describes the	e type of supporting	organız	ation and compl	et <u>e lin</u> es 1	1e through	11h.					
	a Type	l b 🗓] Type	II .	р 🗀 Тур	e III - Func	tionally int	egrated		d 🗀	Type III - Other	
e X	By checking	this box, I certify tha	t the or	ganization is not	controlled	directly o	r ındırectly	by one o	more dis	qualified p	ersons other than	
	foundation m	nanagers and other t	han one	or more publicl	y supporte	ed organiza	itions desc	cribed in s	ection 509	9(a)(1) or s	ection 509(a)(2)	
f	If the organiz	ation received a writ	ten det	ermination from	the IRS tha	atrtısa Ty	pe I, Type	II, or Type	e III		_	
	supporting o	rganization, check th	ns box								L	
g	_	t 17, 2006, has the o	-	•			-					
	(i) A perso	n who directly or ind	rectly o	controls, either a	lone or tog	ether with	persons o	lescribed i	n (ii) and ((iii) below,	Yes N	
	the gov	erning body of the si	upporte	d organization?							11g(i) X	
	• •	member of a persor		**							11g(II) X	
		controlled entity of a									11g(iii) X	
h	Provide the f	ollowing information	about t	he supported or	ganization	(s)						
		ı	1 4	UV Tunn of	1				1	[
(i) Nam	ne of supported	(ii) EIN		iii) Type of organization		organization			(vi) ls organizati	s the on in col.	(vii) Amount of	
or	ganization		1	ibed on lines 1-9		sted in your document?	organizat	r support?	(i) organız U.S	ed in the i	support	
			1	e or IRC section		1						
				instructions))	Yes	No	Yes	No	Yes	No		
BROT				B)(1)(A)			3.5		٠,,		1 (50 200	
		72-0680486	(11)		X	 	Х	 -	X		1,658,309	<i>,</i> .
ELYS		72 1120007	E 0 1 /	(0) (0)			•	1			,	`
FIEL.	DS PROPE	72-1128907	201	C)(Z)	X	 	X	 	X			<u>) .</u>
					+			-				_
			ļ									
	_				 			-		 		
	- -											_
Total					-						1,658,309	

032021 12-21-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

LHA For Paperwork Reduction Act Notice, see the Instructions for

schedule A (Form 990 or 990 EZ) 2010						Pag		
Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)								
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization								
fails to qualify under the tests	listed below, plea	ase complete Part	III)					
Section A. Public Support								
Colondor voor (or fineal voor beginning in)	(-) 000C	(h) 2007	(=) 2000	(-I) 2000	(-) 2010	(A Takal		

351	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-			,			
	ization's benefit and either paid to						
	or expended on its behalf					L	
3	The value of services or facilities	-					
	furnished by a governmental unit to						
	the organization without charge			ļ		l	
4	Total. Add lines 1 through 3						
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					İ	
	amount shown on line 11,						
	column (f)						
6	Public support Subtract line 5 from line 4						<u></u>
Sec	tion B. Total Support	· · · · · · · · · · · · · · · · · · ·		·		T	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4				<u> </u>		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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)					<u> </u>	<u> </u>
	Total support. Add lines 7 through 10			L	1,		l
	Gross receipts from related activities,	•	•	-1 f- 15 - (f)		12	
13	First five years. If the Form 990 is for	•	s first, second, thi	ra, tourtn, or tiftn t	ax year as a section	on 501(c)(3)	. —
Sec	organization, check this box and storestion C. Computation of Publ		rcentage				
	Public support percentage for 2010 (column (fl)		14	%
	Public support percentage from 2009		•	ooidiiii (i))		15	
	33 1/3% support test - 2010.If the o	•	•	n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies	•		•			▶ □
b	33 1/3% support test - 2009. If the o		-		line 15 is 33 1/3%	or more, check th	us box
	and stop here. The organization qual			·			▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			•	•	2. 	▶
b	10% -facts-and-circumstances tes	=	•		•	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box a	and see instruction	s D
				<u> </u>			or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	 -				_	
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,		-,,,,,,				
	merchandise sold or services per-					1	
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3							
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization's benefit and either paid to						
	or expended on its behalf						
5		_					
J	furnished by a governmental unit to						
	the organization without charge						1
_	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and		-	-			
/ 6	3 received from disqualified persons						
ŀ	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	<u> </u>					
	c Add lines 7a and 7b			-	 		
	Public support (Subtract line 7c from line 6) ction B. Total Support	l	I	<u>I</u>	<u> </u>	<u> </u>	<u> </u>
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 6	(a) 2006	(0) 2007	(6) 2006	(u) 2009	(6) 2010	(f) Total
_	a Gross income from interest,				 	 	
108	dividends, payments received on						
	securities loans, rents, royalties]	!			1
	and income from similar sources		 	1		 	-
ì	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	 	<u> </u>	 			
	c Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is		1				
4-	regularly carried on		1				
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
	Total support (Add lines 9, 10c, 11, and 12)		<u></u>	1	1		L
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
_	check this box and stop here			···			
	ction C. Computation of Publ					1 1	
	Public support percentage for 2010 (column (f))		15	<u>%</u>
	Public support percentage from 2009					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage	!			
17	Investment income percentage for 20	10 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
l	b 33 1/3% support tests - 2009. If the						and
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization						▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

2010
Open to Public Inspection

Name of the organization

ST. ALOYSIUS CENTURY FOUNDATION

Employer identification number

Organization answered "Yes" to Form 990, Part IV, Ine 6 (a) Donor advised funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, Ine 6 (a) Donor advised funds (b) Funds and other accounts	D	ST. ALOYSIUS CENTU		23-7004460
(a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate graits 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 inform all grainless, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grainless, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grainless, donors, and donor advisors in writing that the assets held in donor advised funds are the organization informal all grainless, donors, and donor advisors in writing that grain funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring imperimissable private benefit? Perservation of land for public use (e.g., recreation or advisor, or for any other purpose conferring imperimissable private benefit? Preservation of land for public use (e.g., recreation or advisor, or for any other purpose conferring imperimissable provides the preservation of any historically important land area preservation of land for public use (e.g., recreation or advisor, or for any other purpose conferring imperimentation of land for public use (e.g., recreation or advisor, or for any other purpose conferring imperimentation of a certified historic structure included in preservation of a certified historic structure included in the tax year. a Total number of conservation easements a Total number of conservation easements and certified historic structure isted on the National Register. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure isted on the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year lease of t	Par			s or Accounts. Complete if the
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Boose each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)? 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 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year 🕨
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b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		•		
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2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items		•		▶ \$
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the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	•	• •	easures or other similar assets for financia	
	2			a gain, provide
b Assets included in Form 990, Part X	_	· · · · · · · · · · · · · · · · · · ·	TO MOO 300) relating to these items	•
D Assets included in FOIII 990, Part A	a			•
	Ð	Assets included in Form 330, Part A		Ψ

Schedule D (Form 990) 2010

	ule D (Form 990) 2010 ST. ALO	YSIUS CENT	URY	FOUNDA	TION				04460	
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	or Othe	r Simila	r Asse	s (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a si	gnificant u	ise of its o	collection	tems
	(check all that apply)									
а	Public exhibition	d	· <u> </u>	Loan or excl	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how tl	hey further tl	he organizati	on's exer	npt purpo	se in Part	XIV	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be mi	aintained as part of	the orga	ınızatıon's co	ollection?				Yes	No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa		_							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded		-	
	on Form 990, Part X?							L	Yes	No
þ	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0			
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment ▶	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held a	ind administe	ered for t	he organız	ation	_	
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the	e organization's end	owment	funds						
Par	t VI Land, Buildings, and Equipn	nent. See Form 99	0, Part >	K, line 10						
	Description of investment	(a) Cost or o		1,	or other		ccumulate	d	(d) Book	value
		basis (invest	ment)	basis	(other)	dej	preciation			
1a	Land			ļ						
b	Buildings									
С	Leasehold improvements			<u> </u>						
d	Equipment			ļ						
е	Other		· <u>-</u>							
Total	Add lines 1a through 1e (Column (d) must e	egual Form 990. Pan	t X. colu	mn (B), line :	10(c))					0.

Schedule D (Form 990) 2010

(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valua ost or end-of-year mai	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)		-		
(D)				
(E)				
(F)				
(G)				
(H)			 	
(I)			.	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				- -
Part VIII Investments - Program Related.	See Form 990, Part X, I	ine 13	/	.4
(a) Description of investment type	(b) Book value		(c) Method of valua ost or end-of-year man	
/4\				
(1)				
(2)				
(3)	·			
(4)	-			
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(9)	···-			
(10)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)	•		 	
Part IX Other Assets. See Form 990, Part X, in		1		
	(a) Description			(b) Book value
(1) CHARITABLE REMAINDER TRU	JSTS			347,361
(2) BENEFICIAL INTEREST IN T				358,767
(3)				
(4)				
(5)				
(6)				
(7)			•	
(8)		_		
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)		>	706,128
Part X Other Liabilities. See Form 990, Part	X, line 25			***
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) FUTURE BENEFIT PAYMENTS	DUE TO			
(3) SOBERT TRUST BENEFICIARY	Z .	56,510	<u>.</u>	
(4) FUTURE BENEFIT PAYMENTS	DUE TO			
(5) RIEHL TRUST BENEFICIARY		25,560	<u>.</u>	
(6) FUTURE BENEFIT PAYMENTS				
(7) RIEHL #2 TRUST BENEFICIA		30,673		
(8) DUE TO BROTHER MARTIN H	GH SCHOOL	11,630	<u>.</u>	
(9)			_	
(10)				
(11)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footno	line 25.)	124,373	•	

	ule D (Form 990) 2010 ST. ALOYSIUS CENTURY FOUNDA				7004460	Page 4
Par		Audited Finan	cial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,487	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	_	1,913	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	_		960.
4	Net unrealized gains (losses) on investments		4		1,352	<u>,941.</u>
5	Donated services and use of facilities		5			
6	Investment expenses		6			
	Prior period adjustments		7			4.40
8	Other (Describe in Part XIV)		8		193	149.
9	Total adjustments (net) Add lines 4 through 8		9		1,546	
10 Dor	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and XII Reconciliation of Revenue per Audited Financial Statements.		10	oturn		<u>,130.</u>
	· · · · · · · · · · · · · · · · · · ·	iits with Nevel	iue pei n		3,058	003
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12			1	3,030	, 303.
	·	2a 1,35	2,941.			
	Net unrealized gains on investments Donated services and use of facilities	2b 1,33	<u> </u>			
	Recoveries of prior year grants	2c				
	Other (Describe in Part XIV)		3,149.			
	Add lines 2a through 2d	20 1 1	J,ITJ.	20	1,546	ngn
	Subtract line 2e from line 1			2e	1,512	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	1,312	, 0 , 5 .
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)		4,909.			
	Add lines 4a and 4b	40 2	4,000.	40	-21	909.
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			4c	1,487	981
5 Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expe	nses per			, , , , , , , , , , , , , , , , , , , ,
1	Total expenses and losses per audited financial statements	•		1	1,938	853.
	Amounts included on line 1 but not on Form 990, Part IX, line 25					, , , , , ,
	Donated services and use of facilities	2a				
-	Prior year adjustments	2b				
	Other losses	2c				
_	Other (Describe in Part XIV)		4,909.			
	Add lines 2a through 2d			2e	24	909.
3	Subtract line 2e from line 1			3	1,913	
_	Amounts included on Form 990, Part IX, line 25, but not on line 1					
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIV)	4b		1 1		
	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,913	944.
	XIV Supplemental Information					
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III	, lines 1a and 4, Pa	rt IV, lines 1	b and 2	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 comp	lete this part to pro	vide any add	ditional	information	
PAR	T X, LINE 2: ON JULY 1, 2009, THE FOUNDATI	ON ADOPTE	D THE	PRO	VISIONS	
OF	THE ACCOUNTING FOR UNCERTAINTY IN INCOME T	<u> TAXES TOPI</u>	C OF T	HE :	FASB ASC	<u> </u>
WHI	CH CLARIFIES THE ACCOUNTING AND RECOGNITION	ON FOR INC	OME TA	X P	<u>OSITIONS</u>	3
ጥልዩ	EN, OR EXPECTED TO BE TAKEN, IN THE FOUND	ATTON'S IN	СОМЕ Т	AX 1	RETURNS	AS
1111	in, or unidered to be incomp in indicated	11101, 0 11,	100112 1		tti orato	
<u>A</u> F	ESULT OF THIS ADOPTION, THE FOUNDATION BEI	LIEVES THE	RE WAS	NO	IMPACT	то
THE	FINANCIAL STATEMENTS AND DID NOT RECORD	ANY ADJUS	TMENT	TO '	THE	
BEG	INNING BALANCE OF NET ASSETS ON THE BALANC	CE SHEET.	ALL TA	X R	ETURNS I	IAVE_
	_					_
BEE	N APPROPRIATELY FILED BY THE FOUNDATION. T	THE FOUNDA		Sched	lule D (Form 9	90) 2010

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization							ntification number
	ST. ALOYSIUS CENTURY FOUNDATION 23-7004460 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ flers are						
Part I Fundraising Activities. Correquired to complete this part	omplete if the organization answ	vered "\	es" to	Form 990, Part IV, I	ine 1	7 Form 990-EZ	flers are not
1 Indicate whether the organization raised							
a Mail solicitations			-	overnment grants			
b Internet and email solicitations			-	nment grants			
c Phone solicitations d In-person solicitations	g LI Specia	al fundra	using	events			
2 a Did the organization have a written or or	ral agreement with any individua	al (includ	ding o	fficers, directors, trus	stees	or	
key employees listed in Form 990, Part						Yes	☐ No
b If "Yes," list the ten highest paid individ	uals or entities (fundraisers) pur	suant to	agre	ements under which	the f	undraiser is to l	oe
compensated at least \$5,000 by the org	ganization						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	ustody trol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		ļ					
							
Total			>				
List all states in which the organization is or licensing	s registered or licensed to solici	t contrib	oution	s or has been notified	d it is	exempt from re	egistration
						-	
LHA Paperwork Reduction Act Notice, see	e the Instructions for Form 99	0 or 996)-E7:			Schedule G (For	n 990 or 990-EZ) 2010

Schedule G (Form 990 or 990 EZ) 2010 ST. ALOYSIUS CENTURY FOUNDATION 23-7004460 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events LADIES OF THE NONE (add col (a) through PRESIDENT'S THE SHIELD col (c)) (total number) (event type) (event type) 8,097. 19,600. 27,697. 1 Gross receipts 2 Less Charitable contributions 19,600. <u>27,697.</u> 8,097. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Expenses Rent/facility costs Direct Food and beverages Entertainment 3,451. 21,458 <u>24,909.</u> Other direct expenses 24,909 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 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, ine 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes Yes 6 Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain No Yes 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2010

032082 01-13-11

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2010 ST. ALOYSIUS CENTURY FOUNDATION 23	<u>-7004460</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
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?	, ∟ Yes	☐ No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		·····
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party.		
	Name		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
Da	organization's own exempt activities during the tax year \$ \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	- (w) and (v) and	Port III
Га	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.		
	illies 3, 30, 100, 130, 130, 10, and 170, as applicable. Also complete this part to provide any additional illionities	ation (see instruc	, tions)
	A CONTROL OF THE CONT		
			_
			
0320	83 01-13-11 Schedule G (F	orm 990 or 990)-EZ) 2010

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Part II

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public

2 Employer identification number 23-7004460 Inspection (h) Purpose of grant SDUCATIONAL SUPPORT or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) BOOK (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of 1,658,309 cash grant ST. ALOYSIUS CENTURY FOUNDATION (c) IRC section if applicable 501(C)(3) 72-0680486 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 4401 ELYSIAN FIELDS AVENUE BROTHER MARTIN HIGH SCHOOL or government

NEW ORLEANS, LA 70122

2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
--	---	--

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) REQUESTS FOR GRANTS FROM THE SCHOOL ARE TO ALLOW THE SCHOOL TO CONTINUE THE Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. EDUCATIONAL CHARISM OF THE BROTHERS OF THE SACRED HEART AT BROTHER MARTIN OF. FOUNDATION TO BROTHER MARTIN HIGH SCHOOL ARE DONE IN KEEPING WITH THE PERPETUATION OF THIS EDUCATIONAL CHARISM THROUGH ITS OPERATION. THESE HIGH SCHOOL. THIS CHARISM IS EXPRESSED WITHIN THE BROTHERS' OWN RULE LINE 2: GRANTS MADE BY THE ST. ALOYSIUS CENTURY THE FOUNDATION: "THE MISSION OF THE ST. ALOYSIUS CENTURY FOUNDATION IS TO PROVIDE FINANCIAL SUPPORT TO HELP PERPETUATE THE (d) Amount of non-cash assistance LIFE AND THEIR EDUCATIONAL MISSION AND MINISTRY DOCUMENT." (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance PART I, SCHEDULE I, MISSION OF

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Page 2

23-7004460

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

ST. ALOYSIUS CENTURY FOUNDATION

Schedule I (Form 990) (2010)

Part III

Schedule I (Form 990) 2010

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

ST. ALOYSIUS CENTURY FOUNDATION

Employer identification number 23-7004460

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ST. ALOYSIUS CENTURY FOUNDATION IS ORGANIZED TO PROVIDE SUPPORT AND
INCOME FOR EDUCATIONAL, RELIGIOUS, AND CHARITABLE PURSUITS OF THE
BROTHERS OF THE SACRED HEART, INCLUDING BUT NOT LIMITED TO THE
OPERATION OF BROTHER MARTIN HIGH SCHOOL IN NEW ORLEANS, LA.
FORM 990, PART VI, SECTION A, LINE 6: ST. ALOYSIUS CENTURY FOUNDATION IS
A NON-PROFIT CORPORATION INCORPORATED SOLELY BY THE BROTHERS OF THE SACRED
HEART, INC.
FORM 990, PART VI, SECTION A, LINE 7A: THE BROTHERS OF THE SACRED HEART,
INC., THE SOLE SHAREHOLDER, APPOINTS THE ORGANIZATION'S BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11: UPON COMPLETION OF A DRAFT OF THE
FORM 990, THE RETURN IS REVIEWED BY THE APPROPRIATE OFFICER. THE FORM 990
IS THEN PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING OF THE RETURN. ANY
SIGNIFICANT CHANGES ARE MADE AND ANY QUESTIONS ARE ANSWERED BY THE OUTSIDE
CPA FIRM PRIOR TO FILING THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C: DURING THE ANNUAL BOARD MEETING,
AN OPEN DISCUSSION TAKES PLACES REGARDING POTENTIAL CONFLICT OF INTERESTS,
AND HOW THEY HAVE BEEN OR WILL BE ADDRESSED. ADDITIONALLY, OFFICERS AND
DIRECTORS MAY ADDRESS POTENTIAL CONFLICT OF INTERESTS TO THE PRESIDENT OF
THE BOARD ANY TIME DURING THE YEAR.

FORM 990, PART VI, SECTION B, LINE 15: AS PRESIDENT OF AND EMPLOYEE OF

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

Schedule O (Form 990 or 990-EZ) (2010)

BROTHER MARTIN HIGH SCHOOL, JOHN DEVLIN'S COMPENSATION IS SET ANNUALLY IN CONSULTATION WITH THE CHAIRMAN OF THE BOARD OF DIRECTORS AND AFTER COMPARABILITY DATA IS COLLECTED FROM THE SIMILAR SCHOOLS CONDUCTED UNDER THE AUSPICES OF THE BROTHERS OF THE SACRED HEART IN THE NEW ORLEANS
COMPARABILITY DATA IS COLLECTED FROM THE SIMILAR SCHOOLS CONDUCTED UNDER THE AUSPICES OF THE BROTHERS OF THE SACRED HEART IN THE NEW ORLEANS
THE AUSPICES OF THE BROTHERS OF THE SACRED HEART IN THE NEW ORLEANS
DD OVEN CE
PROVINCE.
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, THE
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO
THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 1,352,941.
CHANGE IN VALUE OF CHARITABLE REMAINDER TRUSTS - \$193,149 193,149.
TOTAL TO FORM 990, PART XI, LINE 5 1,546,090.
FORM 990, PART XI, LINE 2C:
THE PROCESS HAS NOT CHANGED.
FORM 990, PART V, LINE 2A:
THE EMPLOYEES' SALARIES FOR THE SAINT ALOYSIUS CENTURY FOUNDATION ARE
PAID BY BROTHER MARTIN HIGH SCHOOL.

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 23-7004460

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets e Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Total income ਉ Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or foreign country) ALOYSIUS CENTURY FOUNDATION Primary activity Name, address, and EIN of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service Part II Part

(g) Section 512(b)(13) controlled Yes entity? Direct controlling entity Public charity status (if section 501(c)(3)) Exempt Code section ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of related organization

						Sec	2
BROTHER MARTIN HIGH SCHOOL - 72-0680486							
4401 ELYSIAN FIELDS AVENUE							
NEW ORLEANS, LA 70122	EDUCATION	LOUISIANA	501(C)(3)	170(B)(1)(A) N/A	N/A		×
BROTHERS OF THE SACRED HEART, INC							
63-0510029, 4540 ELYSIAN FIELDS AVENUE, NEW							
ORLEANS LA 70122	RELIGIOUS	LOUISIANA	501(C)(3)	170(B)(1)(A) N/A	N/A		×
ELYSIAN FIELDS PROPERTY CORPORATION -							
72-1128907, 4401 ELYSIAN FIELDS AVENUE, NEW							
ORLEANS, LA 70122	REAL ESTATE HOLDINGS	LOUISIANA	501(C)(2)		N/A		×
ST. ALOYSIUS HOLDINGS CORPORATION -							
72-1180628, 4401 ELYSIAN FIELDS AVENUE, NEW							
ORLEANS, LA 70122	RELIGIOUS	LOUISIANA	501(C)(2)		N/A	_	×

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

23-7004460

Page 2

Schedule R (Form 990) 2010 ST. ALOYSIUS CENTURY FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ncome ated, x under 514)	(f) Share of total Income	(g) Share of cend-of-year assets	(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General orl managing partner?	General or Percentage managing ownership partner?
											•
						:					!
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable a	s a Corp g the tax	oration or Trust (Co year)	mplete if the or	ganizatio	n answered "Yes"	to Form 990, Par	t IV, line 34	because it had or	ne or mor	e related
(a) Name, address, and EIN of related organization	N. c		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) if total Share of end-of-year assets		(h) Percentage ownership
032162 12-21-10				36					Schedule	R (Form	Schedule R (Form 990) 2010

Schedule R (Form 990) 2010 ST. ALOYSIUS CENTURY FOUNDATION

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Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule				_	Yes	g
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?	s with one or more re	ated organizations listed	in Parts II-IV2			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		,		1 a		×
b Gift. grant, or capital contribution to other organization(s)				1p	×	
				10		×
				19		×
d coans or loan grantees to or to original angles.				1e		×
• Sale of assets to other organization(s)				#		×
Purchase of assets from other organization(s)				19		×
				ŧ		×
				-		×
בפספס כן ומכווונסט, כקמוף ווכוון, כן כנויכן מספנט נס כנויסן כושת ובתונים (כן					-	
i Lease of facilities, equipment, or other assets from other organization(s)				1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			¥		×
	ization(s)			7		×
m Sharing of facilities, equipment, mailing lists, or other assets	•			ŧ		×
n Sharing of paid employees				-	-	×
					\dashv	
 Reimbursement paid to other organization for expenses 				9		×
p Reimbursement paid by other organization for expenses				5		×
						-
q Other transfer of cash or property to other organization(s)				5		×
				+	\dashv	×
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	who must complete the	is line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) BROTHER MARTIN HIGH SCHOOL	В	1,658,309.AUDITED	AUDITED FINANCIAL STATEMENTS	MENTS		
(2)						
(4)				ı,		1
(5)						
(9)						
032163 12-21-10	37		Schedule R (Form 990) 2010	R (Form 9	990) 2	010

23-7004460 Page 4

Schedule R (Form 990) 2010 ST. ALOYSIUS CENTURY FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	lusion for certain investment partners	snips					
(a)	(q)	(c)	(g	(e)	ε	(6)	Ξ
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-		Code V-UBI	
of entity			organizations?	year assets	allocations?	of Schedule K-1 (Form 1065)	managing partner?
			3		2		3
							_
			_				
							-

032164 12-21-10

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Schedule R (Form 990) 2010

Schedule	R (Form 990) 2010	ST.	ALOYSIUS	CENTURY	FOUNDATION	23-7004460	Page 5
Part VI	R (Form 990) 2010 Supplemental In	formation	1				
					questions on Schedule	R (see instructions)	
			_				
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	·····		<u>-</u>				
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Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

internai Revei	nue Service File a Sepa	ii ate appi	ication for each return.		<u></u>				
● If you a	re filing for an Automatic 3-Month Extension, complet	te only Pa	ert I and check this box		•	X			
-	re filing for an Additional (Not Automatic) 3-Month Ex	•		form).					
	omplete Part II unless you have already been granted a				m 8868.				
	c filing (e-file). You can electronically file Form 8868 if y					oration			
	o file Form 990-T), or an additional (not automatic) 3-mor								
-	file any of the forms listed in Part I or Part II with the exc								
	Benefit Contracts, which must be sent to the IRS in pap								
visit www	rs gov/efile and click on e-file for Charities & Nonprofits								
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed)						
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and com	plete					
Part I only	•				>				
	orporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request ar	exten	sion of time				
to file inco	me tax returns.				<u>-</u>				
Type or	Name of exempt organization			Empl	oyer identification	number			
print Cm ALOVETUS CENTRIDATION 23-7004460									
ST. ALOYSIUS CENTURY FOUNDATION 23-7004460									
due date for Number, street, and room or suite no. If a PO box, see instructions									
filing your return Sec 4401 ELYSIAN FIELDS AVENUE									
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions									
	NEW ORLEANS, LA 70122								
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
		 _							
Application Return Application									
Is For		Code	Is For			Code			
Form 990	<u> </u>	01	Form 990-T (corporation)			07			
Form 990	·BL	02	Form 1041-A			08			
Form 990	-EZ	03	Form 4720			09			
Form 990	·PF	04	Form 5227			10			
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
	THE ORGANIZATIO			. ~	50100				
	boks are in the care of \triangleright 4401 ELYSIAN F	IELDS		S,	LA /0122				
	one No ► 504-283-1561		FAX No 🕨						
	organization does not have an office or place of business								
	s for a Group Return, enter the organization's four digit				r the whole group, o				
	If it is for part of the group, check this box				ers the extension is	tor			
1 I re	quest an automatic 3-month (6 months for a corporation				The statement				
	FEBRUARY 15, 2012 , to file the exemp	t organiza	ition return for the organization named a	bove	The extension				
IS TO	or the organization's return for								
P L	calendar year or X tax year beginning JUL 1, 2010		id ending JUN 30, 2011						
	X tax year beginning JUL 1, 2010	, an	d ending <u>DON 30, ZUII</u>		_				
O 16+1-	ne tax year entered in line 1 is for less than 12 months, o	hack rose	on Initial return Fina	al retur	n				
2 If th		ilicun icas	On	ai i Giuii					
	Change in accounting period								
20 If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 4	enter the tentative tax less any	Γ					
	_	01 0003, 6	the terrative tax, icos any	3a	\$	0.			
	nrefundable credits See instructions application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	Ja		· ·			
	insapplication is for Form 990-FF, 990-1, 4720, or 6009, imated tax payments made. Include any prior year overp			3b	\$	0.			
	lance due. Subtract line 3b from line 3a Include your pa				*	<u>.</u>			
	using EFTPS (Electronic Federal Tax Payment System)			3c	. \$	0.			
	If you are going to make an electronic fund withdrawal								
•	or Paperwork Reduction Act Notice, see Instructions		5 5555, 555 F 5 0755 EO 21d F 61m	3010	Form 8868 (Re				
_	or rape work neededion not notice, see insudctions				. 3 3000 (11)				

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