ST. JOSEPH CENTER

204 HAMPTON DRIVE

VENICE, CA 90291-8633

State Charity Registration Number: CT 067215

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
</tr>
<tr>
<td>Between $25,000 and $100,000</td>
<td>$25</td>
</tr>
<tr>
<td>Between $100,001 and $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>Between $250,001 and $1 million</td>
<td>$75</td>
</tr>
<tr>
<td>Between $1,000,001 and $10 million</td>
<td>$150</td>
</tr>
<tr>
<td>Between $10,000,001 and $50 million</td>
<td>$225</td>
</tr>
<tr>
<td>Greater than $50 million</td>
<td>$300</td>
</tr>
</tbody>
</table>

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2014 ending 06/30/2015) list:

Gross annual revenue $13,229,224. Total assets $14,866,033.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? X

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? X

3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? X

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. X

5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider. X

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 8 X

7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred. X

8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. X

9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? X

Organization's area code and telephone number 310-396-6468

Organization's e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.  

Signature of authorized officer  VA LEICIA ADAMS  EXECUTIVE DIRECTOR  

Printed Name  Title  Date  

429291  05-01-14  RRF-1 (3-05)
COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
550 S. VERMONT AVE., 8TH FLOOR, LOS ANGELES, CA 90020
CONTACT PERSON: WING WONG

CITY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES
811 WILSHIRE BLVS., 6TH FLOOR, LOS ANGELES, CA 90017
CONTACT PERSON: JOEL BUENVIAJE

DEPARTMENT OF VETERANS AFFAIRS
5901 E 7TH STREET, LOS BEACH, CA 30822
CONTACT PERSON: ROBERT WOLTMAN
**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  

- Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

### A For the 2014 calendar year, or tax year beginning JUL 1, 2014 and ending JUN 30, 2015

### B Check if applicable:  
- [ ] Address change
- [ ] Name change
- [ ] Initial return/terminated return

### C Name of organization

**ST. JOSEPH CENTER**

204 HAMPTON DRIVE, VENICE, CA 90291-8633

### D Employer identification number

95-3874381

### E Telephone number

310-396-6468

### F Name and address of principal officer:

VA LECIA ADAMS  
204 HAMPTON DRIVE, VENICE, CA 90291

### I Tax-exempt status:

- [x] 501(c)(3)  
- 501(c)(4)  
- (insert no.)  
- 4947(a)(1)  
- [ ] 527

### J Website:  

www.stjosehctr.org

### K Form of organization:

- [x] Corporation
- [ ] Trust  
- [ ] Association  
- [ ] Other

### L Year of formation: 1986  
State of legal domicile: CA

### Part I Summary

**1 Briefly describe the organization's mission or most significant activities:** TO PROVIDE WORKING POOR FAMILIES, AS WELL AS HOMELESS MEN, WOMEN, AND CHILDREN OF ALL AGES

**2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>17</td>
</tr>
</tbody>
</table>

**3 Number of voting members of the governing body (Part VI, line 1a)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>17</td>
</tr>
</tbody>
</table>

**4 Number of independent voting members of the governing body (Part VI, line 1b)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>177</td>
</tr>
</tbody>
</table>

**5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>0</td>
</tr>
</tbody>
</table>

**6 Total number of volunteers (estimate if necessary)**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7a</td>
<td>0</td>
</tr>
</tbody>
</table>

**b Total unrelated business revenue from Form 990-T, line 34**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>7b</td>
<td>0</td>
</tr>
</tbody>
</table>

### Revenue

<table>
<thead>
<tr>
<th></th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Contributions and grants (Part VIII, line 1h)</td>
<td>10,139,117.00</td>
<td>12,672,396.00</td>
</tr>
<tr>
<td>9 Program service revenue (Part VIII, line 2g)</td>
<td>489,259.00</td>
<td>492,839.00</td>
</tr>
<tr>
<td>10 Investment income (Part VIII, column A, lines 3, 4, and 7d)</td>
<td>1,789.00</td>
<td>1,331.00</td>
</tr>
<tr>
<td>11 Other revenue (Part VIII, column A, lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
<td>81,608.00</td>
<td>62,656.00</td>
</tr>
<tr>
<td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column A, line 12)</td>
<td>10,711,783.00</td>
<td>13,229,224.00</td>
</tr>
</tbody>
</table>

**Expenses**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>13 Grants and similar amounts paid (Part IX, column A, lines 1-3)</td>
<td>0.00</td>
</tr>
<tr>
<td>14 Benefits paid to or for members (Part IX, column A, line 4)</td>
<td>0.00</td>
</tr>
<tr>
<td>15 Salaries, other compensation, employee benefits (Part IX, column A, lines 5-10)</td>
<td>5,416,877.00</td>
</tr>
<tr>
<td>16a Professional fundraising fees (Part IX, column A, line 11a)</td>
<td>0.00</td>
</tr>
<tr>
<td>16b Total fundraising expenses (Part IX, column D, line 25)</td>
<td>426,789.00</td>
</tr>
<tr>
<td>17 Other expenses (Part IX, column A, lines 11a-11d, 11f-24e)</td>
<td>5,038,573.00</td>
</tr>
<tr>
<td>18 Total expenses. Add lines 13-17 (must equal Part IX, column A, line 25)</td>
<td>10,455,450.00</td>
</tr>
<tr>
<td>19 Revenue less expenses. Subtract line 18 from line 12</td>
<td>256,333.00</td>
</tr>
</tbody>
</table>

### Net Assets or Fund Balances

<table>
<thead>
<tr>
<th></th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 Total assets (Part X, line 16)</td>
<td>13,956,474.00</td>
<td>14,866,033.00</td>
</tr>
<tr>
<td>21 Total liabilities (Part X, line 26)</td>
<td>4,527,875.00</td>
<td>4,202,713.00</td>
</tr>
<tr>
<td>22 Net assets or fund balances. Subtract line 21 from line 20</td>
<td>9,428,599.00</td>
<td>10,663,320.00</td>
</tr>
</tbody>
</table>

### 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.

**Signature of officer:**  

**VA LECIA ADAMS, EXECUTIVE DIRECTOR**

**Date:** 5/15/16

**Print/Type preparer's name:**  

**GILBERT R. VASQUEZ**

**Preparer's signature:**  

**Date:** 5/10/16

**Check if Preparer is authorized to sign:**  

- [ ] Yes
- [x] No

**Preparer's PTIN:** P00743144

**Preparer's EIN:** 33-0700332

**Use Only:**  

**Firm's address:**  

**801 S. GRAND AVE., SUITE 400**  

**LOS ANGELES, CA 90017**

**Phone no.:** 213-873-1700

May the IRS discuss this return with the preparer shown above? (see instructions)  

- [ ] Yes
- [x] No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION
Briefly describe the organization's mission:

TO PROVIDE WORKING POOR FAMILIES, AS WELL AS HOMELESS MEN, WOMEN, AND CHILDREN OF ALL AGES WITH THE INNER RESOURCES AND TOOLS TO BECOME PRODUCTIVE, STABLE AND SELF-SUPPORTING MEMBERS OF THE COMMUNITY.

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.

☐ Yes ☑ No

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $1,084,784, including grants of $______) (Revenue $______)

HOMELESS SERVICE CENTER: THE HOMELESS SERVICE CENTER ASSISTS HOMELESS PERSONS IN FINDING SOLUTIONS TO THEIR HOMELESSNESS. SERVICES INCLUDE FIELD OUTREACH, EMERGENCY REFERRALS AND ADVOCACY, ACCESS TO BASIC SERVICES, SHELTER AND HOUSING PLACEMENT. HIGHLIGHTS: PROVIDED 10,534 UNITS OF EMERGENCY AND BASIC SERVICES TO 2,014 INDIVIDUALS; 2,136 REFERRALS FOR SUPPORTIVE SERVICES; 87% OF HOMELESS INDIVIDUALS ACCESSING BASIC SERVICES ACCESSED CASE MANAGEMENT; 51% OBTAINED/MAINTAINED GOVERNMENT BENEFITS OR OBTAINED EMPLOYMENT; AND 94% OF CHRONICALLY HOMELESS CLIENTS IN ATTAINING PERMANENT SUPPORTIVE HOUSING RETAINED HOUSING FOR SIX MONTHS.

4b (Code: } Expenses $1,988,991, including grants of $______) (Revenue $______)

FAMILY CENTER AND FOOD PANTRY: THE FAMILY CENTER AND FOOD PANTRY PROVIDE SUPPLEMENTAL GROCERIES, REFERRAL/ADVOCACY AND CASE MANAGEMENT TO LOW-INCOME FAMILIES AS WELL AS TARGETED MENTAL HEALTH OUTREACH AND TREATMENT. OTHER SERVICES INCLUDE WORKSHOPS AND CLASSES DESIGNED TO HELP CLIENTS PROGRESS TOWARD GREATER WELLBEING AND SELF-SUFFICIENCY. THESE OFFERINGS COVER SUCH TOPICS AS NUTRITION, PARENTING, HEALTH/WELLNESS, AND COMPUTER SKILLS. HIGHLIGHTS: SERVED MORE THAN 2,500 INDIVIDUALS IN OVER 1,000 FAMILIES; DISTRIBUTED ENOUGH GROCERIES FOR FAMILIES TO PREPARE 164,376 MEALS; PROVIDED CLASSES/WORKSHOPS COVERING MORE THAN 25 UNIQUE TOPICS TO APPROXIMATELY 1,000 ATTENDEES.

4c (Code: } Expenses $664,865, including grants of $______) (Revenue $______)

MONETARY ADVISORY PROGRAM: THE MONETARY ADVISORY PROGRAM IS A REPRESENTATIVE PAYEE PROGRAM FOR ADULTS IMPACTED BY MENTAL ILLNESS. MAP PROVIDES MONEY MANAGEMENT EDUCATION, CASE MANAGEMENT SERVICES AND HOUSING ASSISTANCE TO CLIENTS. THE GOAL OF MAP IS TO INCREASE STABILITY AND SELF-SUFFICIENCY SO PARTICIPANTS CAN BECOME THEIR OWN PAYEE. HIGHLIGHTS: PROVIDED 120 INDIVIDUALS WITH CASE MANAGEMENT, REPRESENTATIVE PAYEE SERVICES AND LIFE SKILLS TRAINING; MANAGED MORE THAN $1,479,482 IN CLIENT FUNDS DURING PROGRAM YEAR.

4d Other program services (Describe in Schedule O)

(Expenses $5,783,573, including grants of $______)

4e Total program service expenses $9,522,213.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; complete Schedule A</td>
<td></td>
<td>1 X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors?</td>
<td></td>
<td>2 X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule C, Part II</td>
<td></td>
<td>4 X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule C, Part III</td>
<td></td>
<td>5 X</td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If &quot;Yes,&quot; complete Schedule D, Part I</td>
<td></td>
<td>6 X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part II</td>
<td></td>
<td>7 X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
<td></td>
<td>8 X</td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If &quot;Yes,&quot; complete Schedule D, Part IV</td>
<td></td>
<td>9 X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
<td></td>
<td>10 X</td>
</tr>
<tr>
<td>11. If the organization's answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
<td></td>
<td>11a X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
<td></td>
<td>11b X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
<td></td>
<td>11c X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
<td></td>
<td>11d X</td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
<td></td>
<td>11e X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule D, Part XI</td>
<td></td>
<td>11f X</td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
<td></td>
<td>12a X</td>
</tr>
<tr>
<td>12b. Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes,&quot; and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
<td></td>
<td>12b X</td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(i)? If &quot;Yes,&quot; complete Schedule E</td>
<td></td>
<td>13 X</td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td></td>
<td>14a X</td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
<td></td>
<td>14b X</td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? If &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
<td></td>
<td>15 X</td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
<td></td>
<td>16 X</td>
</tr>
<tr>
<td>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 &quot;Yes,&quot; complete Schedule G, Part I</td>
<td></td>
<td>17 X</td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1e and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
<td></td>
<td>18 X</td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
<td></td>
<td>19 X</td>
</tr>
<tr>
<td>20a. Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
<td></td>
<td>20a X</td>
</tr>
<tr>
<td>b. If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
<td></td>
<td>20b X</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization answer &quot;Yes&quot; to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization act as an &quot;on behalf of&quot; issuer for bonds outstanding at any time during the year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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):</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A current or former officer, director, trustee, or key employee?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>A family member of a current or former officer, director, trustee, or key employee?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization receive more than $25,000 in non-cash contributions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization liquidate, terminate, or dissolve and cease operations?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the organization related to any tax-exempt or taxable entity?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization have a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization make any transfers to an exempt non-charitable related organization?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Note. All Form 990 filers are required to complete Schedule O.
<table>
<thead>
<tr>
<th></th>
<th>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.</th>
<th>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.</th>
<th>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>146</td>
<td>0</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.</th>
<th>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>177</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).

<table>
<thead>
<tr>
<th></th>
<th>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</th>
<th>3b If &quot;Yes,&quot; has it filed a Form 990-T for this year? If &quot;No,&quot; to line 3b, provide an explanation in Schedule O.</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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)?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," enter the name of the foreign country:

---

**5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?**

<table>
<thead>
<tr>
<th></th>
<th>5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</th>
<th>5c If &quot;Yes,&quot; to line 5a or 5b, did the organization file Form 8886-T?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 as charitable contributions?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

---

**7 Organizations that may receive deductible contributions under section 170(c).**

<table>
<thead>
<tr>
<th></th>
<th>7b 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?</th>
<th>7c If &quot;Yes,&quot; did the organization notify the donor of the value of the goods or services provided?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7d If "Yes," indicate the number of Forms 8282 filed during the year.**

<table>
<thead>
<tr>
<th></th>
<th>7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</th>
<th>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?**

<table>
<thead>
<tr>
<th></th>
<th>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

---

**9 Sponsoring organizations maintaining donor advised funds.**

<table>
<thead>
<tr>
<th></th>
<th>9a Did the sponsoring organization make any taxable distributions under section 4966?</th>
<th>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**10 Section 501(c)(7) organizations.**

Enter:

<table>
<thead>
<tr>
<th></th>
<th>10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**11 Section 501(c)(12) organizations.**

Enter:

<table>
<thead>
<tr>
<th></th>
<th>11a Gross income from members or shareholders</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

---

**12 Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

<table>
<thead>
<tr>
<th></th>
<th>12a Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th></th>
<th>13a Is the organization licensed to issue qualified health plans in more than one state?</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.

<table>
<thead>
<tr>
<th></th>
<th>13b Enter the amount of reserves on hand</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**14a Did the organization receive any payments for indoor tanning services during the tax year?**

<table>
<thead>
<tr>
<th></th>
<th>14b If &quot;Yes,&quot; has it filed a Form 720 to report these payments? If &quot;No,&quot; provide an explanation in Schedule O.</th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---
Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year .................................................. 1a 17

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1b Enter the number of voting members included in line 1a, above, who are independent .................................................. 1b 17

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 2

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 3

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .. 4 4

5 Did the organization become aware during the year of a significant diversion of the organization’s assets? ........... 5 5

6 Did the organization have members or stockholders? ......... 6 6

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ........................... 7a 7a

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ........... 7b 7b

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? ................................................................. 8a 8a

b Each committee with authority to act on behalf of the governing body? .......................... 8b 8b

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 9

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

10a Did the organization have local chapters, branches, or affiliates? .......................... 10a 10a

b If “Yes,” did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? ........... 10b 10b

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ....... 11a 11a

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. ................................. 11b 11b

12a Did the organization have a written conflict of interest policy? If “No,” go to line 13 .......................... 12a 12a

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ....... 12b 12b

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ........................... 12c 12c

13 Did the organization have a written whistleblower policy? .......................... 13 13

14 Did the organization have a written document retention and destruction policy? ........... 14 14

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 15a

b Other officers or key employees of the organization ........................... 15b 15b

If “Yes” to line 15a or 15b, describe the process in Schedule O (see instructions). ..................... 15b 15b

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 16a

b If “Yes,” did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? ........................... 16b 16b

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☑ Another’s website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization’s books and records: ▶

JOHN MCGANN – 310-396-6468

204 HAMPTON DRIVE, VENICE, CA 90291-8633

432008 11-07-14

13205010 795952 STJOSEPHCENT 2014.05091 ST. JOSEPH CENTER STJOSEP1
### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Check if Schedule O contains a response or note to any line in this Part VII [ ]

- Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization’s tax year.
- List all of the organization’s current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (B), (E), and (F) if no compensation was paid.
- List all of the organization’s current key employees, if any. See instructions for definition of ‘key employee.’
- List the organization’s five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 6 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization’s former officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. [ ]

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KEVIN MCCARDE</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>CHAIR</td>
<td>(2) SCOTT TAYLOR</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>VICE CHAIR</td>
<td>(3) JOLENE NEGRE</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(4) JANELLE BIELER</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(5) PATRICIA BENSON</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(6) SR. THERESA KVALE, CSJ</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(7) DAVID A. HERBST</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(8) RON KURSTIN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(9) LAVETTA WILLIS</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(10) RANDY WOOTEN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(11) LUCIEN WULSIN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(12) ANNE ROEGER</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(13) STEPHEN LIPPMAN</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(14) RYAN WOLFE</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>(15) VA LUCIA ADAMS, ED EXECUTIVE DIRECTOR</td>
<td>40.00</td>
<td>X</td>
<td>X</td>
<td>159,631</td>
</tr>
<tr>
<td>(16) LIZ LARZARIZADEH-RIORDEN</td>
<td>(17) SR. MARY SEVILLA CSJ</td>
<td>1.00</td>
<td>X</td>
<td>X</td>
<td>0.</td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week (list any hours for related organizations below line)</th>
<th>Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) VALERIE VAN CALDER</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) REV. ANTHONY GONZALES</td>
<td>1.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>EX-OFFICIO MEMBER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) ERLINDA SARABIA-VILLANUEVA</td>
<td>40.00</td>
<td>X</td>
<td>106,411.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR OF FINANCE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) NICHOLAS MAIORINO</td>
<td>40.00</td>
<td>X</td>
<td>165,910.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total: 431,952.00

c Total from continuation sheets to Part VII, Section A: 0.00

d Total (add lines 1b and c): 431,952.00

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization: 3

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual: 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? If "Yes," complete Schedule J for such individual: 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? If "Yes," complete Schedule J for such person: 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. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENICE FAMILY CLINIC 604 ROSE AVENUE, VENICE, CA 90291</td>
<td>HEALTH SERVICES</td>
<td>329,912</td>
</tr>
<tr>
<td>ALLIED NATIONWIDE SECURITY, INC., 7247</td>
<td>SECURITY SERVICES</td>
<td>106,767</td>
</tr>
<tr>
<td>HAYVENHURST AVE., STE A-7, VAN NUYS, CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 2
### Part VIII  Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII.

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federated campaigns .................................................. 1a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership dues .......................................................... 1b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fundraising events ..................................................... 1c</td>
<td>463,395</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Related organizations .................................................. 1d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government grants (contributions) .................................... 1e</td>
<td>7,894,815</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All other contributions, gifts, grants, and similar amounts not included above .................................................. 1f</td>
<td>4,314,186</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Noncash contributions included in lines 1a-1f .................................................. 1g</td>
<td>524,314</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total, Add lines 1a-1f .................................................. 1h</td>
<td>12,672,396</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Program Service Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
<th>624100</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Program Service Revenue</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross rents ...................................................... 6a</td>
<td></td>
</tr>
<tr>
<td>Less: rental expenses ........................................... 6b</td>
<td></td>
</tr>
<tr>
<td>Rental income or (loss) ........................................ 6c</td>
<td></td>
</tr>
<tr>
<td>Net rental income or (loss) .................................... 6d</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross amount from sales of assets other than inventory .................................................. 7a</td>
<td></td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses ................................................................. 7b</td>
<td></td>
</tr>
<tr>
<td>Gain or (loss) .................................................. 7c</td>
<td></td>
</tr>
<tr>
<td>Net gain or (loss) ........................................... 7d</td>
<td></td>
</tr>
</tbody>
</table>

#### Other Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
<th>624100</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Gross income from fundraising events (not including $463,395 of contributions reported on line 1c). See Part IV, line 18 8a</td>
<td>141,922</td>
</tr>
<tr>
<td>Less: direct expenses ........................................... 8b</td>
<td>141,922</td>
</tr>
<tr>
<td>Net income or (loss) from fundraising events .................................................. 8c</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Miscellaneous Revenue

<table>
<thead>
<tr>
<th>Business Code</th>
<th>624100</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Gross income from gaming activities. See Part IV, line 19 9a</td>
<td></td>
</tr>
<tr>
<td>Less: direct expenses ........................................... 9b</td>
<td></td>
</tr>
<tr>
<td>Net income or (loss) from gaming activities .................................................. 9c</td>
<td></td>
</tr>
</tbody>
</table>

| 10a Gross sales of inventory, less returns and allowances .................................................. 10a | | |
| Less: cost of goods sold .......................................... 10b | | |
| Net income or (loss) from sales of inventory .................................................. 10c | | |

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>624100</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a MISCELLANEOUS INCOME .................................................. 11a</td>
<td>62,658</td>
</tr>
<tr>
<td>All other revenue .................................................. 11d</td>
<td></td>
</tr>
<tr>
<td>Total, Add lines 11a-11d .................................................. 11e</td>
<td>62,658</td>
</tr>
</tbody>
</table>

12 Total revenue. See instructions. .................................................. 12 | 13,229,224 | 555,497 | 0 | 1,331 |
### ST. JOSEPH CENTER

#### 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).

Check if Schedule O contains a response or note to any line in this Part IX. **X**

<table>
<thead>
<tr>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>431,952.</td>
<td>431,952.</td>
<td></td>
</tr>
<tr>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>5,110,368.</td>
<td>3,920,022.</td>
<td>885,751.</td>
</tr>
<tr>
<td>Other salaries and wages</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>13,668.</td>
<td>10,761.</td>
<td>2,342.</td>
</tr>
<tr>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>526,838.</td>
<td>414,801.</td>
<td>90,221.</td>
</tr>
<tr>
<td>Other employee benefits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>408,404.</td>
<td>321,553.</td>
<td>69,939.</td>
</tr>
<tr>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td>73,316.</td>
<td>27,601.</td>
</tr>
<tr>
<td>a Management</td>
<td></td>
<td></td>
<td>44,150.</td>
</tr>
<tr>
<td>b Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td>1,235,190.</td>
<td>1,121,948.</td>
<td>99,822.</td>
</tr>
<tr>
<td>12</td>
<td>12,006.</td>
<td>3,597.</td>
<td>7,835.</td>
</tr>
<tr>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>95,475.</td>
<td>65,295.</td>
<td>25,560.</td>
</tr>
<tr>
<td>Office expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>231,753.</td>
<td>210,842.</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>11,386.</td>
<td>7,132.</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>92,476.</td>
<td>45,990.</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>424,258.</td>
<td>342,589.</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>152,173.</td>
<td>105,400.</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td>1,800,317.</td>
<td>1,789,103.</td>
</tr>
<tr>
<td>a CLIENT DIRECT AID EXPENSES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b WORKER'S COMPENSATION</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c TRANSPORTATION</td>
<td>109,611.</td>
<td>94,532.</td>
<td>14,676.</td>
</tr>
<tr>
<td>d STAFF DEVELOPMENT</td>
<td>95,669.</td>
<td>18,920.</td>
<td>74,810.</td>
</tr>
<tr>
<td>e All other expenses</td>
<td>629,544.</td>
<td>504,144.</td>
<td>102,782.</td>
</tr>
<tr>
<td>25 Total functional expenses. Add lines 1 through 24e</td>
<td>11,612,767.</td>
<td>9,522,213.</td>
<td>1,663,765.</td>
</tr>
<tr>
<td>26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part X - Balance Sheet

<table>
<thead>
<tr>
<th>Category</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Cash - non-interest-bearing</td>
<td>1,424,811</td>
<td>1,483,023</td>
</tr>
<tr>
<td>2. Savings and temporary cash investments</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3. Pledges and grants receivable, net</td>
<td>45,797</td>
<td>590,000</td>
</tr>
<tr>
<td>4. Accounts receivable, net</td>
<td>1,168,379</td>
<td>1,205,527</td>
</tr>
<tr>
<td>5. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Loans and other 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 instr). Complete Part II of Sch L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Notes and loans receivable, net</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8. Inventories for sale or use</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9. Prepaid expenses and deferred charges</td>
<td>43,202</td>
<td>95,996</td>
</tr>
<tr>
<td>10a. Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>11,601,782</td>
<td>8,537,057</td>
</tr>
<tr>
<td>10b. Less: accumulated depreciation</td>
<td>3,384,169</td>
<td>8,217,613</td>
</tr>
<tr>
<td>11. Investments - publicly traded securities</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>12. Investments - other securities. See Part IV, line 11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>13. Investments - program-related. See Part IV, line 11</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>14. Intangible assets</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>15. Other assets. See Part IV, line 11</td>
<td>2,737,228</td>
<td>3,273,874</td>
</tr>
<tr>
<td>16. Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>13,956,474</td>
<td>14,866,033</td>
</tr>
<tr>
<td>17. Accounts payable and accrued expenses</td>
<td>584,420</td>
<td>680,344</td>
</tr>
<tr>
<td>18. Grants payable</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>19. Deferred revenue</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>20. Tax-exempt bond liabilities</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>21. Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>22. Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Secured mortgages and notes payable to unrelated third parties</td>
<td>2,135,248</td>
<td>1,587,615</td>
</tr>
<tr>
<td>24. Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>1,808,207</td>
<td>1,934,754</td>
</tr>
<tr>
<td>26. Total liabilities. Add lines 17 through 25</td>
<td>4,527,875</td>
<td>4,202,713</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Category</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27. Unrestricted net assets</td>
<td>8,039,572</td>
<td>7,703,978</td>
</tr>
<tr>
<td>28. Temporarily restricted net assets</td>
<td>1,389,027</td>
<td>2,959,342</td>
</tr>
<tr>
<td>29. Permanently restricted net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Capital stock or trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Total net assets or fund balances</td>
<td>9,428,599</td>
<td>10,663,320</td>
</tr>
<tr>
<td>34. Total liabilities and net assets/fund balances</td>
<td>13,956,474</td>
<td>14,866,033</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>13,229,224</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>11,612,767</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
<td>1,616,457</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
<td>9,428,599</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td>-381,736</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
<td>0</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
<td>10,663,320</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: Cash ☐ Accrual ☒ Other ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If “Yes,” check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>If “Yes” to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>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</td>
<td>X</td>
</tr>
</tbody>
</table>
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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

<table>
<thead>
<tr>
<th>Part I</th>
<th>Reason for Public Charity Status (All organizations must complete this part.) See instructions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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:</td>
</tr>
<tr>
<td>5</td>
<td>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.)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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.)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
</tr>
<tr>
<td>9</td>
<td>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.)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.</td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations ____________________________________________________</td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
</tr>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2014.

Form 990 or 990-EZ.  432021 09-17-14
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td>7247807</td>
<td>6717223</td>
<td>8619730</td>
<td>10139117</td>
<td>12672493</td>
<td>45396370</td>
</tr>
<tr>
<td>2. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Total. Add lines 1 through 3</td>
<td>7247807</td>
<td>6717223</td>
<td>8619730</td>
<td>10139117</td>
<td>12672493</td>
<td>45396370</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Public support. Subtract line 5 from line 4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>519,766</td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Amounts from line 4</td>
<td>7247807</td>
<td>6717223</td>
<td>8619730</td>
<td>10139117</td>
<td>12672493</td>
<td>45396370</td>
</tr>
<tr>
<td>8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total support. Add lines 7 through 10</td>
<td>273,900</td>
<td>481,573</td>
<td>159,420</td>
<td>81,608</td>
<td>62,561</td>
<td>1,059062</td>
</tr>
<tr>
<td>12. Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,906,853</td>
</tr>
<tr>
<td>13. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| (a) Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) | 96.59% |
| (b) Public support percentage from 2013 Schedule A, Part II, line 14 | 96.93% |
| 16a 33 1/3% support test - 2014. 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 | X |
| 17a 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | X |
| 17b 10% -facts-and-circumstances test - 2013. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | X |
| 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 | X |
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and member membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 7a Amounts included on lines 1, 2, and 3 received from disqualified persons

<table>
<thead>
<tr>
<th>Amounts included from disqualified persons</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Amounts included from 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 8 Public support (Subtract line 7c from lines 6 and 7b)

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

<table>
<thead>
<tr>
<th>Amounts included from similar sources</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on

<table>
<thead>
<tr>
<th>Net income from unrelated business activities</th>
<th>(a) 2010</th>
<th>(b) 2011</th>
<th>(c) 2012</th>
<th>(d) 2013</th>
<th>(e) 2014</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. (Add lines 9, 10, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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

| Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |
| Public support percentage from 2013 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) | 17 |
| Investment income percentage from 2013 Schedule A, Part III, line 17 | 18 |

#### 19a 33 1/3% support tests - 2014. 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.

#### 19b 33 1/3% support tests - 2013. 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.
Section A. All Supporting Organizations

1. Are all of the organization’s supported organizations listed by name in the organization’s governing documents? If “No,” describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If “Yes,” explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).

3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If “Yes,” answer (b) and (c) below.

b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If “Yes,” describe in Part VI when and how the organization made the determination.

c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If “Yes,” explain in Part VI what controls the organization put in place to ensure such use.

4a. Was any supported organization not organized in the United States (“foreign supported organization”)? If “Yes” and if you checked 1a or 1b in Part I, answer (b) and (c) below.

b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If “Yes,” describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.

c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If “Yes,” explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.

5a. Did the organization add, substitute, or remove any supported organizations during the tax year? If “Yes,” answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization’s organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).

b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization’s organizing document?

c. Substitutions only. Was the substitution the result of an event beyond the organization’s control?

6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization’s supported organizations? If “Yes,” provide detail in Part VI.

7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If “Yes,” complete Part I of Schedule L (Form 990).

8. Did the organization make a loan to a disqualified person (as defined in section 4956) not described in line 7?

9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If “Yes,” provide detail in Part VI.

b. Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If “Yes,” provide detail in Part VI.

c. Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If “Yes,” provide detail in Part VI.

10a. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If “Yes,” answer (b) below.

b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)
### Part IV  Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  
   b. A family member of a person described in (a) above?  
   c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

### Section B. Type I Supporting Organizations

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

2 Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

### Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

### Section D. Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

### Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.
   a. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
   b. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. Answer (a) and (b) below.
   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
   b. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
### Part V  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1. Check here if the organization satisfied the integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

#### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2. Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3. Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4. Add lines 1 through 3</td>
<td>4</td>
</tr>
<tr>
<td>5. Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6. Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
</tr>
<tr>
<td>7. Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th>(B) Current Year (optional)</th>
<th>(A) Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a. Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b. Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c. Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d. Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
</tr>
<tr>
<td>e. Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2. Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3. Subtract line 2 from line 1d</td>
<td>3</td>
</tr>
<tr>
<td>4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5. Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6. Multiply line 5 by .035</td>
<td>6</td>
</tr>
<tr>
<td>7. Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8. Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
</tr>
</tbody>
</table>

#### Section C - Distributable Amount

<table>
<thead>
<tr>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adjusted net income for prior year (from Section A, line 8, Column A)</td>
</tr>
<tr>
<td>2. Enter 85% of line 1</td>
</tr>
<tr>
<td>3. Minimum asset amount for prior year (from Section B, line 8, Column A)</td>
</tr>
<tr>
<td>4. Enter greater of line 2 or line 3</td>
</tr>
<tr>
<td>5. Income tax imposed in prior year</td>
</tr>
<tr>
<td>6. Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)</td>
</tr>
<tr>
<td>7. Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</td>
</tr>
</tbody>
</table>
**Schedule A (Form 990 or 990-EZ) 2014  ST. JOSEPH CENTER  95-3874381 Page 7**

**Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3 Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4 Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5 Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6 Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td><strong>7 Total annual distributions.</strong> Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9 Distributable amount for 2014 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10 Line 8 amount divided by Line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

**Section E - Distribution Allocations (see instructions)**

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2014</th>
<th>(iii) Distributable Amount for 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2014 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2014 (reasonable cause required see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2014:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f <strong>Total</strong> of lines 3a through e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i Carryover from 2009 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Distributions for 2014 from Section D, line 7:</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>a Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Applied to 2014 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Remainder. Subtract lines 4a and 4b from 4.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2015. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Excess from 2014</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2014
Part VI Supplemental Information. 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).
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JOSEPH CENTER

Organization type (check one):

Filers of:

Form 990 or 990-EZ

☐ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Employer identification number

95-3874381

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
<table>
<thead>
<tr>
<th>No.</th>
<th>Contributors</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CITY OF SANTA MONICA HUMAN SERVICES DIVISION</td>
<td>1685 MAIN ST., ROOM # 212 SANTA MONICA, CA 90401</td>
<td>$939,368.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>2</td>
<td>FIRST 5 LA</td>
<td>750 NORTH ALAMEDA ST., STE 300 LOS ANGELES, CA 90012</td>
<td>$736,004.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>3</td>
<td>CONRAD N. HILTON FOUNDATION</td>
<td>10100 SANTA MONICA BLVD., SUITE 1000 LOS ANGELES, CA 90067</td>
<td>$1,200,000.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>4</td>
<td>DEPARTMENT OF MENTAL HEALTH</td>
<td>550 S. VERNON AVE., 8TH FLOOR LOS ANGELES, CA 90020</td>
<td>$3,813,821.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>5</td>
<td>LOS ANGELES HOMELESS SERVICES AUTHORITY</td>
<td>811 WILSHIRE BLVD., 6TH FLOOR LOS ANGELES, CA 90017</td>
<td>$1,111,626.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>6</td>
<td>U.S. DEPT. OF VETERAN AFFAIRS</td>
<td>5901 E. 7TH STREET LONG BEACH, CA 90822</td>
<td>$868,605.</td>
<td>Person [x] Payroll [ ] Noncash [ ]</td>
</tr>
<tr>
<td>No.</td>
<td>Name, address, and ZIP + 4</td>
<td>Total contributions</td>
<td>Type of contribution</td>
<td></td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
<td>---------------------</td>
<td>---------------------</td>
<td></td>
</tr>
</tbody>
</table>
| 7   | UNITED WAY OF GREATER LOS ANGELES  
1150 S. OLIVE STREET  
LOS ANGELES, CA 90015 | $646,000. | Person [X]  
Payroll [ ]  
Noncash [ ]  
(Complete Part II for noncash contributions.) |
| 8   | CALIFORNIA COMMUNITY FOUNDATION  
221 S. FIGUEROA ST., STE 400  
LOS ANGELES, CA 90012 | $500,000. | Person [X]  
Payroll [ ]  
Noncash [ ]  
(Complete Part II for noncash contributions.) |
## ST. JOSEPH CENTER

### Part II  Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td></td>
</tr>
</tbody>
</table>

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)
<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Purpose of gift</th>
<th>(c) Use of gift</th>
<th>(d) Description of how gift is held</th>
<th>(e) Transfer of gift</th>
<th>Transferee’s name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>
Supplemental Financial Statements

Name of the organization: ST. JOSEPH CENTER
Employer identification number: 95-3874381

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.

1. Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2. Aggregate value of contributions to (during year)

3. Aggregate value of 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 can 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 education)
   - Preservation of a historically important land area
   - Protection of natural habitat
   - Preservation of a certified historic structure
   - Preservation of open space

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

   a. Total number of conservation easements

   b. Total acreage restricted by conservation easements

   c. Number of conservation easements on a certified historic structure included in (a)

   d. Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? □ Yes □ No

9. In Part XIII, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (i) Revenue 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 (ASC 958) relating to these items:

   a. Revenue included in Form 990, Part VIII, line 1
   ▶ $____

   b. Assets included in Form 990, Part X
   ▶ $____

For Paperwork Reduction Act Notice, see the instructions for Form 990.
Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets  (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   a Public exhibition
   b Scholarly research
   c Preservation for future generations
   d Loan or exchange programs
   e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets that the organization did not intend to buy or to sell 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 XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

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

1a Beginning of year balance
   b Contributions
   c Net investment earnings, gains, and losses
   d Grants or scholarships
   e Other expenditures for facilities and programs
   f Administrative expenses
   g End of year balance

<table>
<thead>
<tr>
<th>(a) Current year</th>
<th>(b) Prior year</th>
<th>(c) Two years back</th>
<th>(d) Three years back</th>
<th>(e) Four years back</th>
</tr>
</thead>
<tbody>
<tr>
<td>500,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>97</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>500,097</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment ▶ 100.00 %
   b Permanent endowment ▶ %
   c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   (i) unrelated organizations
   (ii) related organizations

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

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

Part VI  Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>165,447</td>
<td></td>
<td></td>
<td>165,447</td>
</tr>
<tr>
<td>b Buildings</td>
<td>9,343,422</td>
<td>1,496,119</td>
<td>7,847,303</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>225,143</td>
<td>182,440</td>
<td>42,703</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>1,602,775</td>
<td>1,514,987</td>
<td>87,788</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>264,995</td>
<td>190,623</td>
<td>74,372</td>
<td></td>
</tr>
</tbody>
</table>

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 8,217,613.
### Part VII Investments - Other Securities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
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<tr>
<td>(C)</td>
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<tr>
<td>(G)</td>
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<td></td>
</tr>
<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)**

### Part VIII Investments - Program Related

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)**

### Part IX Other Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) FUNDS HELD FOR OTHERS</td>
<td>1,495,927</td>
</tr>
<tr>
<td>(2) DEPOSITS &amp; OTHER ASSETS</td>
<td>56,850</td>
</tr>
<tr>
<td>(3) CURRENT PORTION OF LONG TERM RECEIVABLE</td>
<td>33,000</td>
</tr>
<tr>
<td>(4) DEFERRED RENT, NET OF CURRENT PORTION</td>
<td>1,188,000</td>
</tr>
<tr>
<td>(5) BOARD DESIGNATED ENDOWMENT FUND</td>
<td>500,097</td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)**

### Part X Other Liabilities

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) FUNDS HELD FOR OTHERS</td>
<td>1,495,927</td>
</tr>
<tr>
<td>(3) CONTRACT ADVANCES</td>
<td>438,827</td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

**Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)**

1,934,754.

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII [X].

Schedule D (Form 990) 2014
Schedule D (Form 990) 2014
ST. JOSEPH CENTER
95-3874381 Page 4

Part XI
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1. Total revenue, gains, and other support per audited financial statements
   1 13,229,224.

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   a. Net unrealized gains (losses) on investments
   b. Donated services and use of facilities
   c. Recoveries of prior year grants
   d. Other (Describe in Part XIII)
   e. Add lines 2a through 2d
   2e 0.

3. Subtract line 2e from line 1
   3 13,229,224.

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
   b. Other (Describe in Part XIII)
   c. Add lines 4a and 4b
   4c 0.

5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
   5 13,229,224.

Part XII
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1. Total expenses and losses per audited financial statements
   1 11,612,767.

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   a. Donated services and use of facilities
   b. Prior year adjustments
   c. Other losses
   d. Other (Describe in Part XIII)
   e. Add lines 2a through 2d
   2e 0.

3. Subtract line 2e from line 1
   3 11,612,767.

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
   b. Other (Describe in Part XIII)
   c. Add lines 4a and 4b
   4c 0.

5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
   5 11,612,767.

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

PART X, LINE 2:

THE CORPORATION QUALIFIES AS A TAX EXEMPT ORGANIZATION UNDER THE INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D.

THE CORPORATION HAS EVALUATED ITS TAX POSITIONS AND THE CERTAINTY AS TO WHETHER THOSE POSITIONS WILL BE SUSTAINED IN THE EVENT OF AN AUDIT BY TAXING AUTHORITIES AT THE FEDERAL AND STATE LEVELS. THE PRIMARY TAX POSITIONS EVALUATED RELATE TO THE CORPORATIONS CONTINUED QUALIFICATION AS A TAX-EXEMPT ORGANIZATION AND WHETHER THERE ARE UNRELATED BUSINESS INCOME ACTIVITIES THAT WOULD BE TAXABLE. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX POSITIONS WILL MORE LIKELY THAN NOT (>50%) BE SUSTAINED UPON POTENTIAL AUDIT OR EXAMINATION; THEREFORE, NO DISCLOSURE OF UNCERTAIN
INCOME TAX POSITIONS ARE REQUIRED.

Part I  
Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1  Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   a  Mail solicitations
   b  Internet and email solicitations
   c  Phone solicitations
   d  In-person solicitations
   e  Solicitation of non-government grants
   f  Solicitation of government grants
   g  Special fundraising events

2  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?
   a  Yes
   b  No

   a  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.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in col. (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE GRAVEL GROUP INC., - 20472</td>
<td>CONDUCT EVENT AUCTION</td>
<td>X</td>
<td>307,031</td>
<td>32,004</td>
<td>275,027</td>
</tr>
</tbody>
</table>

Total

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

CA

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

SEE PART IV FOR CONTINUATIONS
### Part II Fundraising Events

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 8b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>VOICES OF HOPE GALA</th>
<th>OTHERS</th>
<th>(event type)</th>
<th>(event type)</th>
<th>(total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts</td>
<td>557,446</td>
<td>47,871</td>
<td></td>
<td></td>
<td></td>
<td>605,317</td>
</tr>
<tr>
<td>2 Less: Contributions</td>
<td>422,755</td>
<td>40,640</td>
<td></td>
<td></td>
<td></td>
<td>463,395</td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2)</td>
<td>134,691</td>
<td>7,231</td>
<td></td>
<td></td>
<td></td>
<td>141,922</td>
</tr>
<tr>
<td>4 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Food and beverages</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Entertainment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other direct expenses</td>
<td>134,691</td>
<td>7,231</td>
<td></td>
<td></td>
<td></td>
<td>141,922</td>
</tr>
<tr>
<td>10 Direct expense summary. Add lines 4 through 9 in column (c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>141,922</td>
</tr>
<tr>
<td>11 Net income summary. Subtract line 10 from line 3, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Volunteer labor</td>
<td>Yes %</td>
<td>Yes %</td>
<td>Yes %</td>
<td></td>
</tr>
<tr>
<td>7 Direct expense summary. Add lines 2 through 5 in column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Net gaming income summary. Subtract line 7 from line 1, column (d)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9 Enter the state(s) in which the organization conducts gaming activities:

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

If "No," explain:

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

If "Yes," explain:
Schedule G (Form 990 or 990-EZ) 2014  ST. JOSEPH CENTER  95-3874381  Page 3

11 Does the organization conduct 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 conducted in:
   a The organization’s facility                               13a □ %
   b An outside facility                                      13b □ %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:

   Name ▶
   Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? □ Yes □ No

   b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount
      of gaming revenue retained by the third party ▶ $ ____________.

   c If 'Yes,' enter name and address of the third party:

      Name ▶
      Address ▶

16 Gaming manager information:

      Name ▶

      Gaming manager compensation ▶ $ ____________

      Description of services provided ▶

      □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   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 to be distributed to other exempt organizations or spent in
      the organization’s own exempt activities during the tax year ▶ $

Part IV  Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE GRAVEL GROUP INC.

(I) ADDRESS OF FUNDRAISER:

20472 CRESCENT BAY DR., # 102, LAKE FOREST, CA 92630
SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Name of the organization

ST. JOSEPH CENTER

Employer identification number

95-3874381

Part I  Questions Regarding Compensation

1a  Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel  ☐ Housing allowance or residence for personal use

☐ Travel for companions  ☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments  ☐ Health or social club dues or initiation fees

☐ Discretionary spending account  ☐ Personal services (e.g., maid, chauffeur, chef)

1b  If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2  Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3  Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☐ Compensation committee  ☐ Written employment contract

☐ Independent compensation consultant  ☐ Compensation survey or study

☐ Form 990 of other organizations  ☑ Approval by the board or compensation committee

4  During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a  Receive a severance payment or change-of-control payment?

b  Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c  Participate in, or receive payment from, an equity-based compensation arrangement?

4a  X  4b  X  4c  X

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a  The organization?

b  Any related organization?

5a  X  5b  X

6  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a  The organization?

b  Any related organization?

6a  X  6b  X

7  For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7  X

8  Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8  X

9  If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-8(c)?

9

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

Schedule J (Form 990) 2014
### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) VA LECIA ADAMS, ED</td>
<td>(i) 159,631.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>159,631.</td>
</tr>
<tr>
<td>EXECUTIVE DIRECTOR</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(2) NICHOLAS MAIORINO</td>
<td>(i) 165,910.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>165,910.</td>
</tr>
<tr>
<td>ASSOCIATE DIRECTOR</td>
<td>(ii) 0.</td>
<td>(ii) 0.</td>
<td>(iii) 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>
Noncash Contributions

2014

Name of the organization: ST. JOSEPH CENTER
Employer identification number: 95-3874381

Part I | Types of Property |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Check if applicable</td>
<td>(b) Number of contributions or items contributed</td>
</tr>
<tr>
<td>1 Art - Works of art</td>
<td></td>
</tr>
<tr>
<td>2 Art - Historical treasures</td>
<td></td>
</tr>
<tr>
<td>3 Art - Fractional interests</td>
<td></td>
</tr>
<tr>
<td>4 Books and publications</td>
<td></td>
</tr>
<tr>
<td>5 Clothing and household goods</td>
<td>X</td>
</tr>
<tr>
<td>6 Cars and other vehicles</td>
<td></td>
</tr>
<tr>
<td>7 Boats and planes</td>
<td></td>
</tr>
<tr>
<td>8 Intellectual property</td>
<td></td>
</tr>
<tr>
<td>9 Securities - Publicly traded</td>
<td></td>
</tr>
<tr>
<td>10 Securities - Closely held stock</td>
<td></td>
</tr>
<tr>
<td>11 Securities - Partnership, LLC, or trust interests</td>
<td></td>
</tr>
<tr>
<td>12 Securities - Miscellaneous</td>
<td></td>
</tr>
<tr>
<td>13 Qualified conservation contribution - Historic structures</td>
<td></td>
</tr>
<tr>
<td>14 Qualified conservation contribution - Other</td>
<td></td>
</tr>
<tr>
<td>15 Real estate - Residential</td>
<td></td>
</tr>
<tr>
<td>16 Real estate - Commercial</td>
<td></td>
</tr>
<tr>
<td>17 Real estate - Other</td>
<td></td>
</tr>
<tr>
<td>18 Collectibles</td>
<td></td>
</tr>
<tr>
<td>19 Food inventory</td>
<td>X</td>
</tr>
<tr>
<td>20 Drugs and medical supplies</td>
<td></td>
</tr>
<tr>
<td>21 Taxidermy</td>
<td></td>
</tr>
<tr>
<td>22 Historical artifacts</td>
<td></td>
</tr>
<tr>
<td>23 Scientific specimens</td>
<td></td>
</tr>
<tr>
<td>24 Archeological artifacts</td>
<td></td>
</tr>
<tr>
<td>25 Other ▶ ( OTHERS )</td>
<td>X</td>
</tr>
<tr>
<td>26 Other ▶ ( PERSONAL SUPP )</td>
<td>X</td>
</tr>
<tr>
<td>27 Other ▶ ( )</td>
<td></td>
</tr>
<tr>
<td>28 Other ▶ ( )</td>
<td></td>
</tr>
</tbody>
</table>

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? ▶ Yes □ No 30a □

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? ▶ Yes □ No 31 □

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ▶ Yes □ No 32a □

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)
Part II  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
ST. JOSEPH CENTER

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH THE INNER RESOURCES AND TOOLS TO BECOME PRODUCTIVE, STABLE AND
SELF-SUPPORTING MEMBERS OF THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CHRONIC HOMELESS INITIATIVES: THE CHRONIC HOMELESS INITIATIVES REACH
OUT TO THE MOST VULNERABLE HOMELESS INDIVIDUALS IN VENICE AND SANTA
MONICA AND HELP THEM TRANSITION INTO PERMANENT SUPPORTIVE HOUSING.
HIGHLIGHTS: PLACED 73 INDIVIDUALS IN PERMANENT SUPPORTIVE HOUSING;
ASSISTED 93% OF INDIVIDUALS PLACED IN HOUSING TO REMAIN STABLY HOUSED
FOR AT LEAST 12 MONTHS.
EXPENSES $5,783,573. INCLUDING GRANTS OF $0. REVENUE $0.

SENIOR SERVICE PROGRAM: THE SENIOR SERVICES PROGRAM PROVIDES CASE
MANAGEMENT, AND MENTAL HEALTH SERVICES WITH AN EMPHASIS ON
EVICTION-PREVENTION SERVICES AND HOUSING PLACEMENT TO AT-RISK AND
HOMEBOUND OLDER ADULTS AND LOW INCOME SENIORS. HIGHLIGHTS: ENROLLED 65
NEW SENIORS; CASE MANAGED 160 SENIORS; MADE 60 PLACEMENTS IN PERMANENT
HOUSING AND MADE 5 EMERGENCY SHELTER AND/OR TRANSITIONAL HOUSING
PLACEMENTS.

VETERANS REPRESENTATIVE PAYEE PROGRAM: THE VETERANS REPRESENTATIVE
PAYEE PROGRAM PROVIDES HOMELESS AND AT-RISK VETERANS WITH
REPRESENTATIVE PAYEE OR MONEY MANAGEMENT SERVICES THROUGH A CONTRACT OF
THE DEPARTMENT OF VETERANS AFFAIRS. MOST PARTICIPANTS ARE IMPACTED WITH
MENTAL ILLNESS AND MANY ARE DUALLY DIAGNOSED WITH SUBSTANCE ABUSE. THE
ST. JOSEPH CENTER

PROGRAM ALSO OFFERS CLASSES IN MONEY MANAGEMENT AND LIFE SKILLS. THE
GOAL OF THE PROGRAM IS TO MOVE VETERANS TOWARD INCREASED STABILITY AND
SELF-SUFFICIENCY. HIGHLIGHTS: PROVIDED 140 VETERANS WITH MONEY
MANAGEMENT AND/OR CASE MANAGEMENT SERVICES; PROVIDED GROUP MONEY
MANAGEMENT CLASSES FOR 50 INDIVIDUALS; MANAGED $2,947,305 IN CLIENT
FUNDS DURING THE PROGRAM YEAR.

HOUSING SERVICES: HOUSING PROGRAM PROVIDES HOMELESS INDIVIDUALS AND
FAMILIES (AND THOSE SEVERELY AT-RISK FOR HOMELESSNESS) WITH ACCESS TO
SUBSIDIZED HOUSING AND PROVIDES SHORT AND LONG-TERM CASE MANAGEMENT TO
HELP THEM MAINTAIN HOUSING STABILITY AND ACHIEVE SELF-SUFFICIENCY.
HIGHLIGHTS: PROVIDED 380 FAMILIES WITH ONGOING CASE MANAGEMENT; HELPED
32 NEW FAMILIES TO FIND AND RENT AFFORDABLE HOUSING.

BREAD AND ROSES CAFE: BREAD AND ROSES CAFE PROVIDES HOT NUTRITIOUS
MEALS TO HOMELESS INDIVIDUALS AND FAMILIES A WARM, WELCOMING,
RESTAURANT-STYLE ENVIRONMENT THAT PRESERVES AND RESPECTS THE DIGNITY OF
EACH INDIVIDUAL. HIGHLIGHTS: SERVED 26,500 HOT MEALS TO 1,900 HOMELESS
MEN, WOMEN AND CHILDREN; BENEFITTED FROM MORE THAN 4,000 HOURS OF
VOLUNTEER SERVICE.

CULINARY TRAINING PROGRAM: THE CULINARY TRAINING PROGRAM PREPARES
LOW-INCOME ADULTS WHO HAVE BARRIERS TO EMPLOYMENT FOR JOBS IN THE FOOD
INDUSTRY. THE 10-WEEK PROGRAM OFFERS 6 WEEKS OF CLASSROOM AND PRACTICAL
TRAINING FOLLOWED BY A 4-WEEK FOOD SERVICE EXTERNSHIP IN A PROFESSIONAL
KITCHEN. LIFE SKILLS COACHING, RESUME PREPARATION, MOCK INTERVIEWS AND
BUS TOKENS FOR TRANSPORTATION ASSIST GRADUATES TO FIND WORK FOLLOWING
GRADUATION. HIGHLIGHTS: GRADUATED 70 PARTICIPANTS FROM 10 WEEK TRAINING
COURSE: PLACED 59 (84%) GRADUATES IN EMPLOYMENT.

EARLY LEARNING CENTER: THE EARLY LEARNING CENTER PROVIDES BILINGUAL CHILDCARE TO CHILDREN 18 MONTHS TO 5 YEARS IN A DIVERSE ENVIRONMENT THAT INCLUDES CHILDREN FROM HOMELESS AND LOW-INCOME FAMILIES AS WELL AS FAMILIES FROM THE COMMUNITY WHO CAN AFFORD TO PAY A MARKET RATE. IN ADDITION TO allowing parents to work or pursue job training, the program provides case management and parenting classes that support children's development, family life and self-sufficiency. Highlights: provided 60 children age 18 months through 5 years with full-day enriched child care including developmental assessments and access to early childhood development specialists.

FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 WILL BE REVIEWED BY MANAGEMENT WITH THE PREPARER, THEN PROVIDED A COPY TO THE FULL BOARD PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
THE DEVELOPMENT COMMITTEE OF THE BOARD OF DIRECTORS VERIFIES AT LEAST ANNUALLY, THAT THERE ARE NO CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:
THE ORGANIZATION'S EXECUTIVE COMMITTEE MEETS TO DISCUSS COMPARABILITY SALARY DATA FROM OUTSIDE SOURCES AND PERFORMANCE REVIEW RESULTS, RESULTING IN A COMPENSATION RECOMMENDATION DURING CLOSED SESSION WITH GOVERNING BOARD, WHO THEN REVIEWS AND APPROVES THE PRESIDENT/EXECUTIVE DIRECTOR'S COMPENSATION. THE OCCURRENCE OF THESE DELIBERATION ARE NOTED IN THE BOARD MEETING MINUTES.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONTRACTED SERVICES/SUBGRANTS:

PROGRAM SERVICE EXPENSES 659,376.
MANAGEMENT AND GENERAL EXPENSES 0.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 659,376.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES 462,572.
MANAGEMENT AND GENERAL EXPENSES 99,822.
FUNDRAISING EXPENSES 13,420.
TOTAL EXPENSES 575,814.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,235,190.
### Form 4562

**Depreciation and Amortization**

- **Department of the Treasury**
- **Internal Revenue Service**

**Note:** If you have any listed property, complete Part V before you complete Part I.

#### Part I - Election To Expense Certain Property Under Section 179

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Maximum amount (see instructions)</td>
<td>1</td>
<td>500,000.</td>
</tr>
<tr>
<td>2</td>
<td>Total cost of section 179 property placed in service (see instructions)</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Threshold cost of section 179 property before reduction in limitation</td>
<td>3</td>
<td>2,000,000.</td>
</tr>
<tr>
<td>4</td>
<td>Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

#### Part II - Special Depreciation Allowance and Other Depreciation

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>(a) Description of property</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>(b) Cost (business use only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>(c) Elected cost</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part III - MACRS Depreciation (Do not include listed property.)

- **(a) Classification of property**
  - 3-year property
  - 5-year property
  - 7-year property
  - 10-year property
  - 15-year property
  - 20-year property
  - 25-year property
  - Residential rental property
  - Nonresidential real property

- **(b) Month and year placed in service**

- **(c) Basis for depreciation (business/investment use only - see instructions)**
  - 25 yrs.
  - 27.5 yrs.
  - 27.5 yrs.
  - 39 yrs.

#### Section A - MACRS Deductions for assets placed in service in tax years beginning before 2014

- **(d) Recovery period**
  - S/L
  - MM
  - S/L
  - S/L

#### Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>5-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>7-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>10-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>15-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>20-year property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>25-year property</td>
<td>25 yrs.</td>
<td>S/L</td>
<td></td>
</tr>
<tr>
<td>h</td>
<td>Residential rental property</td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
</tr>
<tr>
<td>i</td>
<td>Nonresidential real property</td>
<td>27.5 yrs.</td>
<td>MM</td>
<td>S/L</td>
</tr>
</tbody>
</table>

#### Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>12-year</td>
<td>12 yrs.</td>
<td>S/L</td>
</tr>
<tr>
<td>c</td>
<td>40-year</td>
<td>40 yrs.</td>
<td>MM</td>
</tr>
</tbody>
</table>

#### Part IV - Summary (See instructions.)

- **Listed property. Enter amount from line 28**
  - 21

- **Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.**
  - 22
  - Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

- **For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.**
  - 23

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Note:** If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here.

**Note:** For Paperwork Reduction Act Notice, see separate instructions.
**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain aircraft, 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.)*

<table>
<thead>
<tr>
<th>(a) Type of property (list vehicles first)</th>
<th>(b) Date property placed in service</th>
<th>(c) Business/ investment use percentage</th>
<th>(d) Cost or other basis</th>
<th>(e) Basis for depreciation (business/investment use only)</th>
<th>(f) Recovery period</th>
<th>(g) Method/ Convention</th>
<th>(h) Depreciation deduction</th>
<th>(i) Elected section 179 cost</th>
<th>(j) Yes</th>
<th>(k) No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>S/L</td>
<td>S/L</td>
<td>S/L</td>
<td>%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>S/L</td>
<td>S/L</td>
<td>S/L</td>
<td>%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
<th>(h)</th>
<th>(i)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>S/L</td>
<td>S/L</td>
<td>S/L</td>
<td>%</td>
</tr>
</tbody>
</table>

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

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

**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)

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?

<table>
<thead>
<tr>
<th>(a) Vehicle</th>
<th>(b) Vehicle</th>
<th>(c) Vehicle</th>
<th>(d) Vehicle</th>
<th>(e) Vehicle</th>
<th>(f) Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?

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?

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

**Part VI**

**Amortization**

<table>
<thead>
<tr>
<th>(a) Description of costs</th>
<th>(b) Date amortization begins</th>
<th>(c) Amortizable amount</th>
<th>(d) Code section</th>
<th>(e) Amortization period or percentage</th>
<th>(f) Amortization for this year</th>
</tr>
</thead>
</table>

42 Amortization of costs that begins during your 2014 tax year:

43 Amortization of costs that began before your 2014 tax year

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

45