



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable	C Name of organization ST PATRICK CENTER		D Employer identification number 43-1263499
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (314) 802-0700
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 800 NORTH TUCKER		Room/suite
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 ST LOUIS, MO 63101		G Gross receipts \$ 14,017,375
<input type="checkbox"/> Terminated	F Name and address of principal officer GREGORY VOGELWEID 800 NORTH TUCKER ST LOUIS, MO 63101		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<input type="checkbox"/> Application pending	J Website: ► WWW STPATRICKCENTER.ORG		H(c) Group exemption number ►
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1982	M State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities ST PATRICK CENTER PROVIDES OPPORTUNITIES FOR SELF-SUFFICIENCY AND DIGNITY TO PERSONS WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS INDIVIDUALS ACHIEVE PERMANENT, POSITIVE CHANGES IN THEIR LIVES THROUGH AFFORDABLE HOUSING, SOUND MENTAL HEALTH, EMPLOYMENT AND FINANCIAL STABILITY		
2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	28
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	177
6 Total number of volunteers (estimate if necessary)	6	3,447
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Activities & Governance

Revenue

Expenses

Net Assets or Fund Balances

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	5,549,801	4,621,974
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,812,555	8,545,676
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,088	139,673
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	341,317	392,930
	12,784,761	13,700,253
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,433,290	3,596,995
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,471,889	6,457,687
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,091,274		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,025,104	3,377,969
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,930,283	13,432,651
19 Revenue less expenses Subtract line 18 from line 12	-145,522	267,602

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	19,901,153	30,987,371
22 Net assets or fund balances Subtract line 21 from line 20	7,427,947	17,937,852
	12,473,206	13,049,519

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Paid Preparer Use Only

Signature of officer GREGORY VOGELWEID CHIEF OPERATING OFFICER Type or print name and title	2011-12-06 Date
---	--------------------

Print/Type preparer's name C STEPHEN ECKHARD	Preparer's signature C STEPHEN ECKHARD	Date	Check if self-employed <input type="checkbox"/>	PTIN
Firm's name ► KERBER ECK & BRAECKEL LLP				Firm's EIN ►
Firm's address ► ONE MEMORIAL DRIVE SUITE 950 ST LOUIS, MO 63102				Phone no ► (314) 231-6232

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

ST PATRICK CENTER PROVIDES OPPORTUNITIES FOR SELF-SUFFICIENCY AND DIGNITY TO PERSONS WHO ARE HOMELESS OR AT RISK OF BECOMING HOMELESS INDIVIDUALS ACHIEVE PERMANENT, POSITIVE CHANGES IN THEIR LIVES THROUGH AFFORDABLE HOUSING, SOUND MENTAL HEALTH, EMPLOYMENT AND FINANCIAL STABILITY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 3,171,515 including grants of \$ 808,596) (Revenue \$ 1,305,146)

MENTAL HEALTH PROGRAMS MOST OF THE CHRONICALLY HOMELESS HAVE A MENTAL ILLNESS AND/OR A SUBSTANCE ABUSE PROBLEM SHAMROCK CLUB DAY ASSISTED 1,000 HOMELESS CLIENTS EXPERIENCING MENTAL ILLNESS AND/OR SUBSTANCE ABUSE ISSUES WITH MAKING A COMMITMENT TO WORK ON PERSONAL GOALS, BENEFITS ASSISTANCE, PSYCHIATRIC ASSESSMENT, JOB TRAINING, EMPLOYMENT AND HOUSING THE DAILY CASSEROLE PROGRAM HAS MORE THAN 56 CHURCH GROUPS COMPRISED OF 2,600 VOLUNTEERS PREPARE 150,000 MEALS FOR PEOPLE IN OUR MENTAL HEALTH PROGRAMS THE WOMENS NIGHT SHELTER PROVIDED A SAFE PLACE TO SLEEP AT NIGHT TO 72 MENTALLY ILL AND/OR CHEMICALLY DEPENDENT WOMEN THERE ARE APPROXIMATELY 60 PEOPLE ENROLLED IN THE SHAMROCK CLUB EVENING PROGRAM THE ASSERTIVE COMMUNITY TREATMENT TEAM PROVIDED MENTAL HEALTH, PSYCHIATRIC, EMPLOYMENT AND FINANCIAL GUIDANCE SERVICES TO 60 CLIENTS

4b (Code) (Expenses \$ 4,298,906 including grants of \$ 863,865) (Revenue \$ 2,146,842)

EMPLOYMENT PROGRAMS FINANCIAL STABILITY IS A MAJOR OUTCOME FOR OUR CLIENTS APPROXIMATELY 1,500 PEOPLE ARE ASSISTED ANNUALLY IN FINDING PERMANENT EMPLOYMENT SPECIAL EMPHASIS IS PLACED ON PLACING NEARLY 300 VETERANS IN EMPLOYMENT JOB READINESS CLASSES AND ON-THE-JOB TRAINING ACTIVITIES HELP PREPARE PEOPLE FOR THEIR FUTURE JOBS MCMURPHYS GRILL TRAINS APPROXIMATELY 70 PEOPLE PER YEAR FOR FUTURES IN THE RESTAURANT FIELD THE BEGIN NEW VENTURE CENTER HAD 15 NEW COMPANIES SIGN ON WITH THE SMALL BUSINESS INCUBATOR, FOR A TOTAL OF 24 COMPANIES WITH MISSION SENSITIVITY TO PROVIDE EMPLOYMENT OPPORTUNITIES FOR ST PATRICK CENTER CLIENTS

4c (Code) (Expenses \$ 4,405,430 including grants of \$ 1,915,026) (Revenue \$ 3,070,126)

HOUSING PROGRAMS AN IMPORTANT OUTCOME OF THE AGENCY IS PERMANENT HOUSING FOR ALL CLIENTS INDEPENDENT LIVING SKILLS PROGRAMS TEACH PARENTING AND LIFE SKILLS WHICH LEADS TO HOUSING AND SELF-SUFFICIENCY MORE THAN 500 PEOPLE PARTICIPATED IN THESE CLASSES WITH 200 GRADUATES PROJECT PROTECT REGIONAL PARTNERSHIP PROVIDED FAMILY STABILITY, SUBSTANCE ABUSE, FINANCIAL STABILITY AND HOUSING SERVICES FOR 200 FAMILIES WITH 343 CHILDREN AFFECTED BY PARENTAL SUBSTANCE ABUSE THE NEIGHBORHOOD SUPPORT PROGRAM ASSISTED 714 POVERTY-LEVEL INDIVIDUALS (484 FAMILIES) IN EXISTING HOUSING WITH RENT AND OR UTILITY ASSISTANCE TO OVERCOME HOUSING CRISSES HOUSING SUPPORT RESULTED IN APPROXIMATELY 662 PEOPLE BEING PLACED INTO PERMANENT HOUSING ROSATI HOUSE COMPRISES TWO TRANSITIONAL HOUSING FACILITIES THAT SERVED APPROXIMATELY 70 PEOPLE

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ including grants of \$ 8,865) (Revenue \$ 2,023,562)

4e Total program service expenses \$ 11,875,851

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2** Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?
- 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
- 4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II
- 5** Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 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
- 10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11** If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
 - a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
 - 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
 - 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
 - d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
 - e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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
- 12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 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
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)
- 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
- 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
- 20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

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	<input checked="" type="checkbox"/>	21		No
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	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input checked="" type="checkbox"/>	23		No
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-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a		No
25b	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 Schedule L, Part I	<input checked="" type="checkbox"/>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	<input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27		No
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)	<input type="checkbox"/>	28a		No
28b	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b		No
28c	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c	Yes	
29	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)	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	32	Yes	
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	<input checked="" type="checkbox"/>	33		No
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	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	35		No
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	<input checked="" type="checkbox"/>	37		No
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	<input type="checkbox"/>	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	177
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter 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		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
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?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
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?	12b	
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.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
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	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?	14b	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

- | | Yes | No |
|---|-----|-----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a | 28 |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b | 27 |
| 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 | No |
| 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 | Yes |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 Does the organization have members or stockholders? | 6 | Yes |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | Yes |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Yes |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a The governing body? | 8a | Yes |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | Yes |

Section 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 | No |
| 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 | |
| 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| b 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 | Yes |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes |
| 13 Does the organization have a written whistleblower policy? | 13 | Yes |
| 14 Does the organization have a written document retention and destruction policy? | 14 | Yes |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b Other officers or key employees of the organization | 15b | Yes |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | No |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | |

Section C. Disclosure

- | | |
|--|--|
| 17 List the States with which a copy of this Form 990 is required to be filed ► | |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply | |
| <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request | |
| 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table | |
| 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► | |
| ST PATRICK CENTER
800 N TUCKER
ST LOUIS, MO 63101
(314) 802-0700 | |

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
DATOTEL 710 N TUCKER BLVD STE 400 ST LOUIS, MO 63131	IT SERVICES	157,784
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization: <u>1</u>		

Part VIII Statement of Revenue**Contributions, gifts, grants
and other similar amounts**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a	246,507			
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	30,865			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	4,344,602			
g Noncash contributions included in lines 1a-1f \$		1,071,541			
h Total. Add lines 1a-1f			4,621,974		

Program Service Revenue

		Business Code			
2a HOUSING PROGRAMS		624100	3,070,126	3,070,126	
b EMPLOYMENT PROGRAMS		624100	2,146,842	2,146,842	
c OTHER PROGRAMS & SUPPO		624100	2,023,562	2,023,562	
d MENTAL HEALTH PROGRAMS		624100	1,305,146	1,305,146	
e					
f All other program service revenue					
g Total. Add lines 2a-2f			8,545,676		

Other Revenue

3 Investment income (including dividends, interest and other similar amounts)					
4 Income from investment of tax-exempt bond proceeds			60,441		60,441
5 Royalties					
	(I) Real	(II) Personal			
6a Gross Rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
	(I) Securities	(II) Other			
7a Gross amount from sales of assets other than inventory			79,232		
b Less cost or other basis and sales expenses					
c Gain or (loss)			79,232		
d Net gain or (loss)				79,232	79,232
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
a		632,070			
b Less direct expenses	b	317,122			
c Net income or (loss) from fundraising events			314,948		314,948
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a INTEREST ON LOAN		90009	77,754		77,754
b MISCELLANEOUS		900099	228		228
c					
d All other revenue					
e Total. Add lines 11a-11d			77,982		
12 Total revenue. See Instructions			13,700,253	8,545,676	0 532,603

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	3,596,995	3,596,995		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees . . .	446,815	180,751	117,918	148,146
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .				
7 Other salaries and wages	4,575,057	4,050,474	27,697	496,886
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	305,203	270,825	6,650	27,728
9 Other employee benefits . . .	768,838	657,731	11,624	99,483
10 Payroll taxes . . .	361,774	304,729	13,677	43,368
a Fees for services (non-employees)				
Management . . .	171,290		171,290	
b Legal . . .				
c Accounting . . .	32,190		32,190	
d Lobbying . . .				
e Professional fundraising services See Part IV, line 17 . . .				
f Investment management fees . . .	18,218	18,218		
g Other . . .	574,410	478,532	44,717	51,161
12 Advertising and promotion . . .	14,516			14,516
13 Office expenses . . .	113,872	49,568	2,615	61,689
14 Information technology . . .	171,963	136,019	3,718	32,226
15 Royalties . . .				
16 Occupancy . . .	375,788	334,910	8,147	32,731
17 Travel . . .	96,611	84,015	6,678	5,918
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .	21,899	20,901	93	905
20 Interest . . .	533,714	533,714		
21 Payments to affiliates . . .	69,419	69,419		
22 Depreciation, depletion, and amortization . . .	601,644	576,226	8,834	16,584
23 Insurance . . .	106,624	96,446	2,984	7,194
24 Other expenses Itemize expenses not covered 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)				
a SUPPLIES AND EQUIPMENT	337,096	282,947	4,993	49,156
b OTHER EXPENSES	83,157	83,143	3	11
c REAL ESTATE TAXES	30,704	27,724	559	2,421
d EXTERNAL DUES AND ASSES	13,563	11,447	1,106	1,010
e BAD DEBTS	10,000	10,000	0	0
f All other expenses	1,291	1,117	33	141
25 Total functional expenses. Add lines 1 through 24f	13,432,651	11,875,851	465,526	1,091,274
26 Joint costs. Check here <input checked="" type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	574,103	1 321,706
	2 Savings and temporary cash investments	1,308,212	2 3,164,626
	3 Pledges and grants receivable, net	1,199,460	3 603,026
	4 Accounts receivable, net	11,311	4 91,819
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6
	7 Notes and loans receivable, net	1,770,900	7 9,787,900
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	67,895	9 58,849
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	19,141,427	
	b Less accumulated depreciation	10b 5,984,340	10c 11,832,145 13,157,087
	11 Investments—publicly traded securities		11
	12 Investments—other securities See Part IV, line 11	1,653,852	12 2,047,931
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	1,483,275	15 1,754,427
	16 Total assets. Add lines 1 through 15 (must equal line 34)	19,901,153	16 30,987,371
Liabilities	17 Accounts payable and accrued expenses	426,775	17 275,698
	18 Grants payable		18
	19 Deferred revenue	687,256	19 450,245
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	1,920,900	23 1,920,900
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities Complete Part X of Schedule D	4,393,016	25 15,291,009
	26 Total liabilities. Add lines 17 through 25	7,427,947	26 17,937,852
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	2,930,465	27 10,246,710
	28 Temporarily restricted net assets	7,746,572	28 1,006,640
	29 Permanently restricted net assets	1,796,169	29 1,796,169
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	12,473,206	33 13,049,519
	34 Total liabilities and net assets/fund balances	19,901,153	34 30,987,371

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,700,253
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,432,651
3	Revenue less expenses Subtract line 2 from line 1	3	267,602
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,473,206
5	Other changes in net assets or fund balances (explain in Schedule O)	5	308,711
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	13,049,519

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

2010

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury
Internal Revenue ServiceName of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e a Type I b Type II c Type III - Functionally integrated d Type III - Other
- f By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- g If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- h Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

i Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
			Yes	No			
Total							

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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")	4,785,632	5,805,837	4,459,002	5,549,801	4,621,974	25,222,246
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,785,632	5,805,837	4,459,002	5,549,801	4,621,974	25,222,246
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						712,923
6 Public Support. Subtract line 5 from line 4						24,509,323

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,785,632	5,805,837	4,459,002	5,549,801	4,621,974	25,222,246
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,521	67,162	55,357	45,608	60,441	271,089
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)	31,518	99,732			77,982	209,232
11 Total support (Add lines 7 through 10)						25,702,567
12 Gross receipts from related activities, etc (See instructions)					12	30,436,789

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 360 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 900 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►✓		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ►		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

2010

Open to Public
Inspection**SCHEDULE D**
(Form 990)**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.

Department of the Treasury
Internal Revenue Service**Name of the organization**
ST PATRICK CENTER**Employer identification number**

43-1263499

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

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

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

- 6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Public exhibition
b Scholarly research
c Preservation for future generations

- d** Loan or exchange programs
e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	1,514,517	1,313,665	1,708,661		
b Contributions					
c Investment earnings or losses	400,863	216,560	-382,293		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	18,217	15,708	12,703		
g End of year balance	1,897,163	1,514,517	1,313,665		

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ► 100 000 %

c Term endowment ►

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

(i) unrelated organizations Yes No

(ii) related organizations Yes No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,899,655			1,899,655
b Buildings		12,409,273	3,688,590		8,720,683
c Leasehold improvements		1,558,030	24,200		1,533,830
d Equipment		241,594	157,032		84,562
e Other		3,032,875	2,114,518		918,357
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					13,157,087

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ENDOWMENTS	1,897,163	F
(B) ANNUITIES	150,768	F

Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 2

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

Total. (Column (b) should equal Form 990, Part X, col (B) line 13.)

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

Total (Column (b) should equal Form 990, Part X, col (B) line 15)

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

1	(a) Description of Liability	(b) Amount
Federal Income Taxes		
DUE TO ARCHDIOCESAN ENTITIES		157,741
PV ANNUITIES PAYMENTS		123,371
REFUNDABLE ADVANCES		4,250,000
TENANT SECURITY DEPOSITS		4,311
OBLIGATION UNDER LEASE		10,755,571
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)		15,291,000

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,700,253
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,432,651
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	267,602
4	Net unrealized gains (losses) on investments	4	308,711
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	308,711
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	576,313

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

1	Total revenue, gains, and other support per audited financial statements	1	14,495,534
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	795,281
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	795,281
3	Subtract line 2e from line 1	3	13,700,253
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,700,253

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

1	Total expenses and losses per audited financial statements	1	14,227,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	795,281
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	795,281
3	Subtract line 2e from line 1	3	13,432,651
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,432,651

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	AT THIS TIME, ST. PATRICK CENTER IS NOT MAKING WITHDRAWALS ON THE ENDOWMENT FUNDS

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

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

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

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

Name of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** Mail solicitations
 - b** Internet and e-mail solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

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

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

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

	(a) Event #1 IRISH OPEN GOLF TOURNAMENT (event type)	(b) Event #2 SPORTS TRIVIA (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	396,701	235,369	632,070
	2 Less Charitable contributions . . .			
	3 Gross income (line 1 minus line 2) . . .	396,701	235,369	632,070
Direct Expenses	4 Cash prizes . . .			
	5 Non-cash prizes . . .	24,676	1,387	26,063
	6 Rent/facility costs . . .	151,309	20,987	172,296
	7 Food and beverages . . .	400	5,288	5,688
	8 Entertainment . . .	3,600	7,413	11,013
	9 Other direct expenses . . .	20,908	81,154	102,062
	10 Direct expense summary Add lines 4 through 9 in column (d)			317,122
	11 Net income summary Combine lines 3 and 10 in column (d)			314,948

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 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
- | | |
|------------|--|
| 13a | |
| 13b | |
- a** The organization's facility
- b** An outside facility
- 14** Provide 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 ► \$ _____
- c** If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I
(Form 990)**

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

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

► Attach to Form 990

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
See Additional Data Table					

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE INDIVIDUALS WHO RECEIVE ASSISTANCE MUST MEET THE REQUIREMENTS OF THE PROGRAM FROM WHICH THE FUNDS ARE BEING DISTRIBUTED EACH CHECK REQUEST FOR THE DISBURSEMENT OF ASSISTANCE IS APPROVED AND SIGNED BY TWO STAFF MEMBERS OF THE PROGRAM CONTINUED PARTICIPATION IN THE PROGRAM IS MONITORED THE ASSISTANCE IS TRACKED AGAINST THE BUDGET OF THE FUNDING SOURCE AND INPUT INTO ST PATRICK CENTER'S CLIENT TRACKING SYSTEM

Software ID:
Software Version:
EIN: 43-1263499
Name: ST PATRICK CENTER

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CASH ALLOWANCE	32	8,949			
CLOTHING	664		46,805	FMV	VARIOUS CLOTHING
FOOD	199816		759,284	FMV	VARIOUS FOOD
FURNITURE	39		54,686	FMV	VARIOUS FURNITURE
HOUSING	1350		1,970,548	FMV	HOUSING RENTAL ASSISTANCE
MEDICAL	207		25,599	FMV	VARIOUS MEDICAL ASSISTANCE
STIPENDS	2027	145,396			
TOOLS	23		6,416	FMV	VARIOUS TOOLS
TRANSPORTATION	1459		165,567	FMV	VARIOUS TRANSPORTATION
UTILITIES	743		141,569	FMV	UTILITY ASSISTANCE
VOCATIONAL EDUCATION	143		64,502	FMV	VARIOUS TRAINING
OTHER	881		195,743	FMV	VARIOUS GOODS
DEBT ASSISTANCE	33		11,287	FMV	DEBT ASSISTANCE

Schedule L

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected:	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) DAVID A PEACOCK	VOTING MEMBER OF BOARD AND VP OF MARKETING ANHEUSER-BUSCH, INC	245,552	DAVID A PEACOCK IS A VOTING MEMBER OF THE BOARD OF DIRECTORS OF ST PATRICK CENTER ADDITIONALLY, DAVID A PEACOCK IS VP OF MARKETING FOR ANHEUSER-BUSCH, INC ANHEUSER-BUSCH, INC IS THE MAJOR SPONSOR FOR THE SPORTS TRIVIA FUNDRAISING EVENT		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service►Complete if the organization answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.Name of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		20,848	FMV
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	17	130,761	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X	199,816	788,996	FMV
20 Drugs and medical supplies	X	207	2,050	FMV
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
SCHOOL				
25 Other ► (<u>SUPPLIES</u>)	X	1,577	49,867	FMV
HOLIDAY				
26 Other ► (<u>GIFTS</u>)	X	1,200	48,680	FMV
VARIOUS				
27 Other ► (<u>SUPPLIES</u>)	X	63	22,189	FMV
28 Other ► (<u>MENTORING</u>)	X	35	8,150	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .		29		

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	ALL STOCK DONATIONS ARE PROCESSED THROUGH THE ARCHDIOCESE OF ST LOUIS (ST LOUIS ARCHDIOCESAN FUND) THROUGH A LOCAL BROKERAGE FIRM

SCHEDULE N
(Form 990 or 990-EZ)

Liquidation, Termination, Dissolution or Significant Disposition of Assets

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

certified copies of any articles of dissolution, resolutions or plans

► Attach to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization
ST PATRICK CENTER

Employer identification number

43-1263499

Part I **Liquidation, Termination or Dissolution.** Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Part III if additional space is needed.

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?	2a
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b
c Become a direct or indirect owner of a successor or transferee organization?	2c
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d
e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. 	

Part I Liquidation, Termination or Dissolution (continued)

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0-.

	Yes	No
3		
4a		
4b		
5		
6a		
6b		

- 3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III

4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?

b If "Yes," did the organization provide such notice?

5 Did the organization discharge or pay all liabilities in accordance with state laws?

6a Did the organization have any tax-exempt bonds outstanding during the year?

b Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws?

c If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Part III if additional space is needed.

- 2 Did or will any officer, director, trustee, or key employee of the organization

 - a Become a director or trustee of a successor or transferee organization?
 - b Become an employee of, or independent contractor for, a successor or transferee organization?
 - c Become a direct or indirect owner of a successor or transferee organization?
 - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?
 - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III.

	Yes	No
2a		
2b		
2c		
2d		

Part III Supplemental Information. Complete to provide the information required by Parts I and II, and any additional information.

Identifier	Return Reference	Explanation
		TOM ETLING, JOE AMBROSE, GREG VOGELWEID ARE OFFICERS OF ST PATRICK CENTER AND ON THE BOARD OF DIRECTORS OF ST PATRICK PARTNERSHIP CENTER

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2010**Open to Public
Inspection****Name of the organization**
ST PATRICK CENTER**Employer identification number**

43-1263499

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3		ST PATRICK CENTER PAYS AN AGENCY MANAGEMENT FEE TO THE ARCHDIOCESE OF ST LOUIS ADDITIONALLY, A MANAGEMENT FEE IS PAID TO THE ARCHDIOCESE OF ST LOUIS (SLAF) FOR THE MANAGEMENT OF THE ORGANIZATION'S INVESTMENTS ALSO, THE CHIEF EXECUTIVE OFFICER OF ST PATRICK CENTER IS AN EMPLOYEE OF CATHOLIC CHARITIES OF ST LOUIS HIS SALARY AND RELATED TAXES AND BENEFITS ARE REIMBURSED BY ST PATRICK CENTER ALL OTHER EMPLOYEES ARE PAID DIRECTLY BY ST PATRICK CENTER AND DAY-TO-DAY MANAGEMENT OF THE AGENCY IS DIRECTED BY THE CHIEF EXECUTIVE OFFICER AND HIS STAFF

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE ORGANIZATION HAS ONE MEMBER - CATHOLIC CHARITIES OF ST LOUIS IN REFERENCE TO PART VII, SECTION A, BRIAN O'MALLEY, FY2011, PRESIDENT OF CATHOLIC CHARITIES OF ST LOUIS AS SUCH, HE WAS AN EX-OFFICIO VOTING MEMBER OF THE BOARD OF DIRECTORS AND COULD EXERCISE CERTAIN OVERARCHING RESERVE POWERS AS OUTLINED IN THE BY-LAWS WHILE CLASSIFIED AS AN OFFICER OF ST PATRICK CENTER, HE DOES NOT EXERT DAY-TO-DAY OPERATIONAL CONTROL AS IS TYPICALLY THE CASE WITH AN OFFICER OF AN AGENCY. ADDITIONALLY, THE ARCHBISHOP OF ST LOUIS IS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST LOUIS, BY WHICH THE ARCHBISHOP ALSO HAS RESERVED POWERS OVER THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		AS A MEMBER WITH RESERVED POWERS OVER CATHOLIC CHARITIES OF ST. LOUIS, BY WHICH THE ARCHBISHOP OF ST. LOUIS ALSO HAS RESERVED POWERS OVER THE ORGANIZATION, THE ARCHBISHOP OF ST. LOUIS HAS THE AUTHORITY TO APPOINT UP TO 50% OF THE BOARD OF DIRECTORS AND TO APPROVE ALL CANDIDATES TO THE BOARD OF DIRECTORS OF THE ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		AS THEY ARE MEMBERS WITH RESERVED POWERS, VARIOUS DECISIONS OF THE ORGANIZATION ARE SUBJECT TO APPROVAL BY CATHOLIC CHARITIES OF ST LOUIS AND THE ARCHBISHOP OF ST LOUIS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE ORGANIZATION HAS PROVIDED A DRAFT COPY OF THE FORM 990 TO THE MEMBERS OF THE FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO THE FILING OF THE TAX RETURN. ONCE ALL QUESTIONS AND COMMENTS ARE REVIEWED/CLEARED BY THE SR DIRECTOR OF FINANCE AND IT, THE FORM 990 IS ACCEPTED FOR FILING AND A REPRESENTATION LETTER IS SIGNED BY THE CHIEF OPERATING OFFICER. AT THIS POINT, THE FORM 990 IS FILED WITH THE IRS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	UPON MEMBERSHIP TO THE BOARD OF DIRECTORS, PERSONS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY ADDITIONALLY, ALL OTHER OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE GOVERNING BOARD REVIEWS AND APPROVES COMPENSATION FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIALS AND OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION. THE COMMITTEE EXAMINES COMPARABLE POSITIONS IN THE LOCAL MARKET FOR ANNUAL SALARY RANGES IN ADDITION TO BUDGETED PLANS CONCERNING THE ABILITY TO FUND THE COMPENSATION AMOUNTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ANY ONE INTERESTED IN REVIEWING THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND/OR FINANCIAL STATEMENTS MUST CONTACT THE SR DIRECTOR OF FINANCE AND IT, AS THIS INFORMATION IS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST

Identifier	Return Reference	Explanation
CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC	FORM 990, PART VII	BRIAN O'MALLEY - 4532 LINDELL BLVD , ST LOUIS, MO 63108

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 308,711

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	UNDER THE RESERVE POWERS OF THE ARCHBISHOP OF ST LOUIS, THE AUDIT COMMITTEE SELECTS THE INDEPENDENT AUDITORS FOR ALL THE AGENCIES AND PROGRAMS OF THE ARCHDIOCESE OF ST LOUIS AND HAS OVERSIGHT OF THE AUDIT ST PATRICK CENTER HAS A FINANCE/AUDIT COMMITTEE THAT REVIEWS AND APPROVES THE ANNUAL AUDIT AND INTERVIEWS THE AUDITORS UPON ITS COMPLETION

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST PATRICK CENTER

Employer identification number

43-1263499

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) ARCHDIOCESE OF ST LOUIS 20 ARCHBISHOP MAY DRIVE ST LOUIS, MO 63119 43-0623244	RELIGIOUS ORGANIZATION	MO	501(C)3	1	ARCHBISHOP OF ST LOUIS		No
(2) CATHOLIC CHARITIES OF ST LOUIS 4532 LINDELL BLVD ST LOUIS, MO 63108 43-0653270	SOCIAL SERVICES	MO	501(C)3	7	ARCHBISHOP OF ST LOUIS		No
(3) ROSATI GROUP HOME 800 NORTH TUCKER ST LOUIS, MO 63101 43-1690618	RESIDENTIAL SERVICES	MO	501(C)3	7	ARCHBISHOP OF ST LOUIS		No
(4) ROSATI CENTER 800 NORTH TUCKER ST LOUIS, MO 63101 38-3738538	RESIDENTIAL SERVICES	MO	501(C)3	7	ARCHBISHOP OF ST LOUIS		No
(5) ST PATRICK PARTNERSHIP CENTER 800 NORTH TUCKER ST LOUIS, MO 63101 27-2599885	SOCIAL SERVICES	MO	501(C)3	7	ARCHBISHOP OF ST LOUIS		No

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)	ST PATRICK PARTNERSHIP CENTER	J	533,714	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
------------	------------------	-------------

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return
ST PATRICK CENTERBusiness or activity to which this form relates
FORM 990 PAGE 10Identifying number
43-1263499**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	0
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

26 Property used more than 50% in a qualified business use

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6						
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

Additional Data

Software ID:
Software Version:
EIN: 43-1263499
Name: ST PATRICK CENTER

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
JAMES P KAVANAUGH PRESIDENT	5 00	X		X			0	0	0
JOSEPH T AMBROSE VICE PRESIDENT	5 00	X		X			0	0	0
JAMES E DEL CARMEN VICE PRESIDENT	5 00	X		X			0	0	0
ROBERT G LEONARD SECRETARY	5 00	X		X			0	0	0
MARGRET D FISHER TREASURER	5 00	X		X			0	0	0
BRUCE J ANDERSON EDD DIRECTOR	5 00	X					0	0	0
GALEN D BINGHAM DIRECTOR	5 00	X					0	0	0
MAUREEN BORKOWSKI DIRECTOR	5 00	X					0	0	0
PHILLIP W BRACKEN DIRECTOR	5 00	X					0	0	0
JOSEPH CASTELLANO DIRECTOR	5 00	X					0	0	0
CHARLES E COYLE DIRECTOR	5 00	X					0	0	0
JAMES J CUNNANE JR DIRECTOR	5 00	X					0	0	0
ROY E GILLESPIE DIRECTOR	5 00	X					0	0	0
DIANE B HERNDON DIRECTOR	5 00	X					0	0	0
HARRY KENNEDY DIRECTOR	5 00	X					0	0	0
BRYAN GRAIFF DIRECTOR	5 00	X					0	0	0
SUSAN E LOMBARDO DIRECTOR	5 00	X					0	0	0
JUDGE DAVID C MASON DIRECTOR	5 00	X					0	0	0
RUTH MURRAY RN EDD DIRECTOR	5 00	X					0	0	0
DANIEL ISOM DIRECTOR	5 00	X					0	0	0
JANICE ORLANDO DIRECTOR	5 00	X					0	0	0
DAVID A PEACOCK DIRECTOR	5 00	X					0	0	0
KAREN LEVERENZ DIRECTOR	5 00	X					0	0	0
DEAN PILCHER DIRECTOR	5 00	X					0	0	0
PATRICK M QUINN DIRECTOR	5 00	X					0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key employee	Highest compensated employee			
STEPHEN MO'HARA DIRECTOR	5 00	X					0	0	0
PAMELA TALLEY MSN APRN BC CSACII DIRECTOR	5 00	X					0	0	0
BRIAN O'MALLEY DIRECTOR	5 00	X					0	68,995	13,935
CARTAN SUMNER DIRECTOR	5 00	X					0	0	0
CRAIG UNRUH DIRECTOR	5 00	X					0	0	0
EDITH C CUNNANE FOUNDER & DIRECTOR EMERITUS	5 00	X					0	0	0
LEO P PARADIS DIRECTOR EMERITUS	5 00	X					0	0	0
DAN BUCK EX-CHIEF EXECUTIVE OFFICER	40 00			X			0	112,813	21,827
TOM ETLING CHIEF EXECUTIVE OFFICER	40 00			X			0	0	0
GREGORY A VOGELWEID CHIEF OPERATION OFFICER	40 00			X			110,659	0	23,576
JAN F RASMUSSEN CHIEF DEVELOPMENT OFFICER	40 00			X			97,886	0	19,460
ELAINE ST CLEMONS CHIEF PROGRAM OFFICER	40 00			X			79,731	0	16,387

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code	(Expenses \$	including grants of \$	8,865) (Revenue \$	2,023,562)
OTHER PROGRAMS & SUPPORT				