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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2008

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY, INC.	D Employer identification number 39-1035429
	Please use IRS label or print or type: Doing Business As	E Telephone number 920-435-4040
	See Specific Instructions: Number and street (or P O box if mail is not delivered to street address) Room/suite 1529 LEO FRIGO WAY	
	City or town, state or country, and ZIP + 4 GREEN BAY, WI 54302	G Gross receipts \$ 2092539.
F Name and address of principal officer: VINCENT NICKLAS 1744 WESTFIELD AVE, GREEN BAY, WI 54303		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 ▶
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 Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1964 M State of legal domicile WI

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: OPERATES A THRIFT STORE FURN. W/ DONATED MAT'LS FROM SURROUNDING COMMUNITY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)	1
	5	Total number of employees (Part V, line 2a)	43
	6	Total number of volunteers (estimate if necessary)	3800
	Revenue	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)
7b		Net unrelated business taxable income from Form 990, line 12	0.
8		Contributions and grants (Part VIII, line 1b)	29429.
9		Program service revenue (Part VIII, line 2b)	146556.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51265.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	1894718.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2092539.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	292878.
14		Benefits paid to or for members (Part IX, column (A), line 4)	
Expenses		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	597895.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2073436.
	19	Revenue less expenses. Subtract line 18 from line 12	19103.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	3834570.
	21	Total liabilities (Part X, line 26)	3853674.
	22	Net assets or fund balances. Subtract line 21 from line 20	3834570.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer Vincent Nicklas	Date 4/5/10
Paid Preparer's Use Only	Signature of preparer Herman M Lemons	
	Date 3/21/10	Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (see instructions) 000118468	
Firm's name (or yours if self-employed), address, and ZIP + 4 HERMANS & ASSOCIATES, CPA'S SC 1901 S WEBSTER AVE, SUITE 3 GREEN BAY, WI 54301		EIN ▶ 39-1421794
		Phone no ▶ 920-435-6121

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

☒ Yes ☐ No

615 23

ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.

Form 990 (2008)

39-1035429 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO ASCERTAIN THE NEEDS OF THE ECONOMICALLY AND SOCIALLY DISADVANTAGED
IN THE COMMUNITY AND TO MEET THOSE NEEDS THROUGH THE MAINTENANCE AND
STRENGTHENING OF EXISTING PROGRAMS AND DEVELOPMENT OF NEW PROGRAMS.

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

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

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

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

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

4a (Code:) (Expenses \$ 2073436 . including grants of \$ 292878 .) (Revenue \$)
ORGANIZATION IS AN INTERNALLY SUPPORTED AFFILIATE OF ROMAN CATHOLIC
CHURCH, MADE UP OF VOLUNTEERS SERVING NEEDS OF POOR IN SURROUNDING AREA
BY OPERATING A THRIFT SHOP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2073436 . (Must equal Part IX, Line 25, column (B).)

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page **3**

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>	N/A	
6 Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <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 more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 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
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <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, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page **4**

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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

Form **990** (2008)

Part V	Statements Regarding Other IRS Filings and Tax Compliance
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Part V		Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		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	0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X
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	43		
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)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a			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)?	4a			X
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	6a			X
6a	Did the organization solicit any contributions that were not tax deductible?	6b			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	7a			X
7 Organizations that may receive deductible contributions under section 170(c).		7b			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7c			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7d			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7e			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7f			X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7g			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7h			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	8			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	9a			
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	9b			
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		10a			
a	Did the organization make any taxable distributions under section 4966?	10b			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	11a			
10 Section 501(c)(7) organizations. Enter: N/A		11b			
a	Gross income from members or shareholders	12a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	12b			
11 Section 501(c)(12) organizations. Enter: N/A					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A			

Form 990 (2008)

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page 6

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	9	
1b Enter the number of voting members that are independent	1	
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:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
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:		
a The organization's CEO, Executive Director, or top management official?		X
b Other officers or key employees of the organization?		X
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 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 ► **WI**

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: ►
VINCENT NICKLAS - (920) 435-4040
1529 LEO FRIGO WAY, GREEN BAY, WI 54302

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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 officer, director, trustee, or key employee.

[illegible]

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page **8**

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								48146.	0.	2838.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 0

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 those in 1) who received more than \$100,000 in compensation from the organization 0

Form **990** (2008)

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page **9**

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				
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 146556.				
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f	146556.			
Program Service Revenue	2 a <u>Business Code</u>				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	51265.		51265.	
	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 (i) Securities (ii) Other assets other than inventory				
	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 \$ 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 1891046.				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	1891046.			1891046.
Miscellaneous Revenue Business Code					
11 a MISCELLANEOUS 900099	6567.		6567.		
b SALVAGE 900099	5069.		5069.		
c UNREALIZ./REAL. LOSS 523000	-7964.		-7964.		
d All other revenue					
e Total. Add lines 11a-11d	3672.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	2092539.	0.	54937.	1891046.	

832009
02-02-09

Form **990** (2008)

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page 10

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	292878.	292878.		
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	50984.	50984.		
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	914139.	914139.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14621.	14621.		
9 Other employee benefits	125644.	125644.		
10 Payroll taxes	77275.	77275.		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4468.	4468.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	33683.	33683.		
14 Information technology	2785.	2785.		
15 Royalties				
16 Occupancy	94738.	94738.		
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	180000.	180000.		
22 Depreciation, depletion, and amortization	129865.	129865.		
23 Insurance	30016.	30016.		
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 VEHICLE EXPENSE	35618.	35618.		
b REPAIRS & MAINTENANCE	33786.	33786.		
c LANDFILL EXPENSES	22072.	22072.		
d CREDIT CARD FEES	14896.	14896.		
e DUES	6675.	6675.		
f All other expenses	9293.	9293.		
25 Total functional expenses. Add lines 1 through 24f	2073436.	2073436.	0.	0.
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				

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Form 990 (2008)

39-1035429 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	298526.	1	368042.	
	2 Savings and temporary cash investments	372317.	2	449381.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 basis	3745694.			
	10b Less: accumulated depreciation. Complete Part VI of Schedule D	1892647.	1972559.	10c	1853047.
	11 Investments - publicly traded securities	1142358.	11	1133843.	
	12 Investments - other securities. See Part IV, line 11	48810.	12	49361.	
	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)	3834570.	16	3853674.		
Liabilities	17 Accounts payable and accrued expenses		17		
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	0.	26	0.	
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	3834570.	27	3853674.	
	28 Temporarily restricted net assets		28		
	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	3834570.	33	3853674.	
	34 Total liabilities and net assets/fund balances	3834570.	34	3853674.	

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Employer identification number
39-1035429

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 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?
- (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 organizations the organization supports.

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

(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.

Schedule A (Form 990 or 990-EZ) 2008

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

ST VINCENT DE PAUL SOCIETY DISTRICT

Schedule A (Form 990 or 990-EZ) 2008 COUNCIL OF GREEN BAY, INC.

39-1035429 Page 3

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17096.	12309.	14608.	29429.	146556.	219998.
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	1687787.	1744939.	1791582.	1825731.	1891046.	8941085.
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 - 5	1704883.	1757248.	1806190.	1855160.	2037602.	9161083.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						9161083.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	1704883.	1757248.	1806190.	1855160.	2037602.	9161083.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61435.	65588.	69978.	68479.	51265.	316745.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	61435.	65588.	69978.	68479.	51265.	316745.
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)						9477828.

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 2008 (line 8, column (f) divided by line 13, column (f))	15	96.66 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	96.42 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	3.34 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	3.58 %

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 A (Form 990 or 990-EZ) 2008

Schedule D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008Open to Public
InspectionName of the organization **ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**Employer identification number
39-1035429**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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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.

1 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 certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
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

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- | | |
|--|------------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| (ii) Assets included in Form 990, Part X | ▶ \$ _____ |
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- | | |
|--|------------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ _____ |
| b Assets included in Form 990, Part X | ▶ \$ _____ |

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Schedule D (Form 990) 2008

39-1035429 Page 2

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, 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? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| 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? ☐ Yes ☐ No
- b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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:
- (i) unrelated organizations
- (ii) related organizations
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	220154.			220154.
b Buildings	2921480.		1370462.	1551018.
c Leasehold improvements				
d Equipment	604060.		522185.	81875.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1853047.

Schedule D (Form 990) 2008

**ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Schedule D (Form 990) 2008

39-1035429 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
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 4-8	9	
10	Excess or (deficit) for the year per 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 should 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	Losses reported on Form 990, Part IX, line 25	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 should 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No 1545-0047

2008

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

Open to Public
Inspection

Name of the organization **ST VINCENT DE PAUL SOCIETY DISTRICT**

COUNCIL OF GREEN BAY, INC.

Employer identification number
39-1035429

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. BERNARDS 2040 HILLSIDE LANE GREEN BAY, WI 54302			5500.	0.			
SACRED HEART SHAWANO CONFERENCE 321 S. SAWYER SHAWANO, WI 54166			5400.	0.			
ST. AGNES 1208 S. FISK GREEN BAY, WI 54303			11000.	0.			
ST. JOSEPH 1825 RIVERSIDE DR GREEN BAY, WI 54301			5800.	0.			
ST. JUDE PARISH 1420 DIVISION GREEN BAY, WI 54303			7500.	0.			
ST. PATRICK PARISH 211 N. MAPLE AVE GREEN BAY, WI 54303			14500.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.

39-1035429

Page 2

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL GRANTS TO VARIOUS INDIVIDUALS LESS THAN \$5,000	50	24286.	0.		

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION HAS COMMITTEES TO MONITOR APPLICATIONS AND/OR REQUESTS FOR FUNDS. THE ORGANIZATION CREATES THE CRITERIA TO FOLLOW WITH BUDGET NUMBERS AT THE BEGINNING OF EACH FISCAL YEAR.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.**

Employer identification number
39-1035429

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1891046.	THRIFT STORE SALES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for
at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for
the entire holding period?

Yes No

30a		X
-----	--	---

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		X
----	--	---

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

32a		X
-----	--	---

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.

Employer identification number
39-1035429

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S PRESIDENT
REVIEWS THE 990 BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION DOES NOT HAVE A
FORMAL WRITTEN CONFLICT OF INTEREST POLICY, BUT DOES REQUIRE INDIVIDUALS TO
DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS AND MONITORS THIS.

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

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DAN WILLIAMS - 2259 MEMORIAL DR.

GREEN BAY, WI 54303

ALVEDA YASHINSKY - 3195 WILLIAMS GRANT DR.

DE PERE, WI 54115

VINCENT NICKLAS - 1437 GRIGNON

GREEN BAY, WI 54301

BILL STYLE - 426 SARATOGA

GREEN BAY, WI 54303

CLAIRE SCHIEFELBEIN - 742 MEMORY AVE

GREEN BAY, WI 54301

JOHN BERGER - 3669 GLENDALE AVE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization

ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.

Employer identification number
39-1035429

GREEN BAY, WI 54313

BRIAN MALONEY - 345 S. JEFFERSON

GREEN BAY, WI 54301

JOHN BALZA - 2034 ZEISE STREET

GREEN BAY, WI 54302

CHARLOTTE RONDOU - 628 N. WISCONSIN

DE PERE, WI 54115

THE ORGANIZATION PREPARES ITS FINANCIAL STATEMENTS ON THE MODIFIED CASH
BASIS OF ACCOUNTING. UNDER THAT BASIS, SUPPORT AND REVENUE AND THE
RELATED ASSETS ARE RECOGNIZED WHEN RECEIVED RATHER THAN WHEN EARNED AND
CERTAIN EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN WHEN INCURRED.

SCHEDULE R (Form 990) <small>Department of the Treasury Internal Revenue Service</small>	Related Organizations and Unrelated Partnerships ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.	<small>OMB No. 1545-0047</small> 2008 Open to Public Inspection
Name of the organization ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY, INC.	Employer identification number 39-1035429	

Part I Identification of Disregarded Entities

(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
ST. VINCENT DE PAUL REAL ESTATE, LLC 1529 LEO FRIGO WAY GREEN BAY, WI 54302		WISCONSIN	0.	0.	

Part II Identification of Related Tax-Exempt Organizations

(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
DE PAUL HOMES & SHELTERS, INC. 1529 LEO FRIGO WAY GREEN BAY, WI 54302 PAUL'S PANTRY, INC. 1529 LEO FRIGO WAY GREEN BAY, WI 54302		WISCONSIN			
ST. VINCENT DE PAUL REAL ESTATE, LLC 1529 LEO FRIGO WAY GREEN BAY, WI 54302		WISCONSIN			

ST VINCENT DE PAUL SOCIETY DISTRICT
COUNCIL OF GREEN BAY, INC.

39-1035429 Page 3

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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	
			Yes	No
(1)				X
(2)				X
(3)				X
(4)				X
(5)				X
(6)				X

Part VI Unrelated Organizations Taxable as a Partnership

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.

[illegible]

3/18/2010
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ST. VINCENT DE PAUL SOCIETY

Federal ID #:
Asset Summary - Book Basis
Period Ended 9/30/09

Company: SVD
Page: 1

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 1 BUILDINGS & IMPROVEMENTS												
13	1	OFFICE 1529 WEBSTER	07/01/86	R	SL	33	60,000 00	0 00	0 00	40,908 78	1,818 18	42,726 96
14	1	NEW ROOF	07/01/87	R	SL	10	14,080 00	0 00	0 00	14,080 00	0 00	14,080 00
15	1	AIR CONDITIONER	08/24/88	R	SL	10	786 30	0 00	0 00	786 30	0 00	786 30
17	1	PARKING LOT	09/30/91	N	SL	10	42,904 49	0 00	0 00	42,904 49	0 00	42,904 49
18	1	BLDG - PARTIAL	09/30/91	N	SL	31	744,306 00	0 00	0 00	409,152 32	24,009 87	433,162 19
19	1	BUILDING	10/01/91	R	SL	31	312,905 80	0 00	0 00	171,593 58	10,093 74	181,687 32
20	1	FURNACE- OFFICE RO	04/28/93	N	SL	31	1,000 00	0 00	0 00	497 34	32 26	529 60
21	1	WAREHOUSE ROOF	06/07/93	R	SL	31	1,597 44	0 00	0 00	790 13	51 53	841 66
22	1	Building	03/31/93	R	SL	31	76,275 00	0 00	0 00	38,137 48	2,460 48	40,597 96
		Previously joined with 933 Vanderbraak donated										
23	1	PAVE VANBRAAK PAR	06/30/95	R	MCRS SL	31	11,803 00	0 00	0 00	5,060 67	380 74	5,441 41
24	1	RELAMP STORE	06/30/95	R	MCRS SL	31	14,486 95	0 00	0 00	6,211 46	467 32	6,678 78
25	1	DOCK PADS	03/15/94	R	SL	31	988 00	0 00	0 00	464 77	31 87	496 64
26	1	NEW WHSE ADDITION	09/30/96	R	MCRS SL	31	400,053 88	0 00	0 00	154,859 52	12,904 96	167,764 48
27	1	NEW WHSE ADDITION	09/30/97	N	MCRS SL	31	675,859 82	0 00	0 00	242,546 47	21,801 93	264,348 40
28	1	SEALING FLOORS	12/01/96	N	MCRS SL	31	6,315 00	0 00	0 00	2,419 06	203 71	2,622 77
29	1	RESURFACE FLOORS	02/01/97	N	MCRS SL	31	12,642 00	0 00	0 00	4,740 79	407 81	5,148 60
30	1	SEALING WAREHOUSE	09/30/99	N	SL	10	58,326 35	0 00	0 00	52,493 76	5,832 59	58,326 35
31	1	NEW WAREHOUSE AD	02/06/00	R	MCRS SL	39	11,743 71	0 00	0 00	2,597 16	301 12	2,898 28
32	1	OFFICE ROOF	02/01/00	N	SL	10	12,480 00	0 00	0 00	10,816 00	1,248 00	12,064 00
34	1	BARB WIRE FENCE & I	09/11/00	N	SL	15	2,900 00	0 00	0 00	1,562 75	193 33	1,756 08
35	1	ROOF DRAINS	12/19/00	N	SL	10	3,260 00	0 00	0 00	2,526 50	326 00	2,852 50
36	1	ROOF DRAINS	12/20/00	N	SL	10	3,985 00	0 00	0 00	3,088 38	398 50	3,486 88
37	1	ELECTRICAL INSTALL	01/26/01	N	SL	39	817 53	0 00	0 00	160 69	20 96	181 65
40	1	Asphalt parking lot	05/26/04	N	SL	10	4,282 00	0 00	0 00	1,855 53	428 20	2,283 73
41	1	Parking lot flood lights 2 lights	01/14/04	N	SL	10	1,318 00	0 00	0 00	626 05	131 80	757 85
42	1	2 overhead doors on back building	01/12/06	R	MCRS SL	39	26,699 00	0 00	0 00	1,854 10	684 59	2,538 69
43	1	Additional 10' fencing with gate	02/13/06	R	SL	15	1,226 00	0 00	0 00	217 95	81 73	299 68
44	1	Fence and gate install by loading area	12/15/06	R	SL	15	3,946 00	0 00	0 00	482 29	263 07	745 36
45	1	Furnace	03/29/07	N	SL	7	3,865 74	0 00	0 00	828 37	552 25	1,380 62
46	1	Carpet installation	10/03/06	N	SL	7	3,200 60	0 00	0 00	914 46	457 23	1,371 69
47	1	Concrete install	10/09/06	R	SL	15	5,479 00	0 00	0 00	730 54	365 27	1,095 81
48	1	Roof replacement	04/17/07	R	SL	15	50,088 41	0 00	0 00	4,730 57	3,339 23	8,069 80
49	1	Lights for lower truck bay	03/29/07	R	SL	15	1,186.34	0 00	0 00	118 63	79 09	197 72
50	1	Double compartment sink	11/08/07	R	SL	15	3,100 00	0 00	0 00	189 44	206 67	396 11
51	1	Toilet	02/07/08	R	SL	15	541 26	0 00	0 00	24 06	36 08	60 14
52	1	2-Garage doors	02/07/08	R	SL	15	4,935 49	0 00	0 00	219 36	329 03	548 39
53	1	Outdoor light above E door	03/31/08	R	SL	15	189 54	0 00	0 00	6 32	12 64	18 96
54	1	New roof on Mission Bldg	05/29/08	R	SL	15	14,956 35	0 00	0 00	332 36	997 09	1,329 45
Group # 1 Total							2,594,530 00	0 00	0 00	1,221,528 43	90,948 87	1,312,477 30

Group # 2 VEHICLES

5	1	FORKLIFT	09/29/90	N	SL	10	7,350 00	0 00	0 00	7,350 00	0 00	7,350 00
7	1	PALLET TRUCK	06/30/91	U	SL	10	850 00	0 00	0 00	850 00	0 00	850 00
8	1	FORKLIFT	11/01/91	U	SL	10	3,000 00	0 00	0 00	3,000 00	0 00	3,000 00
9	1	TOYOTA FORKLIFT	02/01/92	N	SL	10	20,082 00	0 00	0 00	20,082 00	0 00	20,082 00
10	1	PALLET TRUCK	01/01/92	N	SL	10	385 00	0 00	0 00	385 00	0 00	385 00

3/18/2010
09:44

ST. VINCENT DE PAUL SOCIETY

Federal ID #:
Asset Summary - Book Basis
Period Ended 9/30/09

Company: SVD
Page: 2

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 2 VEHICLES (Continued)												
11	1	'97 INT'L TRUCK	06/11/96	N	SL	10	41,976 95	0 00	0 00	41,976 95	0 00	41,976 95
12	1	PALLET TRUCK	05/08/97	A	SL	10	3,580 00	0 00	0 00	3,580 00	0 00	3,580 00
13	1	1999 MITSUBISHI TRUC	01/15/99	N	SL	5	37,938 60	0 00	0 00	37,938 60	0 00	37,938 60
14	1	Hyster forklift	04/26/02	N	SL	5	21,783 00	0 00	0 00	21,783 00	0 00	21,783 00
15	1	2005 Peterbilt with 18' box	10/27/04	A	SL	5	52,966 38	0 00	0 00	41,490 34	10,593 28	52,083 62
16	1	1995 Chevy truck w/ box	10/23/07	T	SL	5	8,000 00	0 00	0 00	1,466 67	1,600 00	3,066 67
Group # 2 Total							197,911 93	0 00	0 00	179,902 56	12,193 28	192,095 84
Group # 3 FURNITURE & EQUIPMENT												
1	1	FURNITURE & EQUIPM	07/01/76	N	SL	5	7,493 00	0 00	0 00	7,493 00	0 00	7,493 00
2	1	EQUIPMENT	07/01/77	N	SL	5	2,665 00	0 00	0 00	2,665 00	0 00	2,665 00
3	1	EQUIPMENT	07/01/79	N	SL	10	7,108 00	0 00	0 00	7,108 00	0 00	7,108 00
4	1	SHELVES	07/01/78	N	SL	10	1,354 00	0 00	0 00	1,354 00	0 00	1,354 00
5	1	BOXES	07/01/78	N	SL	10	700 00	0 00	0 00	700 00	0 00	700 00
6	1	SHALOM & OTHER PR	07/01/81	N	SL	10	1,075 00	0 00	0 00	1,075 00	0 00	1,075 00
7	1	MITA COPY MACHINE	07/01/82	N	SL	10	2,445 00	0 00	0 00	2,445 00	0 00	2,445 00
8	1	NEW OFF SUP- MACHI	08/08/88	N	SL	10	1,710 00	0 00	0 00	1,710 00	0 00	1,710 00
9	1	PALLET JACK	07/31/89	U	SL	10	415 00	0 00	0 00	415 00	0 00	415 00
10	1	BALER	06/30/91	N	SL	10	7,862 00	0 00	0 00	7,862 00	0 00	7,862 00
13	1	SELF DUMPING HOPPE	02/01/92	N	SL	10	1,051 75	0 00	0 00	1,051 75	0 00	1,051 75
14	1	2 - SELF DUMPING HOP	02/01/92	N	SL	10	2,059 38	0 00	0 00	2,059 38	0 00	2,059 38
15	1	PHONE	02/01/92	N	SL	5	9,652 98	0 00	0 00	9,652 98	0 00	9,652 98
16	1	CHECK OUT STATIONS	10/01/91	N	SL	10	5,030 00	0 00	0 00	5,030 00	0 00	5,030 00
17	1	4 SHARP CASH REGIST	11/01/91	N	SL	5	1,650 00	0 00	0 00	1,650 00	0 00	1,650 00
18	1	FLOOR MATS	10/01/91	N	SL	5	773 00	0 00	0 00	773 00	0 00	773 00
19	1	6 INDUSTRIAL FLOOR	10/01/91	N	SL	5	1,182 00	0 00	0 00	1,182 00	0 00	1,182 00
20	1	CONGER IND - FORKLI	11/09/92	N	SL	10	1,852 99	0 00	0 00	1,852 99	0 00	1,852 99
21	1	FORKLIFT	06/30/95	N	SL	10	33,517 00	0 00	0 00	33,517 00	0 00	33,517 00
22	1	COMPACTOR	06/30/95	N	SL	10	22,850 00	0 00	0 00	22,850 00	0 00	22,850 00
23	1	PRESSURE WASHER	04/15/94	N	SL	5	147 00	0 00	0 00	147 00	0 00	147 00
24	1	PRESSURE WASHER	04/15/94	N	SL	5	147 00	0 00	0 00	147 00	0 00	147 00
25	1	COPIER	12/15/93	N	SL	5	4,245 00	0 00	0 00	4,245 00	0 00	4,245 00
26	1	COPIER	12/15/93	N	SL	5	4,245 00	0 00	0 00	4,245 00	0 00	4,245 00
27	1	SELF-DUMPING HOPPE	11/15/93	N	SL	10	342 00	0 00	0 00	342 00	0 00	342 00
28	1	SNOWBLOWER	12/15/95	N	SL	7	1,169 95	0 00	0 00	1,169 95	0 00	1,169 95
29	1	WHSE HEATER & EXIT	11/15/95	N	SL	7	2,040 15	0 00	0 00	2,040 15	0 00	2,040 15
30	1	7 PHONES	03/01/97	N	SL	10	1,693 00	0 00	0 00	1,693 00	0 00	1,693 00
31	1	SAW	05/08/97	N	SL	10	488 19	0 00	0 00	488 19	0 00	488 19
32	1	DIGITAL SCALE	07/07/97	N	SL	10	1,874 67	0 00	0 00	1,874 67	0 00	1,874 67
33	1	TURNSTYLE	07/01/97	N	SL	10	2,130 15	0 00	0 00	2,130 15	0 00	2,130 15
34	1	2 HOPPERS	08/18/97	N	SL	10	3,182 01	0 00	0 00	3,182 01	0 00	3,182 01
35	1	AIR DOOR	02/01/97	N	SL	10	570 41	0 00	0 00	570 41	0 00	570 41
36	1	2 PALLETS	02/01/97	N	SL	10	865 00	0 00	0 00	865 00	0 00	865 00
37	1	4 REGISTERS	12/18/96	N	SL	10	800 00	0 00	0 00	800 00	0 00	800 00
38	1	STORAGE RACKING	10/15/97	N	SL	10	4,350 00	0 00	0 00	4,350 00	0 00	4,350 00
39	1	STORAGE RACKING	01/23/98	N	SL	10	1,784 16	0 00	0 00	1,784 16	0 00	1,784 16
40	1	CUSTOM CABINETS	12/01/98	N	SL	10	3,522 12	0 00	0 00	3,463 40	58 72	3,522 12
41	1	AUTOMATIC FLOOR S	05/12/99	N	SL	10	8,202 95	0 00	0 00	7,724 49	478 46	8,202 95
42	1	MINOLTA 1030 COPIER	08/20/99	N	SL	5	1,092 00	0 00	0 00	1,092 00	0 00	1,092 00
43	1	MINOLTA DI 250 COPIE	08/16/99	N	SL	5	7,810 00	0 00	0 00	7,810 00	0 00	7,810 00
44	1	REFRIGERATOR	01/20/99	N	SL	7	375 99	0 00	0 00	375 99	0 00	375 99
45	1	PORTABLE VACUUM	06/02/99	N	SL	7	1,475 00	0 00	0 00	1,475 00	0 00	1,475 00
46	1	ELECTRIC WATER HEA	08/10/99	N	SL	7	403 29	0 00	0 00	403 29	0 00	403 29
47	1	CARPET & INSTALLATI	10/31/99	N	SL	7	3,345 58	0 00	0 00	3,345 58	0 00	3,345 58

3/18/2010
09:44

ST. VINCENT DE PAUL SOCIETY

Federal ID #:
Asset Summary - Book Basis
Period Ended 9/30/09

Company: SVD
Page: 3

Num	Loc	Property Description	Acquired	T	Method	Life	Cost/Basis	179 Exp/AFD	Add SDA	Prior Depr.	Current Depr.	Ending Depr.
Group # 3 FURNITURE & EQUIPMENT (Continued)												
48	1	2 HOPPERS	02/01/00	N	SL	7	2,622 00	0 00	0 00	2,622 00	0 00	2,622 00
49	1	CUBICLES AND OFFICE	12/22/00	N	SL	7	12,802 89	0 00	0 00	12,802 89	0 00	12,802 89
50	1	TELEPHONE SYSTEM	12/15/00	N	SL	7	471 00	0 00	0 00	471 00	0 00	471 00
51	1	2 TANK HEATERS	12/22/00	N	SL	7	1,110 00	0 00	0 00	1,110 00	0 00	1,110 00
52	1	RACKS, SHOE SHELVES, INSTALLED	01/06/01	N	SL	7	37,360 07	0 00	0 00	37,360 07	0 00	37,360 07
53	1	SHOPPING CARTS	01/06/01	N	SL	7	11,900 00	0 00	0 00	11,900 00	0 00	11,900 00
54	1	CARPETING	01/10/01	N	SL	7	683 21	0 00	0 00	683 21	0 00	683 21
55	1	SHOE SHEL, SECURITY	02/16/01	N	SL	7	421 30	0 00	0 00	421 30	0 00	421 30
56	1	TABLES AND CHAIRS	02/27/01	N	SL	7	540 00	0 00	0 00	540 00	0 00	540 00
57	1	CARPETING	03/10/01	N	SL	7	442 50	0 00	0 00	442 50	0 00	442 50
58	1	WIRE CONTAINERS	02/23/01	N	SL	7	365 90	0 00	0 00	365 90	0 00	365 90
59	1	WIRE BASKETS	03/23/01	N	SL	7	5,842 20	0 00	0 00	5,842 20	0 00	5,842 20
60	1	DOORS & CABINETS	04/18/01	N	SL	7	1,320 95	0 00	0 00	1,320 95	0 00	1,320 95
61	1	TELEVISION W/ VCR	05/23/01	N	SL	7	194 97	0 00	0 00	194 97	0 00	194 97
62	1	DOOR BUZZERS & INS	05/21/01	N	SL	7	462 73	0 00	0 00	462 73	0 00	462 73
63	1	SAWZALL	07/10/01	N	SL	7	114 66	0 00	0 00	114 66	0 00	114 66
64	1	SIGN	08/31/01	N	SL	7	240 00	0 00	0 00	240 00	0 00	240 00
65	1	4-Dr Letter file	08/15/02	N	SL	7	220 73	0 00	0 00	194 44	26 29	220 73
66	1	Video surveillance system	07/22/02	N	SL	7	3,231 00	0 00	0 00	2,846 35	384 65	3,231 00
67	1	M-series hoist for truck	07/22/02	N	SL	7	2,915 00	0 00	0 00	2,567 98	347 02	2,915 00
68	1	2-Crown 27x48 pallet jack	11/28/01	N	SL	7	932 85	0 00	0 00	910 61	22 24	932 85
69	1	Power drill	03/05/02	N	SL	7	188 00	0 00	0 00	176 83	11 17	188 00
70	1	Lift-Model 1632ES	01/30/02	U	SL	7	2,150 00	0 00	0 00	2,047 60	102 40	2,150 00
71	1	Minolta copy machine	05/08/02	N	SL	5	968 00	0 00	0 00	968 00	0 00	968 00
72	1	8 Hoppers	03/31/02	N	SL	7	7,350 92	0 00	0 00	6,825 85	525 07	7,350 92
73	1	2-Hoppers	01/08/02	N	SL	7	2,201 33	0 00	0 00	2,122 74	78 59	2,201 33
74	1	Counter,showcase,install	02/06/03	N	SL	7	19,113 08	0 00	0 00	15,472 49	2,730 44	18,202 93
75	1	16' tandem trailer	10/10/02	N	SL	7	1,000 00	0 00	0 00	857 16	142 84	1,000 00
76	1	Office furniture	12/06/02	N	SL	7	1,100 00	0 00	0 00	916 65	157 14	1,073 79
77	1	Telephone system	12/17/02	N	SL	7	8,901 50	0 00	0 00	7,311 93	1,271 64	8,583 57
78	1	2 gondola runs	01/03/03	N	SL	7	1,093 50	0 00	0 00	898 21	156 21	1,054 42
79	1	Gondola for check out	03/05/03	N	SL	7	340 00	0 00	0 00	271 18	48 57	319 75
80	1	Refrigerator	07/10/03	N	SL	7	459 00	0 00	0 00	344 24	65 57	409 81
81	1	Computer network install	11/11/03	N	SL	5	1,624 43	0 00	0 00	1,597 37	27 06	1,624 43
82	1	2 self dumping hoppers	11/11/03	N	SL	7	3,348 00	0 00	0 00	2,351 59	478 29	2,829 88
83	1	Shelving	02/24/05	N	SL	7	1,849 60	0 00	0 00	946 82	264 23	1,211 05
84	1	3 cash registers	03/23/05	N	SL	7	1,497 00	0 00	0 00	748 51	213 86	962 37
85	1	Palet Jack	04/21/05	N	SL	7	424 00	0 00	0 00	206 95	60 57	267 52
86	1	16' gondola shelving	06/13/05	N	SL	7	625 00	0 00	0 00	297 63	89 29	386 92
87	1	New Flooring in aiseways	12/10/04	N	SL	7	5,928 00	0 00	0 00	3,246 29	846 86	4,093 15
88	1	2 self-dumping hoppers	12/08/05	N	SL	7	3,937 60	0 00	0 00	1,593 78	562 51	2,156 29
89	1	Vertech Baler	03/17/06	N	SL	7	8,120 00	0 00	0 00	2,900 00	1,160 00	4,060 00
90	1	12" saw	02/28/06	N	SL	7	179 98	0 00	0 00	66 42	25 71	92 13
91	1	Aluminum hand cart	12/08/05	N	SL	7	148 77	0 00	0 00	60 21	21 25	81 46
92	1	3 aluminum hand trucks	01/24/06	N	SL	7	438 14	0 00	0 00	166 91	62 59	229 50
93	1	Sump pump for dock	06/09/06	N	SL	7	124 72	0 00	0 00	41 58	17 82	59 40
94	1	(2) "large style" collection boxes	01/12/07	N	SL	7	3,350 00	0 00	0 00	837 50	478 57	1,316 07
95	1	(3) pallet jacks	02/01/07	N	SL	7	1,275 00	0 00	0 00	303 57	182 14	485 71
96	1	Self dumping hopper	02/07/07	N	SL	7	1,336 66	0 00	0 00	318 25	190 95	509 20
97	1	Self dumping hopper	03/13/07	N	SL	7	2,652 00	0 00	0 00	599 86	378 86	978 72
98	1	(6) portable radios	06/07/07	N	SL	7	1,552 00	0 00	0 00	295 61	221 71	517 32
99	1	Specialized software design and implementation (client wants 10 yr amor	11/01/07	N	SL	10	56,625 00	0 00	0 00	5,190 63	5,662 50	10,853 13

3/18/2010
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Federal ID #:
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<u>Num</u>	<u>Loc</u>	<u>Property Description</u>	<u>Acquired</u>	<u>T</u>	<u>Method</u>	<u>Life</u>	<u>Cost/Basis</u>	<u>179 Exp/AFD</u>	<u>Add SDA</u>	<u>Prior Depr.</u>	<u>Current Depr.</u>	<u>Ending Depr.</u>
Group # 3 FURNITURE & EQUIPMENT (Continued)												
100	1	Drill	11/30/07	N	SL	7	176 04	0 00	0 00	20 96	25 15	46 11
101	1	Copier - Sharp	03/07/08	N	SL	7	695 00	0 00	0 00	57 92	99 29	157 21
102	1	Office radio	03/31/08	N	SL	7	260.00	0 00	0 00	18 57	37 14	55 71
103	1	Cash register - Sharp	07/14/08	N	SL	7	425 00	0 00	0 00	15 18	60 71	75 89
104	1	6 - folding wire containers	08/14/08	N	SL	7	1,217.00	0 00	0 00	28 98	173 86	202 84
105	1	Computer monitor	09/12/08	N	SL	7	179 99	0 00	0 00	2 14	25 71	27 85
106	1	Sharp cash register	11/11/08	N	SL	7	425 00	0 00	0 00	0 00	55 65	55 65
107	1	5-wire racks	11/11/08	N	SL	7	1,164 00	0 00	0 00	0 00	152 43	152 43
108	1	Hand pallet truck	04/30/09	N	SL	10	379 00	0 00	0 00	0 00	15 79	15 79
109	1	Toyota electric forklift serial #62886-1	07/17/09	U	SL	10	8,010 00	0 00	0 00	0 00	133 50	133 50
110	1	20' shoe counter w/ mirror, bench	08/06/09	N	SL	7	200 00	0 00	0 00	0 00	4 76	4 76
111	1	3 tier rolling table	08/06/09	N	SL	7	175 00	0 00	0 00	0 00	4 17	4 17
Group # 3 Total							406,147 94	0 00	0 00	311,749 41	18,339 95	330,089 36
Group # 4 LAND												
1	1	WEBSTER PARCEL	07/01/69	R			8,731 00	0 00	0 00	0 00	0 00	0 00
2	1	WEISE STREET	07/01/69	R			4,800 00	0 00	0 00	0 00	0 00	0 00
7	1	1529 WEBSTER CR INCL	07/01/69	R			102,995 00	0 00	0 00	0 00	0 00	0 00
8	1	PARKING LOT	09/30/91	R			57,720 00	0 00	0 00	0 00	0 00	0 00
10	1	SIDEWALKS	02/05/93	R			1,908 20	0 00	0 00	0 00	0 00	0 00
11	1	NEW BUILDINGS - LAN	03/01/93	R			44,000 00	0 00	0 00	0 00	0 00	0 00
Group # 4 Total							220,154 20	0 00	0 00	0 00	0 00	0 00
Group # 5 SVDP Real Estate LLC												
1	1	912&920 Vanderbraak, 1420&1422 Van Buren	10/16/02	R	SL	39	326,950 00	0 00	0 00	49,601 37	8,383 33	57,984 70
Group # 5 Total							326,950 00	0 00	0 00	49,601 37	8,383 33	57,984 70
Grand Total							3,745,694 07	0 00	0 00	1,762,781 77	129,865 43	1,892,647 20

**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 File by the due date for filing your return. See instructions.	Name of Exempt Organization ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY, INC.	Employer identification number 39-1035429
	Number, street, and room or suite no. If a P.O. box, see instructions. 1529 LEO FRIGO WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GREEN BAY, WI 54302	

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 |

VINCENT NICKLAS

- The books are in the care of ► **1529 LEO FRIGO WAY, GREEN BAY, WI - GREEN BAY, WI 54302**

Telephone No. ► **(920) 435-4040**

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 **MAY 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- ☐ calendar year _____ or
 ► ☒ tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**

- 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)