

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type: See Specific Instructions	C Name of organization ST. LEONARD'S HOME INC Doing Business As		D Employer identification number 25-1460742
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 601 N MONTGOMERY STREET		E Telephone number 814-695-9581
		City or town, state or country, and ZIP + 4 HOLLIDAYSBURG, PA 16648		G Gross receipts \$ 520,120.
		F Name and address of principal officer: SISTER CYNTHIA MEYER, CS 601 N MONTGOMERY STREET, HOLLIDAYSBURG, PA		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1986 M State of legal domicile: PA				

Part I Summary

SCANNED AUG 04 2010 RECEIVED EXPENSES OCTEN UT	1 Briefly describe the organization's mission or most significant activities: SERVICE ENRICHED HOUSING FOR THE ELDERLY AND INFIRMED: PERSONAL CARE HOME LICENSED FOR 23 BEDS.																																																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																																																									
	3 Number of voting members of the governing body (Part VI, line 1a)	3 12																																																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 12																																																								
	5 Total number of employees (Part V, line 2a)	5 16																																																								
	6 Total number of volunteers (estimate if necessary)	6 0																																																								
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.																																																								
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.																																																								
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Part II Signature Block

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

Sign Here ▶ *Sister Cynthia Meyer, CS*
 Signature of officer
SISTER CYNTHIA MEYER, CSFN, EX
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature ▶ *[Signature]*
 Firm's name (or yours if self-employed), address, and ZIP + 4
CIOCCA BENTON & OKONAK,
912 PLEASANT VALLEY BLVD
ALTOONA, PA 16602

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

GIC

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
PROVISION OF HOUSING AND SERVICES FOR ELDERLY WHO CAN NO LONGER LIVE ALONE

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)
SERVICE ENRICHED HOUSING FOR THE ELDERLY AND INFIRMED:
PERSONAL CARE HOME LICENSED FOR 23 BEDS.

4b (Code:) (Expenses \$ 430,076. including grants of \$) (Revenue \$)
MARIAN HOUSE MANOR INC
CONTRACTED SERVICES FOR SPECIFIC MANAGEMENT DUTIES FOR MARIAN HOUSE MANOR.

4c (Code:) (Expenses \$ 25,000. including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 455,076.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
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		
	2a 16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		12
1b	Enter the number of voting members that are independent		12
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **PA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **MR JOSEPH FERNICOLA - 695-9581**
601 N MONTGOMERY STREET, HOLLIDAYSBURG, PA 16648

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SISTER THEA KRAUSE, CSFN BOARD PRESIDENT	3.00	X		X			0.	0.	0.	
SISTER CYNTHIA MEYER, CS EXECUTIVE DIRECTOR	40.00			X			42,598.	0.	3,269.	
LIST ATTACHED							0.	0.	0.	
DEBBIE FERNICOLA DIRECTOR	3.00						0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							42,598.	0.	3,269.	

- 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 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* **3**
- 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* **4**
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**

	Yes	No
3		X
4		X
5		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

932008 02-04-10

Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	13,385.				
	d	Related organizations	1d	80,200.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,744.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		111,329.				
Program Service Revenue	2 a	SERVICE TO THE ELDERLY	Business Code 623000	361,979.	361,979.			
	b	SERVICE TO - MARIAN HO	623000	29,817.	29,817.			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		391,796.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,000.	14,000.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
c	Gain or (loss)							
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ 13,385. of contributions reported on line 1c). See Part IV, line 18	a						
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a	ACTIVITIES	623000	1,949.	1,949.				
b	REFUNDS	623000	670.	670.				
c	MISC INCOME	623000	376.	376.				
d	All other revenue							
e	Total. Add lines 11a-11d		2,995.					
12	Total revenue. See instructions.		520,120.	408,791.	0.	0.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	255,520.	255,520.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	33,191.	33,191.		
10 Payroll taxes	18,561.	18,561.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,403.	2,403.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	9,159.	9,159.		
12 Advertising and promotion				
13 Office expenses	7,116.	7,116.		
14 Information technology				
15 Royalties				
16 Occupancy	12,000.	12,000.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a SUPPLIES	35,298.	35,298.		
b UTILITIES	30,072.	30,072.		
c REPAIRS AND MAINTENANCE	17,313.	17,313.		
d INSURANCE	15,156.	15,156.		
e WORKMENS COMP INS	14,436.	14,436.		
f All other expenses	7,792.	4,851.		2,941.
25 Total functional expenses Add lines 1 through 24f	458,017.	455,076.	0.	2,941.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	230,816.	2	233,935.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b Less: accumulated depreciation	10b		10c	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		230,816.	16	233,935.	
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		43,000.	22	37,000.
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		886.	25	832.
	26 Total liabilities. Add lines 17 through 25		43,886.	26	37,832.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	175,555.	27	175,773.	
	28 Temporarily restricted net assets	11,375.	28	20,330.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	186,930.	33	196,103.	
	34 Total liabilities and net assets/fund balances	230,816.	34	233,935.	

Part XI Financial Statements and Reporting

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

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

Name of the organization **ST. LEONARD'S HOME INC** Employer identification number **25-1460742**

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 14: Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %
Row 15: Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	64,364.	63,840.	79,057.	131,983.	111,329.	450,573.
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	304,433.	317,775.	342,381.	397,138.	394,415.	1756142.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	368,797.	381,615.	421,438.	529,121.	505,744.	2206715.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						2206715.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	368,797.	381,615.	421,438.	529,121.	505,744.	2206715.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,618.	8,939.	10,749.	13,253.	14,376.	53,935.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6,618.	8,939.	10,749.	13,253.	14,376.	53,935.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	375,415.	390,554.	432,187.	542,374.	520,120.	2260650.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.61 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	97.98 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.39 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.02 %

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. LEONARD'S HOME INC

Employer identification number

25-1460742

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- 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
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 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
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

(check all that apply):

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

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

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

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

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

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance

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

- a Board designated or quasi-endowment %, b Permanent endowment %, c Term endowment %

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

Table with columns Yes, No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) 0.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1
2	Total expenses (Form 990, Part IX, column (A), line 25)		2
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3
4	Net unrealized gains (losses) on investments		4
5	Donated services and use of facilities		5
6	Investment expenses		6
7	Prior period adjustments		7
8	Other (Describe in Part XIV.)		8
9	Total adjustments (net). Add lines 4 through 8		9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5

Part XIV Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization **ST. LEONARD'S HOME INC** Employer identification number **25-1460742**

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	THE SISTERS OF TH				X	55,000.	37,000.		X	X
Total				▶ \$	37,000.					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBORAH FERNICOLA-	BOARD MEMBER	0.	HER BROTHER		X
HOLY FAMILY INSTITUTE	SPONSOR IS CSFN	41,209.	THIS ORGANI		X
RALPH J ALBARANO AND SONS	RALPH ALBARANO IS P	35,641.	THE COMPANY		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. LEONARD'S HOME INC

Employer identification number

25-1460742

FORM 990, PART VI, SECTION A, LINE 2: JOSEPH FERNICOLA IS THE

BOOKKEEPER-CONTROLLER FOR ST LEONARDS HOME INC.

HIS SISTER IS A BOARD MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: CSFN MISSION AND MINISTRY INC

FORM 990, PART VI, SECTION A, LINE 7B: CSFN MISSION AND MINISTRY INC

HAS THE FOLLOWING:

APPOINTS THE BOARD MEMBERS FOR ST. LEONARDS HOME INC.

APPROVES THE APPOINTMENT OF THE EXECUTIVE DIRECTOR.

APPROVES BOTH THE MISSION STATEMENT AND CERTAIN POLICIES FOR ST.

LEONARDS HOME INC.

FORM 990, PART VI, SECTION A, LINE 8B: THE COMMITTEES HAVE NO SUCH

AUTHORITY. THE PERTINENT ITEMS ARE PRESENTED AT

THE BOARD MEETING FOR ACTION.

FORM 990, PART VI, SECTION B, LINE 11: ON JUNE 28, 2010 THE FORM 990 WAS

SUBMITTED TO MEMBERS OF THE BOARD FOR THEIR REVIEW AND COMMENT. THE FORM

990 WAS APPROVED FOR FILING BY THE BOARD AT THE JUNE 28, 2010 MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY EACH BOARD MEMBER PREPARES

A CONFLICT OF INTEREST DISCLOSURE FORM.

FORM 990, PART VI, SECTION B, LINE 15A: APPROVED BY THE BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. LEONARD'S HOME INC

Employer identification number

25-1460742

FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: THE SISTERS OF THE HOLY FAMILY OF NAZARETH, USA INC.

(A) PURPOSE OF LOAN: ROOF REPAIRS

(B) LOAN TO OR FROM ORGANIZATION? = FROM

(C) ORIGINAL PRINCIPAL AMOUNT \$ 55000. (D) BALANCE DUE \$ 37000.

(E) LOAN IN DEFAULT? = NO

(F) APPROVED BY BOARD OR COMMITTEE? = YES

(G) WRITTEN AGREEMENT? = YES

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: DEBORAH FERNICOLA-

(D) DESCRIPTION OF TRANSACTION: HER BROTHER IS THE CONTROLLER FOR ST.
LEONARDS HOME INC.

SHE RECEIVED NO PAYMENTS IN 2009.

(A) NAME OF PERSON: HOLY FAMILY INSTITUTE

(D) DESCRIPTION OF TRANSACTION: THIS ORGANIZATION MAINTAINS THE GROUP
HEALTH, DENTAL AND VISION PROGRAMS

TO THE EMPLOYEES OF ST LEONARDS AND COBRA BENEFITS. THE TOTAL MONTHLY
BILL IS

\$3,914.01

(A) NAME OF PERSON: RALPH J ALBARANO AND SONS INC

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

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

ST. LEONARD'S HOME INC

Employer identification number

25-1460742

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RALPH ALBARANO IS PRESIDENT OF THE COMPANY. HE WAS THE TREASURER IN 2006-07

(D) DESCRIPTION OF TRANSACTION: THE COMPANY DID GENERAL REPAIRS, ROOFING

IMPROVEMENTS ETC FOR ST. LEONARDS

THE TOTAL COST WAS \$35,641.00

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

2009
Open to Public
Inspection

Name of the organization

ST. LEONARD'S HOME INC

Employer identification number
25-1460742

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CSFN MISSION AND MINISTRY INC 4001 GRANT AVENUE PHILADELPHIA, PA 19114	MEMBER CORPORATION FOR RELIGIOUS ORDER & SPONSORED MINISTRIES	PENNSYLVANIA	501 C 3	509(A)(1)	
SISTERS OF THE HOLY FAMILY OF NAZARETH USA INC, 310 N RIVER RD, DES PLAINES, IL 60016	RELIGIOUS ORDER	ILLINOIS	501 C 3	509(A)(1)	
HOLY FAMILY INSTITUE 8235 OHIO RIVER BLVD PITTSBURGH, PA 15202	SOCIAL SERVOICES FOR CHILDREN AND FAMILIES	PENNSYLVANIA	501 C 3	509(A)(1)	CSFN MISSION AND MINISTRY INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)	X	
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) SISTER OF THE HOLY FAMILY OF NAZARETH, USA INC	J	12,000.
(2) SISTER OF THE HOLY FAMILY OF NAZARETH, USA INC	L	42,598.
(3) SISTER OF THE HOLY FAMILY OF NAZARETH, USA INC- LOAN REPAYMENT	E	6,000.
(4) SISTER OF THE HOLY FAMILY OF NAZARETH, USA INC	C	2,000.
(5) SISTER OF THE HOLY FAMILY, ALTOONA, PA	G	400.
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	ST. LEONARD'S HOME INC	25-1460742
	Number, street, and room or suite no. If a P.O. box, see instructions. 601 N MONTGOMERY STREET	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOLLIDAYSBURG, PA 16648	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MR JOSEPH FERNICOLA

• The books are in the care of ▶ 601 N MONTGOMERY STREET - HOLLIDAYSBURG, PA 16648
Telephone No. ▶ 695-9581 FAX No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2009 or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

SAINT LEONARD'S HOME BOARD OF TRUSTEES-2009

Name	Address	Appointed 1 st Term	Appointed 2 nd Term	Appointed 3 rd Term
Sister Thea Krause, CSFN	105 31 st Street Altoona, PA 16602	2008, 2009, 2010		
Deborah Femicola	608 Crawford Avenue Altoona, PA 16602	2007, 2008, 2009		
Maryann Joyce Bistline, Esq	201 Aldrich Avenue Altoona, PA 16602	2002, 2003, 2004	2005, 2006, 2007	2008, 2009, 2010
Chris Reighard	120 Reighard Lane Altoona, PA 16601	2004, 2005, 2006	2007, 2008, 2009	
Wilford Teeter	124 Sandstone Drive Hollidaysburg, PA 16648	2006, 2007, 2008	2009, 2010, 2011	
Lucille Wolf	1206 Spruce Street Hollidaysburg, PA 16648	2003, 2004, 2005	2006, 2007, 2008	2009, 2010, 2011
Martin J Culp II	152 Horseshoe Drive Hollidaysburg, PA 16648	2008, 2009, 2010		
Sister Catherine Fedewa	150 Ridge Avenue Bellevue, PA 15202	2008, 2009, 2010		
Judith Ward	81 Sylvan Heights Drive Hollidaysburg, PA 16648	2008, 2009, 2010		
Jim Gregory	622 Robertdale Drive Duncansville, PA 16635	2008, 2009, 2010		
Jon Popovich	88 Whitetail Circle Mill Hall, PA 17751	2009, 2010, 2011		
Sister Cynthia Meyer, CSFN	601 N Montgomery Street Hollidaysburg, PA 16648	Ex Officio		
Officers	2006	2007	2008	2009
President	Sister Cynthia Meyer, CSFN (January 1, 2006 – March 1, 2007)	Sister Thea Krause, CSFN (March 1, 2007 – December 31, 2008)	Sister Thea Krause, CSFN (January 1, 2007 – December 31, 2008)	Sister Thea Krause, CSFN (January 1, 2009 – December 31, 2009)
Vice President	Judith Jacobus (January 1, 2006 – December 31, 2007)	Judith Jacobus (January 1, 2006 – December 31, 2007)	Deborah Femicola (January 1, 2008 – December 31, 2009)	Deborah Femicola (January 1, 2008 – December 31, 2009)
Secretary	Maryann Joyce Bistline (January 1, 2006 – December 31, 2007)	Maryann Joyce Bistline (January 1, 2006 – December 31, 2007)	Maryann Joyce Bistline (January 1, 2008 – December 31, 2009)	Maryann Joyce Bistline (January 1, 2008 – December 31, 2009)
Treasurer	Ralph Albarano (January 1, 2006 – December 31, 2007)	Ralph Albarano (January 1, 2006 – December 31, 2007)	Wilfred Teeter (January 1, 2008 – December 31, 2009)	Wilfred Teeter (January 1, 2008 – December 31, 2009)

See trustees in 2009

SAINT LEONARD'S HOME BOARD OF TRUSTEES-2010

Name	Address	Appointed 1 st Term	Appointed 2 nd Term	Appointed 3 rd Term
Sister Thea Krause, CSFN	105 31 st Street Altoona, PA 16602	2008, 2009, 2010		
Deborah Femicola	608 Crawford Avenue Altoona, PA 16602	2007, 2008, 2009		
Maryann Joyce Bistline, Esq	201 Aldrich Avenue Altoona, PA 16602	2002, 2003, 2004	2005, 2006, 2007	2008, 2009, 2010
Chris Reighard	120 Reighard Lane Altoona, PA 16601	2004, 2005, 2006	2007, 2008, 2009*	
Wilford Teeter	124 Sandstone Drive Hollidaysburg, PA 16648	2006, 2007, 2008	2009, 2010, 2011	
Lucille Wolf	1206 Spruce Street Hollidaysburg, PA 16648	2003, 2004, 2005	2006, 2007, 2008	2009 2010, 2011
Martin J Culp II	152 Horseshoe Drive Hollidaysburg, PA 16648	2008, 2009, 2010		
Sister Catherine Fedewa	150 Ridge Avenue Bellevue, PA 15202	2008, 2009, 2010		
Judith Ward	81 Sylvan Heights Drive Hollidaysburg, PA 16648	2008, 2009, 2010		
Jim Gregory	622 Robertdale Drive Duncansville, PA 16635	2008, 2009, 2010		
Jon Popovich	1166 Parkwood Drive Bellfonte, PA 16823	2009, 2010, 2011		
Sister Cynthia Meyer, CSFN	601 N Montgomery Street Hollidaysburg, PA 16648	Ex Officio		
Officers	2007	2008	2009	2010
President	Sister Thea Krause, CSFN (March 1, 2007 – December 31, 2008)	Sister Thea Krause, CSFN (January 1, 2007 – December 31, 2008)	Sister Thea Krause, CSFN (January 1, 2009 – December 31, 2009)	
Vice President	Judith Jacobus (January 1, 2006 – December 31, 2007)	Deborah Femicola (January 1, 2008 – December 31, 2009)	Deborah Femicola (January 1, 2009 – December 31, 2009)	Deborah Femicola (January 1, 2010 – December 31, 2010)
Secretary	Maryann Joyce Bistline (January 1, 2006 – December 31, 2007)	Maryann Joyce Bistline (January 1, 2008 – December 31, 2009)	Maryann Joyce Bistline (January 1, 2008 – December 31, 2009)	
Treasurer	Ralph Albarano (January 1, 2006 – December 31, 2007)	Wilfred Teeter (January 1, 2008 – December 31, 2009)	Wilfred Teeter (January 1, 2009 – December 31, 2009)	Wilfred Teeter (January 1, 2010 – December 31, 2010)

Mission Statement

St. Leonard's Home for the Elderly is committed to spreading God's Kingdom here on earth by caring for elderly persons who are unable to live alone. Motivated by the spirit of Jesus Christ, we respect each individual, regardless of race, religion or economic status.

In a family-like atmosphere we build a community of caring adults who are encouraged to maximize their quality of life, maintain relationships with family, friends and the civic community, and participate as fully as possible in the activities provided by our staff and volunteers.

elderly. Children from local parishes often join in hosting activities.

Our History

Purchased in 1946 by Mr. Leonard Miller, the property was presented to Bishop Guilfoyle of Altoona, as a possible home for the aged. With remodeling and additions, the former residence of Mr. Peter Duncan, was ready for occupancy by December 1947 and named St. Leonard' after the patron of its purchaser and benefactor.

On the Feast of Our Lady of Loretto, December 10, 1947, five Sisters of the Holy Family of Nazareth arrived at the request of the Bishop. The first guest, Mr. Elmer E. Johnson took up residence on January 5, 1948 followed by Mr. Joseph Henderson Brady on January 8th and Mrs. Thomas Conner on January 11th, the feast of the Holy Family. Since that time, many residents have considered St. Leonard's a "home away from home."

The devotion and care given by the Sisters and the employees of St. Leonard's Home is renowned and respected throughout the area.

MISSION STATEMENT

St. Leonard's Home for the Elderly is committed to spreading God's Kingdom here on earth by caring for elderly persons who are unable to live alone. Motivated by the spirit of Jesus Christ, we respect each individual, regardless of race, religion or economic status.

In a family-like atmosphere we build a community of caring adults who are encouraged to maximize their quality of life, maintain relationships with family, friends and the civic community, and participate as fully as possible in the activities provided by our staff and volunteers.

OUR MINISTRY

A licensed and registered personal care facility beautifully situated on Sunset Hill in Hollidaysburg, Pennsylvania, St. Leonard's is 'home' for a maximum of 23 elderly women and men who can no longer live alone. The Sisters of the Holy Family of

CALIFORNIA • MICHIGAN • MINNESOTA • MISSISSIPPI • MISSOURI • WEST VIRGINIA • NEW YORK • NEVADA

NORTH DAKOTA • PENNSYLVANIA • SOUTH CAROLINA • SOUTH DAKOTA • MARYLAND • ARKANSAS

ALABAMA • COLORADO • ARIZONA • MAINE • TEXAS • UTAH • ALASKA

IOWA • LOUISIANA • WISCONSIN • TENNESSEE • IDAHO •

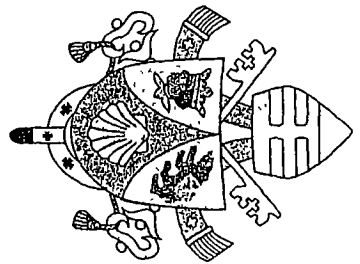
INDIANA • OKLAHOMA • RHODE ISLAND • MONTANA •

HAWAII • WASHINGTON • VIRGINIA • VERMONT • WYOMING • OHIO •

NEW HAMPSHIRE • NEW JERSEY • NEW MEXICO • CONNECTICUT • FLORIDA • MASSACHUSETTS

GEORGIA • DELAWARE • ILLINOIS • KANSAS • NORTH CAROLINA • OREGON • NEBRASKA • KENTUCKY

1817



2009

The Official Catholic Directory

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Domini*

2009

Published Annually by

P.J. Kennedy & Sons

Military Chaplains

Rev—

Halka, Frantisek A., CMR 464, Box 2943, Apo, AE 09226 U S Army

Absent on Leave

Revs.—

Kuligowski, Peter J
Norcavage, Albert R
Petracca, Anthony

Retired

Rev Msgrs —

Fleming, Patrick V., Delray Beach, FL 33445 Tel. 561-498-7646

Klune, Roy, Blessed Sacrament Cathedral, One Cathedral Sq, P.O. Box 33, Altoona, 16601 Tel. 814-944-1909

Lenz, Paul A., Bureau of Catholic Indian Missions, 2021 H. St., N.W., Washington, DC 20006-4207

Mabon, Thomas K., 703 Lincoln-Lee Manor, 231 Walnut St., Johnstown, 15904 Tel. 814-535-2991

Panza, Paul D., P.A., Dmitri Manor, 1 St. Mary's Ln., 16648.

Przybocki, Bernard A., 7923 Admiral Peary Hwy., Cresson, 16630.

Saylor, Philip, Mid Town Square, 310 S. Allen St., State College, 16801.

Tomaselli, Samuel J., 855 W. Sanner St., 15501

Valko, George J

Wadas, Ignatius C., 221 Luray Ave., Johnstown, 15904 Tel. 814-268-8415

Walsh, Richard J., 1254 Lincoln Ave., P.O. Box 197, Tyrone, 16686

Revs —

Becker, David R., 505 McIntosh Ln., 16648. Tel. 814-935-3588

Benzella, Sylvester J., 407 Lincoln St., P.O. Box 1131, Northern Cambria, 15714

Boslett, Donald E., 3037 Colonel Drake Hwy., Box 132, Chest Springs, 16624 Tel. 814-674-8327

Crosser, Raymond G., 100 Beckman Dr., 6F, Altoona, 16602

Dykas, Benjamin, Town House Towers, 420 Vine St., Apt. 2402, Johnstown, 15906 Tel. 814-539-4776

Elias, John J., 118 Mechanic St., Everett, 15537

George, J. Clark, Dmitri Manor, 2 St. Mary's Ln., 16648

Gergel, Stephen J., Lt. USN, 116 Lake Manor Dr., Kingsland, GA 31548

Joly, Henry L., AA4 Maple Hollow Townhouse, Duncansville, 16635-6982

Knapik, Andrew G., P.O. Box 111, Bellefonte, 16823.

Mulvehill, Louis J., RD 2, Box 623, Altoona, 16601

Myers, Regis F., Dmitri Manor, 10 St. Mary's Ln., 16648.

Pollack, Anthony, 513 - 27th Ave., Altoona, 16601.

Spishak, Carl A., V.F., St. Rose of Lima, 5514 Roselawn Ave., Altoona, 16602 Tel. 814-944-8509

Stange, Henry A., Garvey Manor, 128 Logan Blvd., 16648

Permanent Deacons.

Bailey, Robert D., Secretary to the Bishop and Episcopal Master of Ceremonies

Beavers, Thomas T., SS Cyril & Methodius, Windber

Boldin, Thomas E., Chap., St. John the Evangelist, Bellefonte, Catholic Chap. & Admn., Our Lady of the Mount-SCI, Rockview

Buige, Thomas M., St. John Gualbert Cathedral, Johnstown

Cammarata, Samuel M., St. Clare of
JohnstownConcannon, John J., Senior Deacon, John
Condor, Michael, Jr., Basilica of St. Mary
Loretto

Dalla Valle, Joseph R., St. Patrick, Johnstown

Gibson, Philip, St. Agnes, Lock Haven

Gillan, Garth J., Our Lady of Victory, State College

Ivanits, Laszlo P., Penn State Catholic, University Park

Ministry

Janisko, Thaddeus J., St. Elizabeth Ann, Windber

Janosik, James J., St. Mary, Nanty Glo

Lapinski, David C., Our Lady of Victory, College

Leap, James F., Senior Deacon

Little, Scott Q., Our Mother of Sorrows and Michael, Johnstown

Luke, Steve A., St. Joseph, Coupen

Neral, Gene P., St. John the Evangelist, Lakeside

O'Dowd, Daniel J., St. Mary, Holidaysburg

Dimas, State Correctional Institution, Ebensburg

Ondik, Michael A., Jr., Good Shepherd, College

Papinchak, Thomas M., SS. Gregory & Bamabas, Johnstown

Pyle, Jay A., All Saints, Boswell

Rys, John R., Cathedral of the Blessed Sacrament, Altoona

Sroka, John E., Senior Deacon, Johnstown

Tiernan, John A., Senior Deacon

Underhill, William R., SS Philip & James, Milledale, St. Gregory, MacDonalddon

Visnysky, Joseph W., Holy Family, Hooverville

Zernick, Bernard J., Prince of Peace, Northern Cambria

INSTITUTIONS LOCATED IN THE DIOCESE

[A] COLLEGES AND UNIVERSITIES (NON-DIOCESAN)

CRESSON

Mount Aloysius College (1853) 7373 Admiral Peary Hwy., 16630 Tel: 814-886-4131, Fax: 814-886-2978 Email: cmuller@mtaloy.edu Web: www.mtaloy.edu Sisters Mary Ann Dillon, R.S.M., Pres., Virginia Bertschi, Senior Vice Pres Administrative Svcs., Mr. Frank Crouse, Vice Pres Enrollment Management, Dr. Ron Cromwell, Senior Vice Pres. Academic Affairs; Dr. Jane Grassadonia, Vice Pres. Student Affairs; Sisters of Mercy Priests 1; Sisters 8, Lay Teachers 61, Total Staff 197, Students 2,000

LORETO

St. Francis University, P.O. Box 600, 15940-0600. Tel: 814-472-3001; Fax: 814-472-3003. Email: vsloyka@francisc.edu. Web: www.francisc.edu. Rev Gabriel Zeis, T.O.R., Pres; Ms. Patricia Seriohan, Vice Pres Strategic Initiatives, Dr. Wayne Powell, Vice Pres. Academic Affairs, Erin McCloskey, Vice Pres Enrollment Mgmt; Robert Datsko, Vice Pres. Finance; Mr. Raymond Ponchione, Vice Pres. Advancement; Mr. Randy Frye, Dean Business; Ms. Glenda Griffith, Dir Residence Life, Ms. Sandra Balough, Dean Library Svcs, Ms. Julie Barna, Dir. Career Devel.; Mr. George Pfo, Dir. Computer Svcs, Mr. Dominick Peruso, Assoc. Dir. Student Activities, Ms. Denise Kovach, Dir Academic Center for Enrichment, Robert Krummel, Dir Athletics, Mr. David Wilson, Dir Counseling; Revs Kevin Queally, T.O.R., Asst. Vice Pres Mission Effectiveness & Ministry; Daniel Susi, T.O.R., Vice Pres. Mission Effectiveness & Ministry; Bro Gabriel Mary Amato, T.O.R., Dir Dorothy Day Center; Revs Nathan Malavolta, T.O.R., Asst. Professor Chemistry; Malachi VanTassel, T.O.R., Adjunct Asst. Professor Accounting; Joseph Chandler, T.O.R., Adjunct Instructor Math, Jack McDowell, O.F.M., Dir. Campus Ministry; Bros Richard Gates, T.O.R., Dir OASIS, Shamus McGrenra, T.O.R., Dir Intl Admissions; Rev. Shawn Roberson, T.O.R., Campus Min. Priests 12; Lay Professors 97, Students 2,125

[B] HIGH SCHOOLS, DIOCESAN

JOHNSTOWN *Bishop McCort High School*, 25 Osborne St., 15905 Tel: 814-536-8991, Fax: 814-535-4118 Email: salem.kenneth@daj.k12.pa.us Web: www.mccort.org. Mr. Kenneth S. Salem, Prin & Contact Person, Mrs. Janet Skelly, Librarian, Sr Donna Marie Leiden, S.C., Dir. Educ. Priests 1, Sisters 1, Lay Teachers 34, Students 426

ALTOONA *Bishop Gualfoyle Catholic High School*, 2400 Pleasant Valley Blvd., 16602 Tel. 814-944-4014, Fax 814-944-8695. Email: gervinski.robert@daj.k12.pa.us Web: www.bishopgualfoyle.org Robert Gervinski, CEO/Prin.; Sr Beverly Hmel, I.H.M., Assoc. Prin.; Landa Alameilio, Librarian Sisters 1, Lay Teachers 24, Total Staff 48, Students 324

EBENSBURG *Bishop Carroll High School*, 728 Ben Franklin Hwy., 15931 Tel 814-472-7500; Fax:

814-472-8020 Email: wolfe.kristie@daj.k12.pa.us Web: bishopcarroll.com. Mrs. Kristie L. Wolfe, Prin, Rasha Shawarby, Librarian. Priests 1, Lay Teachers 18, Students 238

[C] ELEMENTARY DIOCESAN SCHOOLS

ALTOONA *Altoona Central Catholic School*, (Grades PreK-8), 1400 4th Ave., 16602. Tel: 814-944-1250, Fax: 814-944-1452 Email: altoonaccs@aol.com. Web: altoonacentralcatholic.com Jeffery F. Maucieri, Prin Sisters 1; Lay Teachers 23; Students 324.

424 Wopsonnock Ave., 16601. Tel: 814-381-7011, Fax 814-381-7015

1400 4th Ave., 16602. Tel. 814-944-1250; Fax: 814-944-1452 Email: altoonaccs@aol.com.

CRESSON *All Saints Catholic School*, (Grades PreK-8), 220 Powell Ave., 16630 Tel. 814-886-7942, Fax: 814-886-7942 Email: allsaunts@daj.k12.pa.us Mrs. Susan Glass, Prin Consolidation of the following parishes. St. Francis Xavier; St. Aloysius, St. Agnes, Our Lady of the Alleghenies, St. Thomas Aquinas, Our Lady of the Sacred Heart, St. Demetrius Sisters 2, Lay Teachers 10, Preschool 44, Students 105

HOLLIDAYSBURG *Holidaysburg Consolidated Catholic Elementary School*, (Grades PreK-8), Spruce & Wayne Sts., P.O. Box 599, 16648 Tel. 814-695-6112, Fax: 814-696-8960 Email: spencer.elaine@daj.k12.pa.us. Web: www.daj.k12.pa.us/hcs/ Mrs. Elaine Spencer, Prin. Consolidation of the following parishes St. Michael's, St. Mary's Lay Teachers 10, Students 162.

NICKTOWN *Northern Cambria Catholic School*, 3278 Blue Goose Rd., P.O. Box 252, 15762. Tel: 814-948-8900, Fax: 814-948-8720 Email: nccs@daj.k12.pa.us Sr Mary Lee Przybylski, C.S.S.F., Prin., Ellen Hoover, Librarian. Consolidation of the following parishes St. Nicholas & Prince of Peace. Sisters 1, Lay Teachers 12, Students 124

[D] EDUCATION CONSOLIDATED ELEMENTARY SCHOOLS

JOHNSTOWN *Cathedral Catholic Academy*, (Grades PreK-8), Consolidated schools of St. John Gualbert Cathedral, St. Clement & St. Clare of Assisi., 110 Lindberg Ave., 15905. Tel 814-255-1964; Fax: 814-255-2623 Email: batzel.rosemary@daj.k12.pa.us Mrs Rosemary Batzel, Prin. Lay Teachers 12

[E] GENERAL HOSPITALS (NON-DIOCESAN)

JOHNSTOWN

Good Samaritan Medical Center, 1020 Franklin St., 15905 Tel 814-534-9000; Fax: 814-539-0264 Email: stucker@conemaugh.org. Sr. Dorothy Klune, R.S.M., Staff Chap., Mr. Steven E. Tucker, Pres. Skilled Nursing Care Center Beds 74, Patients Assisted Annually 253, Total Staff 58

ALTOONA

Altoona Regional Health System - Bon Secours Hospital Campus (1910) 2500 Seventh Ave., 16602 Tel. 814-889-2011, Fax 814-889-7808. Email: btutler@altoonaregional.org. Web: www.altoonaregional.org Jerry Murray, Acting Pres./CEO, Bradley Baldwin, T.O.R., Chap.; Edward J. T.O.R., Chap. Patients Assisted Annually 433,308; Total Staff 2,298; Capacity 497

[F] HOMES FOR AGED (NON-DIOCESAN)

HOLLIDAYSBURG

Garvey Manor (1965) 128 Logan Blvd., 16648 Tel. 814-695-5571, Fax: 814-695-8516. Web: www.garveymanor.org Sr M. Joachim Anne Ferrel, O.Carm., Admn. Skilled nursing care and personal care for the elderly. Carmelite Sisters in Charge. Aged and Infirm 7; Aged Residents 180; Patients Assisted Annually 350; Total Staff 320.

* *St. Leonard's Home, Inc.*, 601 N. Montgomery St., 16648 Tel 814-695-9581, Fax: 814-695-2606 Email: srandy@quno.com. Sr. Cynthia Meyer, C.S.S.F., Exec. Dir

St. Leonard's Home, Inc. Sisters of the Family of Nazareth 1, Bed Capacity 23, Total 15, Total Assisted Annually 35 (DIOCESAN)

HOLLIDAYSBURG

Dmitri Manor Priests' Residence, St. Mary's 16648 Tel 814-696-4698 Rev. Msgr Robert Saly Aged Residents 4, Staff 1, Bed Capacity 15

[G] MONASTERIES AND RESIDENCES OF PRIESTS AND BROTHERS (NON-DIOCESAN)

HOLLIDAYSBURG

St. Joseph Friary, 501-503 Walnut St., 16648 Tel. 814-695-5802 Bro Stephen P Baker, T.O.R., Rev. Adalbert Wolski, T.O.R. (Retired); Revs. Bradley Baldwin, T.O.R., Priest Chap. Altoona Regional Health System, Cyprian J. Mercera, T.O.R. (Retired)

LORETO

St. Bonaventure Friary, P.O. Box 155, 15940-0155 Tel 814-693-2824, Fax: 814-693-2831 Revs. Bernard Tickerhoof, T.O.R., Dr. Novices, Shamus Roberson, T.O.R., Dr Postulants. Priests 2, Novices 4, Postulants 3.

St. Francis Friary at Mount Assisi, 141 St. Francis Dr., P.O. Box 40, 15940 Tel: 814-693-2819; Fax: 814-471-1766 Web: www.franciscanstor.org. Rev. Patrick George, T.O.R. Tel. 814-472-5324, Ext. 118; Augustine Belinda, T.O.R.; Alex Bombera, T.O.R.; David Bonarrigo, T.O.R., Faculty Bishop Camillo H.S.; Theodore Bradrow, T.O.R.; Gervase C. T.O.R.; Joseph Chandler, T.O.R., Faculty St. Francis Univ., Marion Deck, T.O.R.; Augustine Dunsen, T.O.R., Simon Mary Engler, T.O.R., Karmel Flaherty, T.O.R., Jack Grannen, T.O.R., Beds 15

Bangladesh and India. Tel 880-2-912-
Women Quah, C.S.C., Coord

USA & Mexico, Austin, TX

33, Sr. Judith Hallock C.S.C., Coord

America - Brazil and Peru. Tel

Sr. Patricia Dieringer, C.S.C., Coord

Staff: Colleges; High Schools, Grade

Education Centers; Social Service

Centers, Counseling Centers; Hu-

Centers, Women's Development Center;

Other Health Ministries, including

Primary Health Care and Long

Care, Parish Ministry, Diocesan Cat-

Other Parish and Diocesan Min-

ment Homes, Senior Citizen Reser-

Ministry with the Deaf; Correctional

the Archdioceses of Baltimore, Chi-

Indianapolis, Los Angeles, Seattle

and in the Dioceses of Arlington,

Columbus, Des Moines, Fall River,

Smith Bend, Fresno, Gary, Joliet, Knox-

in Indiana, Lexington, Oakland,

Beach, Peoria, Raleigh, Richmond,

Petersburg, Salt Lake City, San

and Tucson. Also in Brazil, Peru,

Mexico, Bangladesh and India.

—SISTERS OF HOLY CROSS

(P)

France in 1841. First foundation in

Administration: 905 rue Basile-Moreau, St-

Gen. Animator

Congregation: 701

Office: *Sisters of Holy Cross*, 377

Manchester, NH 03109-4811. Tel:

603-622-9782. Sr. Carol J. Desco-

Region 127

Academic Education at all levels,

Social and Family Ser-

Adoption Agency; Clinical leader/

and Hospital Chaplaincies,

Diocesan Services, Hispanic

to Abused Women and Children,

Elderly Assistance

Holy Cross Early Childhood Center,

St. George Manor, Manchester, NH,

London, Londonderry, NH; Sisters of the

Island Pond Rd., Manchester, NH

Wood Ln., Manchester, NH 03109; 113

Manchester, NH 03109, 377 Island

chester, NH, Fairview Rd., R.R. 1, Box

NH 03263; Four units at Crosswoods

Grinnack, NH

the Archdiocese of Boston and in the

report, Burlington, Fall River,

Rich, and St. Petersburg. Also in

Carmon, Chile, Haiti, Mali, Rome and

—CONGREGATION OF THE

OF THE HOLY FAITH (P)

in 1856. First foundation in U.S. in

of God School, 13817 Pioneer Blvd.,

ma, 90650

neva, Dublin II, Ireland

222 S Paramount Blvd., Downey, CA

869-6092, Fax: 562-869-4609 Rev

C.H.F., Regl. Leader

200

the Archdioceses of Los Angeles, New

San Francisco and in the Diocese of

—CONGREGATION OF THE

OF THE HOLY FAMILY (P)

in 1842.

Chief Mentour Hwy., New Orleans,

604-241-3088 Sr. Eva Regina Martin,

115.

and Elementary Schools; Day

and Social Services; Nursing

for the Elderly, Disabled and

the Archdioceses of Galveston-Houston,

Washington and in the Diocese of

in Belize, Central America

—SISTERS OF THE HOLY

FAMILY (P)

San Diego, California, in 1872

Box: P.O. Box 3248, Fremont, CA

824-4500, Fax: 510-624-4537 Sr

C.H.F., Congregational Pres

97

and/or sponsored St. Elizabeth's Day

the following areas: Child Care; Develop-

School Counseling; Religious

Care; Social Service Agencies

Protective Services, Hospital Chap-

laincy, Parish Administration

Represented in the Archdioceses of Anchorage, Los
Angeles, San Antonio and San Francisco and in the
Dioceses of Fresno, Honolulu, Las Vegas, Monterey,
Oakland, Reno, Sacramento, San Diego, San Jose and
Stockton

[1970] (C.S.F.N.)—SISTERS OF THE HOLY
FAMILY OF NAZARETH (P)

Founded in Italy in 1875 First foundation in the United
States in 1885

General Motherhouse: Rome, Italy Sr M Janice
Fulmer, C.S.F.N., Supr Gen

Holy Family Province (1885): 310 N River Rd., Des
Plaines, IL 60016-1211 Tel 847-298-6760; Fax 847-
803-1941. Sr Sally Marie Kiepara, C.S.F.N., Prov
Supr; Sr M Gemma, C.S.F.N., Archvnt.

Total number in United States: 377

Ministry in Academic Education; Hospitals and Health
Care, Social Work, Retreat Work, Religious Education,
Child Care

Co-Sponsors: Resurrection Health Care
Represented in the Archdiocese of Chicago

[1980] (O.S.F.)—CONGREGATION OF THE
SERVANTS OF THE HOLY CHILD JESUS
OF THE THIRD ORDER REGULAR OF
SAINT FRANCIS (P)

Founded in Germany in 1855. First founded in the
United States on April 9, 1929, at Staten Island, New
York

General Motherhouse: *Kloster Oberzell*, Wuerzburg,
Germany Mother Verdiana Duerr, Supr. Gen.

Regional House: *Servants of the Holy Child Jesus-Villa
Maria*, 109 Rte. 156, Yardville, NJ 08620 Tel: 609-585-
4660, Fax: 609-585-2759 Sr M. Dominic Rutter, Reg
Min

Total in American Region: 19

Properties owned and/or sponsored: Holy Family Re-
gional House/Villa Maria Sanitarium, Yardville, NJ.
Ministry in Social Work; Health Care, Teaching
Represented in the Archdiocese of Newark and Diocese
of Metuchen and Trenton.

[1990] (S.N.J.M.)—SISTERS OF THE HOLY
NAMES OF JESUS AND MARY (P)

Founded by Blessed Marie Rose durocher, in Longueuil,
Quebec, Canada in 1843. First foundation in the US
in 1859

Generalate: 80, rue Saint-Charles Est, Longueuil,
Canada, J4H 1A9 Tel. 450-651-8104. Sr. Lorraine
St-Hilaire, Supr

An international congregation of 1,200 religious women
with missions in Lesotho, Mexico, Nicaragua, Haiti
and Brazil. Congregational sponsored works include
colleges; adult centers, secondary, elementary and
preschools; continuing care retirement community
and health clinics

U.S.-Ontario Province: *Provincial Administration*, Box
398, Maryhurst, OR 97036. Tel. 503-675-7100; Fax:
503-675-7136; Web: www.snmusontario.org. Sr Joan
Saafield, S.N.J.M., Prov

Total in Province: 610.

Properties owned and/or sponsored. Academy of the
Holy Names, Albany, NY, Academy of the Holy Names,
Tampa, FL, Provincial House, Maryhurst, OR, St.
Mary's Academy, Portland, OR, Mary's Woods at
Maryhurst, Inc., Maryhurst, OR; Provincial House,
Los Gatos, CA, Holy Names University, Oakland, CA,
Holy Names High School, Oakland, CA, Ramona
Convent Secondary School, Alhambra, CA; Villa Maria
del Mar, Santa Cruz, CA, Next Step Learning Center,
Oakland, CA, Villa Holy Names, Los Gatos, CA,
Provincial House, Spokane, WA, Holy Names Acad-

emy, Seattle, WA, Holy Names Music Center, Spokane,
WA.

Sisters ministering in works sponsored by other
institutions/agencies include Formal Education in
Universities, Secondary, Elementary and Preschools,
Adult Basic Education/Literacy; Administration in
Diocesan Offices; Campus Ministry; Pastoral Ministry;
Religious Education, Health Care and Social Services.

Represented in the Archdioceses of Baltimore, Detroit,
Los Angeles, Portland in Oregon, San Francisco,
Seattle and Washington, DC and in the Dioceses of
Albany, Baker, Fairbanks, Jackson, Monterey, Oak-

land, Orlando, Palm Beach, Richmond, St. Petersburg,
Spokane, Venice and Yakima.

[2000] (C.S.R.)—SISTERS OF THE HOLY
REDEEMER (P)

First foundation in the United States on March 19, 1924
in Baltimore, Maryland.

American Province of the Immaculate Conception:
521 Moreland Rd., Huntingdon Valley, PA 19006 Tel
215-914-4100, Fax: 215-914-4171. Sr. Anne Marie
Haas, C.S.R., Prov Supr

Legal Holdings and Titles Holy Redeemer Health Care
Corporation and Foundation; Holy Redeemer Health
System, Holy Redeemer Hospital and Medical Center,
St. Joseph's Manor; The Lafayette-Redeemer; Holy
Redeemer Active and Retirement Living Communi-

ties, Holy Redeemer Home Care; Holy Redeemer
Transitional Care Unit, Holy Redeemer Physician and
Ambulatory Services; Redeemer Village & Redeemer
Village II, Drueiding Center/Project Rainbow; HRH

Management Corporation, Convents—Provincialate;

Angelus Convent, Emmanuel Convent, St. Elizabeth
Convent

Represented in the Archdioceses of Newark and Phila-
delphia and in the Dioceses of Camden, Metuchen and
Trenton

[2010] (O.S.S.R.)—ORDER OF THE MOST
HOLY REDEEMER (P)

(Redemptoristine Nuns)

Founded 1731 by St. Alphonsus de Liguori and Ven
Maria Celeste (Contemplative). Rule approved 1750
by Pope Benedict XIV. First United States Monastery
(1957) Esopus, New York.

Monastery of St. Alphonsus (1960): 200 Liguori Dr.,
Liguori, MO 63057 Tel. 636-464-1093, Fax. 636-464-
9446. Sr Janice Marie Klein, O.S.S.R., Prioress.

Total in Community 15

Represented in the Archdioceses of New York and St
Louis

Mother of Perpetual Help Monastery: *Redemptoris-
tine Nuns*, P.O. Box 220, Esopus, NY 12429-0220 Tel:
845-384-6533, Fax. 845-384-6654. Email
rednuns@uno.com Sr Paula Schmidt, O.S.S.R.,
Prioress.

Total in Community 9, Solemnly Professed Nuns 9.
Solemn Vows, Papal Enclosure.

[2020] (C.H.S.)—COMMUNITY OF THE HOLY
SPIRIT (D)

U.S. Foundation (1970): 6151 Rancho Mission Rd -
#205, San Diego, CA 92108. Tel. 619-584-0809 Sr.
MaryJo Anderson, C.H.S

Total in Community 17

Ministry in the field of Education, Health Care, and
Social Services.

Represented in the Dioceses of Oakland, Orange,
Portland in Oregon, Reno, Las Vegas, San Diego, San
Jose and Wichita.

[2030] (C.S.SP.)—SISTERS OF THE HOLY
SPIRIT (D)

Founded in the United States 1919, Decree of Establish-
ment 1932

Motherhouse and Novitiate: 10102 Granger Rd.,
Cleveland, OH 44125. Sr. Patricia Raelene Peters,
C.S.Sp., Supr. Gen.

Total in Community 12

Represented in the Diocese of Cleveland

[2040] (S.H.S.)—SISTERS OF THE HOLY
SPIRIT (D)

Founded in the United States in 1913 at Donora,
Pennsylvania.

Motherhouse: 5246 Clarwin Ave., Ross Township, Pitts-
burgh, PA 15229-2208. Tel 412-931-1917; Fax 412-
931-3711, Email srshs@verizon.net, Web www.sister-
softheholyspirit.com. Sr M Bridget Miller, S.H.S.,
Gen. Supr

Total in Community 41.

Facilities owned and staffed Corporation of Sisters of
the Holy Spirit of Pittsburgh, Martina Spiritual
Renewal Center Inc.

Sisters serve and staff. Elementary Schools, Religious
Education, Health and Social Services; Retreat Ser-
vices; Child Day Care; Care Facility for the Aged,
Pastoral Ministry

Represented in the Dioceses of Greensburg and Pitts-
burgh.

[2050] (S.H.SP.)—SISTERS OF THE HOLY
SPIRIT AND MARY IMMACULATE (P)

Founded in America in 1893 Papal Approval 1930,
final Approbation, 1938.

General Motherhouse: *Convent of the Holy Spirit and
Mary Immaculate*, 301 Yucca St., San Antonio, TX
78203 Tel: 210-533-5149 Sr. Miriam Mitchell, S.H.Sp.,
Gen Supr

Professed Sisters. 94.

Legal Holdings: Holy Spirit Trust, Holy Spirit Mother-
house, Healy Murphy Center, Inc., San Antonio, TX,
Mother of Perpetual Help Nursing Home, Brownsville,
TX.

Ministry in the following areas: Education, Health
Care, Pastoral Ministry; Catechetical Ministry; Social
Service, Retreats.

Represented in the Archdioceses of Galveston-Houston,
New Orleans and San Antonio and in the Dioceses of
Biloxi, Brownsville, Corpus Christi, Dallas, Fort Worth,
Houma-Thibodaux, Jackson and Lafayette (LA) Also
in Mexico and Zambia

[2060] (O.S.S.T.)—SISTERS OF THE MOST
HOLY TRINITY (P)

Founded in Rome in 1198. First foundation in the United
States in 1920.

General Motherhouse: Rome, Italy

Provincial House: *Immaculate Conception Province*,
21281 Chardon Rd., Euclid, OH 44117 Tel 216-481-
8232; Fax. 216-481-6577. Sr Phyllis Ann Lavalle,
O.S.S.T., Reg Delegate.

Total in Community: 23

Properties owned and/or sponsored: Our Lady of Lour-
des Shrine, Euclid, OH.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization ST. LEONARD'S HOME INC	Employer identification number 25-1460742
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 601 N MONTGOMERY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOLLIDAYSBURG, PA 16648	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MR JOSEPH FERNICOLA

- The books are in the care of ▶ **601 N MONTGOMERY STREET - HOLLIDAYSBURG, PA 16648**
 Telephone No. ▶ **695-9581** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2009** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)