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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)

2008

OMB No 1545-0047

Department of the Treasury

Open to Public

		iue Service		The organization may	have to use a copy of the					inspection 44
<u> </u>	or the	2008 calenda	ar year, or	tax year beginning		10-01 , 2008,		ng	09-	30 , 20 09
B	Check if a	applicable	Please	C Name of organization St	Vincent de Paul	SW Dist Counc	oil		0	Employer identification no.
_ /	Address	change	use IRS label or	Doing Business As					8	32-0504886
r	Name ch	ange	print or	Number and street (or P C	box if mail is not delivered to	street address)		Room/suite	E	Telephone number
	ndıal retu	ım	type. See	3217 W Overland	d				- 1	(208) 331-8409
╡,	Terminati	on	Specific Instruc-	City or town, state or coun	itry, and ZiP + 4				G	Gross receipts \$
=	mended		tions.	Boise, ID 8370						992,219
==		on pending	E Name	and address of principal office	·					
	фисси	on ponding	i itano	and address of principal differ	•			H(a) Is this a g	roup retun	n for Yes X No
		ant status	X 501(c) (2 \ 4 /postes)	4947(a)(1) or 52			1		
	Mebsite:		[V] 201(c) (3) (insert no)	4947(a)(1) or 52			H(b) Are all af	tach a list	(see instructions)
			<u>1</u>				nation 199	,	emption nu	
_			Corporation	Trust Association	Other ►	L Year of form	ation	M State	of legal do	omicile ID
Pa	řt l	Summar				3		·		
	1	Briefly desci	ribe the or	ganization's mission or r	most significant activities	Assist p	ersons	in need		
A										
A C C O										
iv										
Vе iг	2			_	ntinued its operations or					
t n	3				oody (Part VI, line 1a) •				3	7
l a e n	4	Number of I	ndepender	nt voting members of the	e governing body (Part V	I, line 1b) · · · ·			4	7
8 C	5	Total number	er of emplo	yees (Part V, line 2a)					5	59
* E	₹ 6	Total number	er of volun	eers (estimate if necess	sary) • • • • • • •				6	
~		Total gross	unrelated !	business revenue from I	Part VIII, line 12, column	(C) · · · · · ·			7a	0
G	ν b	Net unrelate	ed busines	s taxable income from F	Form 990-T, line 34 · ·				7b	0
_ <	>							Prior Year		Current Year
RΩ	- 8	Contribution	ns and grai	nts (Part VIII, line 1h)				39	7,599	376,361
A FT				•						
e	1	-			s 3, 4, and 7d) • • • •				97	308
NRED	1 11				6d, 8c, 9c, 10c, and 11e)		_		3,750	611,812
2	12		•		equal Part VIII, column (A		_		L,446	988,481
_Z	12			<u>-</u>		(), lifte 12)			-,	281,133
AC (1)	13			ounts paid (Part IX, colu			```⊢			201,133
	14	Calaria et	10 to or ior	members (Part IX colu		(£ 10)	∵⊢		5 222	412 140
X P	15				etits (Part IX, column (A),	lines 5-10) · · ·	∵∵⊢	45,32		413,148
ė	16a	Professiona	ai tundraisi	ng fees (Part IX, column			V74.5	energeneral	140 July 19	U COMPANY TO MOST TO MAKE A MOTHER
S	1			nses (Part IXAcolumn (I		0				MATERIAL PROPERTY.
e	17			IX, column (A), lines 11			···⊢		1,531	259,325
	18	Total expens	ses Add I	ines 13-17 (must equal	Part IXI qolumn (A), line	25) • • • • • •	• • •		6,854	953,606
	19	Revenue le	ss expens	es Subtract-line-18-from	n-line-12	• • • • • • • • • •	• • • •		5,408)	34,875
Net				•			L E	Reginning of Y	\longrightarrow	End of Year
Asse or	20	Total assets	s (Part X, Iı	ne 16) • • • • • • •	• • • • • • • • • • • •		• • •		9,432	1,476,633
Fund Bal-	21	Total liabiliti	es (Part X	line 26) • • • • •	• • • • • • • • • • • •		• • •		7,968	720,336
ance	s 22	Net assets	or fund bal	ances Subtract line 21	from line 20 · · · · ·		• • • •	2	1,464	756,297
Pa	irt ir	Signatu	ure Bloc	k						
		Under penal	lties of perjury	, I declare that I have examine	ed this return, including accomp	anying schedules and sta	tements, and	to the best of my	knowledg	е
		and belief, it	is true, corre	a, and complete Declaration of	of preparer (other than officer) is	s pased on all information	or writer pre	parer has any kin		1-10 - 10
		L	Ma	- Firek	' ~				2	5-12-10
Sig	n	Signati	ure of officer						Date	
He	re	Ida	Fisk, I	President						
_ , _ ,	-		r print name a							
_	~	Dmnomd			20	Date	Check if	Prep	arer's iden	tifying number
Paid	i	Preparer's signature	Gar	Merkle	and walle	01-01.30	self-	(see	instruction	
_	parer's			Gary Merkle	CPA	1-0.1- 10		IN D		
_	Only	Firm's name if self-emplo		2627 W Idaho			}5	.017		
		address, and		Boise, ID 837				Ohono NO	0-000	-0000
May	the IC	C discuss the	o roturo un	/	hove? (see instructions)			Phone no ► 00		Yes VNo

		St Vincent de Paul SW I		82-0504886 Pag
art	III State	ment of Program Service	Accomplishments (see instructions)	
	-	e the organization's mission		
Ą	Assist per	rsons in need		
_				
_				
				<u> </u>
			ogram services during the year which were not	
	•		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		be these new services on Schedu		
			significant changes in how it conducts, any pro-	
				· · · · · · · · · · · · · · · · · · ·
		be these changes on Schedule O		
			each of the organization's three largest progran nd section 4947(a)(1) trusts are required to repo	
			renue, if any, for each program service reported	_
а ((Code) (Expenses \$	726,527 including grants of \$) (Revenue \$
•	•	onetary and non-monetar		, ,
		s in need; to include f		
-		al assistance.		
-				· · · · · · · · · · · · · · · · · · ·
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b ((Code) (Expenses \$	including grants of \$) (Revenue \$
-				
•				
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•				
•				
С	(Code) (Expenses \$	including grants of \$) (Revenue \$
		· -		
d	Other progra	m services (Describe in Schedule	0)	

Par	TIV Checklist of Required Schedules	· · · · · · · · · · · · · · · · · · ·		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	. 1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part i	. 3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part III	. 4	ļ	Х
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? If "Yes," complete Schedule C, Part III	. 5	!	
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? If "Yes," complete	-		
	Schedule D, Part I	. 6		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? If "Yes," complete Schedule D, Part II	. 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	+	-	^
_	complete Schedule D, Part III	- 8	[:	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	 	_	^
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV · · · · · · · · · · · · · · · · · ·	. 9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V · · · · · ·		<u> </u>	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	··		
•	Parts VI, VIII, VIII, IX, or X as applicable · · · · · · · · · · · · · · · · · · ·	. 11	Х	
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	. 12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	· 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
U	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	. 14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	. 15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	· · · ·		Х
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	. 16		
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I			X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			X
19	Did the organization report more than \$15,000 total on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		 	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · ·	—		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	Х	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete	-	_^_	 -
23	Schedule J · · · · · · · · · · · · · · · · · ·	. 23		🗸
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	25		X
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	1		
	24b-24d and complete Schedule K If "No," go to question 25 · · · · · · · · · · · · · · · · · ·	. 24a		l 🐷
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b	├	_X_
C	Did the organization minest any processes of tax-exempt boiles beyond a temporary period exception. Did the organization maintain an escrow account other than a refunding escrow at any time during the year.	240	 -	
·	to defease any tax-exempt bonds?	. 24c		1
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	 	
d 25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240	-	
_Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		V
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	200	 	X
IJ	person from a prior year? If "Yes," complete Schedule L, Part I	· 25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200	-	X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	. 26] .	v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			X
41	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	. 27		v
	Substantial Contributor, or to a person related to such an individual. If Test, Complete Concouncies, Fact III			X

	t 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		20 PM
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or	建	3.5
	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)? If "Yes," complete Schedule L,		
	Part IV	la	X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"		
	complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	Bb	X
С	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? If "Yes," complete Schedule L, Part IV	BC	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · 2	9	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	0	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		
	Part I	1 _	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		
	Schedule N, Part II · · · · · · · · · · · · · · · · · ·	2	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? If "Yes," complete Schedule R, Part I	3	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,		
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	4	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	5	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		1
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	6	Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		
	VI	7	Х
	EEA FO	m 990	(2008)

Pai	tiV 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	AND THE	7.03	7
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable · · · · · · · · · · 1b 0			1. F. F. G.
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	24.6		15 15
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			这是这
	Statements, filed for the calendar year ending with or within the year covered by this return · · · · · 2a 59	XI		5773. 1742.27
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			100000
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			題為
	this return? · · · · · · · · · · · · · · · · · · ·	3a		<u>X</u>
þ	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
þ	If "Yes," enter the name of the foreign country	3		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X.
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
_	Regarding Prohibited Tax Shelter Transaction? • • • • • • • • • • • • • • • • • • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?	100 100 100 100 100 100 100 100 100 100	in the state of	
'a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	real.	X
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	10	· ·	<u> </u>
	required to file Form 8282? · · · · · · · · · · · · · · · · · · ·	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	验红		128-76
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	G-LAAGS*	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		縣	逐點
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring		選第	200
	organization, have excess business holdings at any time during the year? • • • • • • • • • • • • • • • • • • •	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	過速	[世野]	E E
а	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ग्रहीय <i>च</i> री	X
10	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	[翻]		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		3	是 整理的
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders		[編集]	
a				THE STATE
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	建築	P. T.	大型 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	現金 統 12a	il redrig	R WA
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year • • • • • • • 12b	120	The second	建
_		A CART		14 · ·

organization >

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI 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. Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 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? 9b 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 10 Х 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 Section B. Policies No 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give nse to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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 List the states with which a copy of this Form 990 is required to be filed 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 X Upon request 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 John Nordby (208) 331-8409

3217 W Overland Boise, ID 83705

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
- 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

President 10	Check this box if the organization did not competed (A)	(B)			(((D)	(E)	(F)
Pour sper Nour	Name and Title	Average	e Position (check all that apply)						Reportable	Reportable	Estimated
President 10		hours per	itd nri dur se vtc iet deo ur	l n stitee	\sim	Key employe	Haran est e	Forme	from the organization	from related organizations	other compensation from the organization and related
Michael Gallagher Vice President Severly Pedersen Secretary Secretary Source Treasurer Source Trea	Ida Fisk		 								
Michael Gallagher Vice President Severly Pedersen Secretary John Nordby Treasurer 15	President	10			l x	l			c	0	0
Beverly Pedersen Secretary	Michael Gallagher										
Secretary 5	Vice President	5			Х]		<u> </u>	0	0
John Nordby Treasurer 15 X 0 0 Nonie McWhorter Director 5 X 0 0 Kevin Ankrom Director 5 X 0 0 Jack Gilderman Director 5 X 0 0 Jack Crane Director 5 X 0 0 0 Margarita Santos	Beverly Pedersen										
Treasurer	Secretary	5	<u> </u>		X					0	0
Nonie McWhorter	John Nordby				ł						
Director	Treasurer	15			X	<u> </u>	l	L	(0	0
X X X X X X X X X X	Nonie McWhorter										
Director 5	Director	5			X		ļ	<u> </u>	(0	0
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Margarita Santos				ļ	١.						
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82	-0	50)4	R	R	6

Part VII Section A. Officers, Directors, Trustees	s, ney employees	, and H	iign	est (om	pensa	tea t	Employees (contin	uea)	
· (A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Positio apply)	n (ch	neck a	ıli that	:		Reportable	Reportable	Estimated
	hours			г				compensation	compensation	amount of
	per	l td	n t	o	e m	H c e i c m	0	from	from	other
	week	d ur	t u	!	y P	o m p g p l	r m	the	related	compensation
		V t c	t t	C		100	е	organization	organizations	from the
		d eo		e	y e	s s y t t e	r	(W-2/1099-MISC)	(W-2/1099-MISC)	organization
		u r a o	o n		е	e e	ĺ			and related
		' r	a I							organizations
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1b Total · · · · · · · · · · · · · · · · · · ·							•			0
2 Total number of individuals (including those in 1	a) who received m	nore th	an \$	5100	,000	ın rep	опа	ible compensation	from the	O
organization >								 		Yes No
3 Did the organization list any former officer, direct	tor or trustee, kev	emplo	vee	or I	highe	est cor	npe	nsated		
employee on line 1a? If "Yes," complete Schedu										• 3 X
4 For any individual listed on line 1a, is the sum of										
the organization and related organizations great	er than \$150,000?	? If "Ye	s," (comp	olete	Sche	dule	J for such		
individual · · · · · · · · · · · · · · · · · · ·									• • • • • • • •	4 X
5 Did any person listed on line 1a receive or accru										说多 逐星 產妇
services rendered to the organization? If "Yes,"	complete Schedul	e J for	suc	h pe	rson	1 • •	• •	• • • • • • • •	• • • • • • • •	5 X
Section B. Independent Contractors 1 Complete this table for your five highest competence.	nested independe	ot cont	ract	ore t	hat r		od m	oro than \$100 000) of	
 Complete this table for your five highest comper compensation from the organization 	isated independer	iii cont	iacı	OIS (iidi i	eceive	a III	iore mair \$ 100,000	, 01	
(A)				_				(B)		(C)
Name and business	address							Description of	services	Compensation
2 Total number of independent contractors (include	ling those in 4) wh	0 roos		1 ma	ro th	an ¢1	00.0		17-3	· 1500 的点甚然点 3500
2 Total number of independent contractors (included compensation from the organization	ang triose in 1) Wi	10 16CB	1460	1110	າວເກ	iaii 4 19	JU,U	in	1 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	

Pa	<u>irti\</u>	/III\$, Statement of Revenue						
į į	1.			的表面的	NATIONAL PARTY.	(A)	(B)	(C)	(D)
1000					机加强型流流	Total revenue	Related or exempt	Unrelated business	Revenue excluded from tax
					"我们就是是一个		function revenue	revenue	under sections 512, 513, or 514
5 1951 8	Si⊸'i∈\	4.5	C. Set Sales Mark and a series and a series and a series and	· · · · 1a	Market and the second to the	. (45-4527) 27-495) -	CAPCILIZED MED SHARED	李德 化制度化增热	15.18.5.25.36°K**
	o a t m	1a	Federated campaigns · · · ·		4 200	A CONTRACTOR		STATEMEN	
	h o e u	b	Membership dues · · · · ·	· · · · 1b	4,200		这种种种		
r s,	rņ	С	Fundraising events · · · · ·	· · · · 1c				力的社会是不知	
b g	s s	d	Related organizations · · · ·	• • • • 1d				公公司的	
u r t a	i	е	Government grants (contribution	s) · · 1e					
i n o t	<u> </u>								经营销产业
n s		•	All other contributions, gifts, grants, and	1f	372,161				
s, a	·	_	similar amounts not included above	بسا			并是是是		
n d		9	Noncash contributions included i			Search and the search of the s			
		h	Total. Add lines 1a-1f · · ·			376,361	温度の多く	型的是社會的	AFERTAMENTAL A
					Business Code			NAME OF THE PARTY.	是是是是
		2a				}			
P S	R	b						_	
0 1	v	C							
g y	, e	٠			-	-			
r i a c	n u	a				ļ			
m e	: е	е							
		f	All other program service revenue		•				
		g	Total. Add lines 2a-2f · · · ·				部。翻译的	的影響的發展	可能的社会的理想
		3	Investment income (including divi	dends intere	st and				
						308	308		
			Income from investment of tax-ex	emnt hand nr	· · · sheenn				
			Royalties · · · · · · · · · ·					<u> </u>	
		5	Royalties		1	SELECT WANTER LE	Sale and Policies Colleges 22	alson Printers and a second	#2. 48 # 1
			_	(i) Real	(II) Personal				
		1	Gross Rents · · · · · · L						
		b	Less: rental expenses · · · ·						STORES OF
		С	Rental income or (loss) · · ·				Comments		
		d	Net rental income or (loss)						
			` ′ ┌	(ı) Secunties	(II) Other	SENSE TO THE	がかたは種類の影響	THE REPORT OF	SECTION OF THE
			Gross amount from sales of	(i) Securities	(ii) Outer	计算是不够接			
		ļ	assets other than inventory				A DESTRUCTION OF THE PARTY OF T		
		b	Less: cost or other basis						
0	,		and sales expenses · · · ·						
ť		С	Gain or (loss)						
h		d	Net gain or (loss) · · · · · ·		• • • • • • •				
e		8a	Gross income from fundraising			部域與機能需	医		美国的
•			events (not including \$						
R	2		of contributions reported on line	10)					
е			·		_				
٧			See Part IV, line 18 · · · · ·		a				
n			Less direct expenses · · · ·		D				MARKATAN PARTI
u		C	Net income or (loss) from fundral	ising events	· · · · · · • •		M. 100 / House in	I british . Mar. 14 mmor.	Manager and the second of the second of
е		9a	Gross income from gaming activities			PASSES		阿斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	
			See Part IV, line 19	;	a				
		Ь	Less direct expenses · · · ·		b	[編] 经通过			
		1	Net income or (loss) from gaming	activities .		The party of the party of the party of	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	A STATE OF THE PROPERTY OF THE PARTY OF THE	The state of the seal of the
		1		,		3454 M. T.C. 245 M. C.	中国共享工业工艺术的专业	生物种种种种种种	· 新華、蘇州西南東東京
		10a	Gross sales of inventory, less		415 557				Washington and the second
		١.	returns and allowances · · · ·	• • • • • •			學是認識的	阿斯斯阿斯	12. 12. 12. 12. 12. 12. 12. 12. 12. 12.
		1	Less: cost of goods sold · · ·		b3,738	- CS TRUST COAP & MANAGEMENT COAP -	PINETURAL		S D THE SHEET
		c	Net income or (loss) from sales of	of inventory ·	· · · · · · · • •	611,812	611,812		
			Miscellaneous Revenue		Business Code	SET THE PERSON OF THE PERSON O	建設的網	SERVICE SERVIC	MERCENT
		11a					1		
		b							
		C			-			1	
		1	All other revenue · · · · ·				<u> </u>	 	
		i			L	 	PROCESS OF THE PROCESS	ATM BY WE SANCEL	The state of the s
		1	Total. Add lines 11a-11d · ·		• • • • • • • •	<u> </u>	- Transference	被沙漠湖流流的	"我们"这种是"对"种类"。
		12	Total Revenue. Add lines 1h, 2g,	3, 4, 5, 6d, 7	d, 8c,] .
		i	0c 10c and 11a			988.481	d 612.120	·I (J (

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, (A) Total expenses (B) Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV. line 22 · · · · · · 281,133 281,133 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · · 315,686 269,379 46,307 Other salaries and wages 7 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 41,572 41,572 Other employee benefits 55,890 55,890 10 11 Fees for services (non-employees) Legal 25,520 25,520 C Lobbying Professional fundraising services See Part IV, line 17 · e Investment management fees · · · · · · · · 997 997 12 Advertising and promotion 32,134 Office expenses · · · · · · · · · 32,134 13 14 Information technology 15 100,936 100,936 Occupancy · · · · · · · · · · · · 16 2,447 2,447 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings · · · 25,656 25,656 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 24 Other expenses litemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 71,635 71,635 See Attached b C d е 726,527 227,079 25 Total functional expenses. Add lines 1 through 24f · · 953,606 Joint Costs. Check here ▶ ☐ If following \ SOP 98-2 Complete this line only if the organization organization reported in column (B) joint costs from a combined educational campaign and

Par	i:X ⁽	Balance Sheet					
			(A)			(B)	
			Beginning of year		Er	nd of year	ř.
	1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·		1		48,	706
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·		2		11,	704
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	2,264	4		3,	354
	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		計畫家	为这种	Elizabeth Control	
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete					
		Part II of Schedule L · · · · · · · · · · · · · · · · · ·	ally hill any the state of the art of	6	MINION	Maria Title	Mr. Transito
A S	7	Notes and loans receivable, net		7		14,	730
S	8	Inventories for sale or use		8	_		
e	9	Prepaid expenses and deferred charges · · · · · · · · · · · · · · · · · · ·		9			
t S	10a	Land, buildings, and equipment cost basis · · · · · 10a 1,973,182	THE PROPERTY OF THE PARTY.		The Confidence		是好到
·	b	Less accumulated depreciation Complete					
	~	Part VI of Schedule D · · · · · · · · · · · · · · 10b 575,043	400,000	10c	. (50 - 1725-4)	1,398,	139
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·		11		2,330,	
		Investments - other securities See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	1,251	12			
	12	Investments - other securities See Part IV, line 11	1,231	13			
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	•	14			
	14	Intangible assets	•				
	15	Other assets See Part IV, line 11		15		1 476	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16		1,476,	
	17	Accounts payable and accrued expenses	1,996	17			,118
	18	Grants payable · · · · · · · · · · · · · · · · · · ·	•	18			
Ļ	19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19			
ı a	20	Tax-exempt bond liabilities · · · · · · · · · · · · · · · · · · ·		20			
b	21	Escrow account liability. Complete Part IV of Schedule D · · · · · · · · · · · · · · · · · ·	•	21	A SALES MANUAL AND A SALES	T := 1 T 4577	
į.	22	Payables to current and former officers, directors, trustees, key			and the		
i		employees, highest compensated employees, and disqualified					
ţ		persons. Complete Part II of Schedule L	•	22			
۱	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·	. 395,972	23		683	,218
S	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 · · · · · · · · · · · · · · · · · ·		26		720	,336
		Organizations that follow SFAS 117, check here			透滤器	7875	
N F	ŀ	complete lines 27 through 29, and lines 33 and 34.			1		
e u	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	. 21,464	27	www.condect.		,297
t n	28	Temporarily restricted net assets		28			
A d	29	Permanently restricted net assets		29			
s B	-	Organizations that do not follow SFAS 117, check here			经流浪	(H4M)	B 横形学
s a		and complete lines 30 through 34.					
e i t a	30	Capital stock or trust principal, or current funds		30	C. 2799990000		arian spain
s n	31	Paid-in or capital surplus, or land, building, or equipment fund		31	-		
o e	1	• • •		32			
rs	32	Retained earnings, endowment, accumulated income, or other funds	. 21,464	33	 -	756	,297
	33	Total habilities and net assets/fund balances	419,432	34		1,476	
237	34		119,432) 34	<u> </u>	1,470	, 033
Pa	rt XI	Financial Statements and Reporting					
		-t	lhar		[87	Yes	
1		The state of the property of t	ther		<u>#</u>	企的	
2a		the organization's financial statements compiled or reviewed by an independent accou	nta nt / · · · · · · · · · · · ·			2a	<u> </u>
b		the organization's financial statements audited by an independent accountant? • •		• • •	⊦	2b	X
С		"to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		dit, review, or compilation of its financial statements and selection of an independent a			• • •	2c	
3a		esult of a federal award, was the organization required to undergo an audit or audits as	s set forth in				
	the Si	ngle Audit Act and OMB Circular A-133?	• • • • • • • • • • • • • • • • • • • •	• • •	• • •	3a	X
b	If "Yes	s," did the organization undergo the required audit or audits?	• • • • • • • • • • • •	• • •	<u>l</u>	3b	<u> </u>

SCHEDULE A (Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

St	Vinc	ent de Paul SW	Dist Counci	1					82-0	504886			
Pa	rt*l	Reason for	Public Charity	Status (All organiza	tions must	complete	this part)	(see instru	ictions)				
The	orgai			ise it is (Please check o						_			
1		A church, convention	of churches, or as	sociation of churches de	escribed in	section 1	70(b)(1)(A)	(i).					
2				(A)(ii). (Attach Schedule	-								
3		A hospital or a coope	erative hospital sen	vice organization describ	ed in sect i	ion 170(b)	(1)(A)(iii). (Attach Scl	nedule H)				
4			organization operat	ed in conjunction with a	hospital de	escribed in	section 17	70(b)(1)(A)	(iii). Enter	the hospita	al's nam	e,	
		city, and state											
5		An organization oper	ated for the benefit	t of a college or universit	y owned o	r operated	l by a gove	rnmental ι	ınit descrıt	ed in			
		section 170(b)(1)(A)(iv). (Complete Part	:II)									
6		A federal, state, or lo	cal government or	governmental unit desci	ibed in se d	ction 170(I	b)(1)(A)(v).						
7	\mathbf{X}	An organization that	normally receives a	a substantial part of its s	upport fron	n a govern	mental un	t or from t	he general	public			
		described in section	170(b)(1)(A)(vi). (C	omplete Part II)									
8		A community trust de	escribed in section	170(b)(1)(A)(vi). (Comple	ete Part II))							
9		An organization that	normally receives	(1) more than 33 1/3% o	of its suppo	ort from co	ntributions,	members	hip fees, a	nd gross			
		-		mpt functions - subject t									
		.,		and unrelated business t		•		1 tax) fron	ı business	es			
	_			30, 1975 See section 5									
10	\Box	5	•	d exclusively to test for p		•	•			•			
11	\sqcup	•	•	d exclusively for the ben					•				
		• •		rted organizations descr		•		•		section			
		<u> </u>	_	the type of supporting o			•			¬			
	_	a Type I	b 📙 Type				lly integrate		d [Type II	Il-Other		
е		•		rganization is not control									
		·		rs and other than one or	more publ	icly suppo	rted organi	zations de	scribed in	section			
		509(a)(1) or section		4	N 45 - 4 - 4	T T.	U T	111					
f		. •		termination from the IRS		• • • •		ype III sup	porting				<u> </u>
_		organization, check								• • • • •		• • •	••∟
g		-	uo, nas me organiz	ation accepted any gift of	or contribut	ilon nom a	illy of the						
		following persons?	brooths or indirectly	controls, either alone or	togothor u	uth percen	e decembe	dup (u)			1	20.	T
		• •	•	of the supported organi	_						44.00	Yes	No
				ribed in (i) above? · ·							119(1)		
			•	n described in (i) or (ii) a							11g(ii)		╁──
h		` '		the organizations the or							11g(iii)		Ш.
					Ť		T		(vi) 1	s the			
	(1) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the o	-	(v) Did you	-	organizat			Amoun upport	t of
		V. 9		above or IRC section	governing d	-	(i) of your		(i) organize				
				(see instructions))	Yes	No	Yes	No	Yes	No			
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_													-
							1		<u> </u>				
												_	
	_		自然此地質			シモ馬を見る 発動している。	基準	性的影響		张 曼武			
Tota	al		是河北西		BANKET .			No. of the last	國際				

St Vincent de Paul SW Dist Council 82-0504886 Page 2 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 Gifts, grants, contributions, and membership fees received (Do not 258,545 295,940 401,349 988,173 include any "unusual grants") 1,944,007 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 1,944,007 258,545 295,940 401,349 988,173 Total. Add lines 1-3 を認い時 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) Public support. Subtract line 5 from line 4 1,944,007 Section B. Total Support (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) 258,545 295,940 401,349 988,173 1,944,007 Amounts from line 4 · · · · · · · · · · · · Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 510 109 97 308 1,024 sources 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 13,432 13,432 (Explain in Part IV) · · · · · · · 11 Total support. Add lines 7 through 10 1,958,463 12 Gross receipts from related activities, etc. (see instructions) 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

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.	26	%
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.	53	%
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	k this	box		
	and stop here. The organization qualifies as a publicly supported organization · · · · · · · · · · · · · · · · · · ·		• • • • • • •)	ightharpoons
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		

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 ŀ

)	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.
	Private foundation, If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

box and stop here. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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

	tion A. Public Support						
Cale	endar 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	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5 · · · · · · · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)		Carry Transaction		经验验	国民运动的部	<u></u>
	tion B. Total Support				1		
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6				 		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 · · · · · · · · ·						
С	Add lines 10a and 10b · · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			!			
13	Total support. (Add lines 9, 10c, 11, and 12)	是自己的	,跨越的变形的	周的安徽河流中	民起源源是到	部語的語言語	
14	First five years. If the Form 990 is for the organiza check this box and stop here		nd, third, fourth, o				
Sec	tion C. Computation of Public Suppor	t Percentage	<u> </u>				
15	Public support percentage for 2008 (line 8, column					15	%
16	Public support percentage from 2007 Schedule A,				· · · · · · · · · · · · · · · · · · ·	16	%
	tion D. Computation of Investment Inc			(0)		1 42	
17	investment income percentage for 2008 (line 10c					17	%
18	Investment income percentage from 2007 Schedul					18	%
19a	33 1/3% support tests - 2008. If the organization di						
b	not more than 33 1/3%, check this box and stop he 33 1/3% support tests - 2007. If the organization di	id not check a bo	ox on line 14 or lin	ne 19a, and line	16 is more than 3	33 1/3%, and line	·····▶
	is not more than 33 1/3%, check this box and stop						· · · · · · • [-
20	Private Foundation: If the organization did not che	ck a hov on line	14 10a or 10h	check this hoy a	nd see instruction	18	•

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations. Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	•	· · · · · · · · · · · · · · · · · · ·			
	me of organization	Complete Part III		Employer in	lentification number
	. Vincent de Paul SW Dist Cou	ncil		, ,	
Pä	To be completed by al See the instructions for Sched	To be completed by all organizations exempt under section 501(c) and section 527 organizations. See the instructions for Schedule C for details e a description of the organization's direct and indirect political campaign activities in Part IV all expenditures			
1					
2	Political expenditures			• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			
På	To be completed by al	l organizations exempt un ule C for details	der section 501	(c)(3).	
1					
2	Enter the amount of any excise tax incurr	ed by organization managers unde	r section 4955 · · ·	· · · · · · • \$	
3	If the organization incurred a section 495	5 tax, did it file Form 4720 for this y	ear? • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	· · Yes N
4a	Was a correction made? · · · · · ·			• • • • • • • • • • • • • • • • • • • •	· · 🗌 Yes 📗 No
b	If "Yes," describe in Part IV				
På	To be completed by al	l organizations exempt un	der section 501	(c), except section (501(c)(3).
1					
				••••• \$	
2					
_	•			· · · · · · · • \$	
3				. .	
_					□Vee □N
4					
5					nenis
					d
					• .
	Tuna or a political action committee (i Ac		1		<u> </u>
	(a) Name	(b) Address	(c) EIN	filing organization's	contributions received and promptly and directly delivered to a separate political organization. If
		,			
_					

chedi	ule C (Form 990 or 990-EZ) 2008St Vincent de P	aul SW Dist Co	uncil		82-0504	886 Page 2
Par	t II-A To be completed by organ (election under section 50°	izations exempt	t under section uctions for Schedule	501(c)(3) that f	iled Form 5768	
A C	heck if the filing organization belongs t					
3 C	heck if the filing organization checked	box A and "limited co	ontrol" provisions app	oly		
	Limits on Lob (The term "expenditures" n	bying Expenditures neans amounts paid	or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass roots	lobbying) · · · ·			
b	Total lobbying expenditures to influence a legis	lative body (direct lob	obying) · · · · ·			
С	Total lobbying expenditures (add lines 1a and 1	b) · · · · · · · ·				
d	Other exempt purpose expenditures • • • •		• • • • • • • • • •	• • • • • • • • •		
е	Total exempt purpose expenditures (add lines 1	c and 1d) · · · ·	• • • • • • • • • • •	• • • • • • • • •		
f	Lobbying nontaxable amount. Enter the amount columns	t from the following to	able in both			
Γ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount i	s:		
	Not over \$500,000		nontaxable amount i sount on line 1e			
Ĺ	Over \$500,000 but not over \$1,000,000		15% of the excess of			
L	Over \$1,000,000 but not over \$1,500,000	_ 	10% of the excess of			
L	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000		
L	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f) • • • • • •	• • • • • • • • • •		100	The state of the s
h	Subtract line 1g from line 1a Enter -0- if line g i	s more than line a				
i	Subtract line 1f from line 1c Enter -0- if line f is	more than line c ·				
j	If there is an amount other than zero on either I	ine 1h or line 1i, did t	the organization file l	Form 4720 reporting		
	section 4911 tax for this year?					Yes No
	(Some organizations that i columns below. S	See the instructions	n) election do not hat for lines 2a through	ve to complete all of 2f of the instructions		
	Lobb	ying Expenditures D	During 4-Year Averag	ing Period	T	
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	·				
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroot non-taxable amount					
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
				_		

Pa	To be completed by organizations exempt under section 501(c)(3) that have N 5768 (election under section 501(h)). See the instructions for Schedule C for details	IOT f	iled I	orm		
	The following and the state of	Π (a)		(b)	
		Yes	No	А	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or	1	關題		174	
	referendum, through the use of		133	CALL STATE	的法	JAL.
а	Volunteers? · · · · · · · · · · · · · · · · · · ·		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>	X	語語が	K CO	外科的
С	Media advertisements? • • • • • • • • • • • • • • • • • • •		X			
d	Mailings to members, legislators, or the public?		Х			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? • • • • • • • • • • • • • • • • • • •	<u></u>	X			
i	Other activities? If "Yes," describe in Part IV		X			
j	Total lines 1c through 1ı · · · · · · · · · · · · · · · · · ·	22.12.6	問題			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	35.580	X	EUTO		
b	if "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	. Select		2 69111.593	res avenue	- ITINDAN I
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>		流浪		
Pä	To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6). See the instructions for Schedule C for details	1 501 	(c)(5), or 		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	ļ	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ļ	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	To be completed by all organizations exempt under section 501(c)(4), section section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR question 3 is answered "Yes." See Schedule C instructions for details.	if Pa	irt III-			
1	Dues, assessments and similar amounts from members	• •	1	<u> </u>		
2	political expenses for which the section 527(f) tax was paid).					
а	Current year · · · · · · · · · · · · · · · · · · ·		2a			
a h	Carryover from last year		2b			
	Total · · · · · · · · · · · · · · · · · · ·		2c			
ર	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		3			<u> </u>
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	• •				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		発展を記述			
	expenditure next year? · · · · · · · · · · · · · · · · · · ·		4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) · · · · · · · · · · · · · · · · · ·		5			
	rt:IV Supplemental Information					
Con	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part II-B, line, complete this part for any additional information	11				
				•		

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, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public

lame	of the organization		Employer identification number
ŝt	Vincent de Paul SW Dist Co	ouncil	82-0504886
Pai			
	the organization answered "Yes" to Form 990, P		
		(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 advisor	ors in writing that the assets held in donor advise	d
	funds are the organization's property, subject to the org	anization's exclusive legal control?	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and do	onor advisors in writing that grant funds may be	
	used only for charitable purposes and not for the benef	it of the donor or donor advisor or other	
	${\it impermissible private benefit?} \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot \cdot$		· · · · · · · · · · · · · · · · · · ·
Pai	till Conservation Easements. Complete	of the organization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the orga	anization (check all that apply)	
	Preservation of land for public use (e g , recreation	or pleasure) Preservation of an histo	orically important land area
	Protection of natural habitat	Preservation of certified	d historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified	d conservation contribution in the form of a conse	ervation easement
	on the last day of the tax year		
			Held at the End of the Year
a	Total number of conservation easements · · · · ·		
b	Total acreage restricted by conservation easements -		· · · 2b
C	Number of conservation easements on a certified histo	ric structure included in (a)	· · · 2c
d	Number of conservation easements included in (c) acq	uired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	· · · 2d
3	Number of conservation easements modified, transferre	ed, released, extinguished, or terminated by the	organization during
	the taxable year >		
4	Number of states where property subject to conservation		
5	Does the organization have a written policy regarding the		d
	enforcement of the conservation easements it holds?		· · · · · · · · · · · · · · · · · · ·
6	Staff or volunteer hours devoted to monitoring, inspecti		
7	Amount of expenses incurred in monitoring, inspecting,		<u> </u>
8	Does each conservation easement reported on line 2(d	•	
_	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports cons	•	
	balance sheet, and include, if applicable, the text of the	<u>-</u>	nts that describes
<u> </u>	the organization's accounting for conservation easeme		
<u>Pa</u>	Organizations Maintaining Collect Complete if the organization answered "Yes"	tions of Art, Historical Treasures, or to Form 990, Part IV, line 8	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 1	16, not to report in its revenue statement and bal	ance sheet works of
	art, historical treasures, or other similar assets held for	public exhibition, education, or research in further	erance of public service,
	provide, in Part XIV, the text of the footnote to its finance	cial statements that describes these items	
b	If the organization elected, as permitted under SFAS 1	to report in its revenue statement and balance	e sheet works of art,
	historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1 \cdot		
	(ii) Assets included in Form 990, Part X $\cdot \cdot \cdot \cdot \cdot \cdot$	• • • • • • • • • • • • • • • • • • • •	· · · · · · · • \$
2	If the organization received or held works of art, historic	cal treasures, or other similar assets for financial	gain, provide the
	following amounts required to be reported under SFAS	_	
а	Revenues included in Form 990, Part VIII, line 1 $\cdot\cdot\cdot$		
b	Assets included in Form 990, Part X · · · · · · ·	• • • • • • • • • • • • • • • • • • • •	· · · · · · · • > \$ _

Par	ft III Organizations Maintaining							ssets (contin	ued)
3	Using the organization's accession and other rec	ords, chec	k any of the	e following that ar	e a significan	t use of	its collection		
	items (check all that apply)								
а	Public exhibition	d	Loan	or exchange prog	rams				
b	Scholarly research	е	Other	• • •					
С	Preservation for future generations				-				
4	Provide a description of the organization's collect	tions and s	avalaıa hou	they further the	organization's	evemnt	nurnose in		
7	Part XIV	uons and c	sxpiaiii nov	they further the t	organization s	exempt	purpose iii		
_				historial to-					
5	During the year, did the organization solicit or re-							٠	
	assets to be sold to raise funds rather than to be							· · _ Yes	No
Par	Trust, Escrow and Custodia Part IV, line 9, or reported an amount	al Arranç on Form 9	gements 90, Part X,	Complete if org	janization ans	wered "	Yes" to Form 990,		
1a	Is the organization an agent, trustee, custodian of								
	included on Form 990, Part X?							· · TYes	No
b	if "Yes," explain the arrangement in Part XIV and								_
		·					Am	ount	
С	Beginning balance					10			
d	Additions during the year · · · · · · · · · · · ·							<u> </u>	
	Distributions during the year								
e	Ending balance	• • • • •				11			
f									
2a	Did the organization include an amount on Form	990, Pan	X, line 21?				• • • • • • • • •	· · L Yes	∐No
	· · · · · · · · · · · · · · · · · · ·				. 				
Păi	Endowment Funds.Complete	organizati	on answer	ed "Yes" to Form	990, Part IV, I	ine 10			
	<u> </u>	(a) Currer	nt Year	(b) Pnor Year	(c) Two Year	s Back	(d) Three Years Back	(e) Four Year	s Back
1a	Beginning of year balance		<u></u>	第6名5和首位第	制於北部建立				
b	Contributions		1,6	医神术性神经		阿纳萨	数是批准的	別於數學的	
С	Investment earnings or losses		I A	THE COLUMN	能學工學	建筑	李基本的		国本企
d	Grants or scholarships		Ž.	开放光车装置支 荷		建州 的	THE PARTY OF THE		
е	Other expenditures for facilities		P)	SE AND SECTION OF	125				
_	and programs		(A)						
f	Administrative expenses					1722			
	End of year balance		्रें रेट	到1000000000000000000000000000000000000	NEW STREET		THE SHARE SHARE SHARE	in head and head a	SE CONTROL
g	· .	d balanca	hold oo	4年的时间。ICUSTOCHE	7 [645]294(C) 美国0.0	好情态。	(日本学生は一部一部の記事の表別に)	[44] 《祖子保证证明》	and the second
2	Provide the estimated percentage of the year er	o balance							
a	Board designated or quasi-endowment		- %						
b	Permanent endowment								
С	Term endowment ► %								
3a	Are there endowment funds not in the possession	on of the or	rganization	that are held and	administered	for the		_	
	organization by							Yes	No No
	(i) unrelated organizations · · · · · · · ·			• • • • • • •		• • • •	• • • • • • • •	- 3a(i)	
	(ii) related organizations · · · · · · · · · ·			• • • • • • •			• • • • • • • •	• 3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	ted as requ	uired on Sc	hedule R? · ·				- 3b	
4	Describe in Part XIV the intended uses of the or	ganızatıon'	's endowme	ent funds					
Pa	nt VI Investments - Land, Buildir	ngs. and	Lauipn	ent. See Form	990, Part X, III	ne 10			
		1	Cost or other	1	ost or other	i	Depreciation	(d) Book valu	
	Description of investment	(a)	(investmen	1	is (other)	(5)	Depreciation	(u) Book vali	46
1a	Land		12 20411011	, ,		尼纳红		39	4,060
b	Buildings	├──			1,389,207	CONTRACTOR ()	400,237		8,970
	Leasehold improvements · · · · · · ·	├─							
C				 	189,915		174,806		5,109
d	Equipment				103,313		174,000		.5,109
<u>е</u>	Other · · · · · · · STMD		4 V I	(D) 1: 40(1)		1		4 00	0 100
ota	I. Add lines 1a-1e (Column (d) should equal For	п 990, Раг	τ X, column	(B), line 10(C))	• • • • • •	• • • •	• • • • • • •	1,39	8,139

St Vincent de Paul SW Dist Council

Schedule D (Form 990) 2008

82-0504886

Part VII	Investments - Other Securities.	See Form 990, Part X, line 12.		
•	(a) Description of security or category	(b) Book value	(c) Method of valua	tion
	(including name of security)	<u> </u>	Cost or end-of-year mark	et value
	vatives and other financial products · · · · ·	•		
	equity interests	•		
Other			<u> </u>	
		_		
		_		
		_		
				
			ALAN AND AND AND AND AND AND AND AND AND A	SAL MUNTERS IN THE WARRENCE STATE WAS TO SEASON STATES
Total. (Column	(b) chould equal to this deet, t direct, door (b) time 12)	<u> </u>	"是你是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	是是他们的
Part VIII	Investments - Program Related.	See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valua	tion
			Cost or end-of-year mark	et value
	<u> </u>			
			The Company of the Co	· 2 (bus referred to refer the law domestics to be
	(b) dilodid oddai'i oim ood; i dity (oo. (=) mio io)	<u> </u>		
Part IX	Other Assets. See Form 990, Part X, li			T
	(a) Description		(b) Book value
				<u> </u>
			<u> </u>	-
				ļ
				
		· · · · · · · · · · · · · · · · · · ·	· ···-·-	
T. 6 . 12 T	(b) should equal to this soo, i active oor (c) mile to	/ line 25	· · · · · · · · · · · · · · · · · · ·	1
Part X	Other Liabilities. See Form 990, Part		Charles and Table and design can cancer	a destruction and the second
5. 3	(a) Description of liability	(b) Amount		
Federal incor	me taxes			
		- · · · · · · · · · · · · · · · · · · 		
Total (Column	(b) should equal Form 990, Part X, col (B) line 25)	<u> </u>	国家的工程和企业的工程的工程的	经的基本工程的现在对数型等了

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedu	ule D (Form 990) 2008 St Vincent de Paul SW Dist Council	82-0504886	Page 4
Par	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	
Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er 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	200	
а	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	
Pa	TEXIII 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.		
а	Donated services and use of facilities · · · · · · · · · · · · · · · · 2a	10 A 10 A 10 A 10 A 10 A 10 A 10 A 10 A	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·		
С	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · · · · · · · ·		
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·		
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIV)		
С	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pä	rt XIV Supplemental Information		
Com	plete 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		
			<u></u>
			
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Org	Governments, and Individuals in
Grants and Ot	Governmer

SCHEDULE 1	Grants and Other Assistance to Organizations,	OMB No 1545-0047
(Form 990)	Governments, and Individuals in the U.S.	2008
Department of the Treasury Internal Revenue Service	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990.	Soperior Public For Sold Sold Sold Sold Sold Sold Sold Sold
Name of the organization		Employer identification number
St Vincent de Paul SW Dist Council	Dist Council	82-0504886
Paital General Inform	Darial General Information on Grants and Assistance	
1 Does the organization mai	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	:	X Yes No
2 Describe in Part IV the org	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

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 II

(h) Purpose of grant	Salakina v									Schedule (Form 990) 2008
(g) Description of (h) Purpose of gran	IIG FCBSI BSSISIBING	,							•	▲ ::::::::::::::::::::::::::::::::::::
(f) Method of valuation (book FMV appraisal	other)									
. ts	assistance									
(d) Amount of cash	grant						į			
C section	ıf applicable								ations	ctions for Form 990
(b) if additional space is									nd government organiz	Notice see the Instructions
7 (a) Name and address of organization (b) If additional space is needed	or government								2 Enter total number of section 501(c)(3) and government organizations	3 Enter total number of other organizations

Schedule I (Form 990) 2008 (f) Description of non-cash assistance 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 াইবিশিশ Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance EEA 281,133 (c) Amount of cash grant 2,730 (b) Number of resources received by client. Summary reports are 01. Supplemental information (Part IV, additional) Client summary report tracks client based program recipients totalled at year end to monitor program outreach. (a) Type of grant or assistance Food, Clothing, Housing

Page 2

82-0504886

St Vincent de Paul SW Dist Council

Schedule I (Form 990) 2008

Part

SCHEDULE Ò (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

Inspection

Open to Public

Name of the organization Employer identification number St Vincent de Paul SW Dist Council 82-0504886 01. Form 990 governing body review (Part VI, line 10) Reviewed by governing authority at duly authorized meeting 02. CEO, executive director, top management comp (Part VI, line 15a) Compensation reviewed and approved by governing authority at duly authorized meeting 03. Other officer or key employee compensation (Part VI, line 15b Compensation reviewed and approved by governing authority at duly authorized meeting 04. Governing documents, etc, available to public (Part VI, line 19) Available upon written request during normal business hours at authorized office location

990	Overflow Statement		
Name(s) as shown on return		FEIN	
St Vincent de Paul SW	Dist Council	82-0504886	

Part IX Line 24 Other Expenses

Description		Amount		
Bank Fees		\$	19,773	
Bld Improvements			898	
Council Activities			3,544	
Unclassified Items			1,196	
Insurance			13,476	
Conference Expense			1,972	
Workers Comp			13,824	
Drug Testing			92	
Equip Prop Tax			6	
Refuse Disposal			11,030	
Special Srv			281	
Salvage Costs			150	
Vehicle Expense			5,393	
	Total:	\$	71,635	

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

• If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 o			
	plete Part II unless you have already been granted an automatic 3-month extension on a Automatic 3-Month Extension of Time. Only submit original (no copies nee		ed Form 8868		
	on required to file Form 990-T and requesting an automatic 6-month extension—check	-	nd complete ▶ □		
	rporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form ncome tax returns.	7004 to req	uest an extension of		
Electronic I one of the relectronically returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month auterturns noted below (6 months for a corporation required to file Form 990-T). Howery if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed are details on the electronic filing of this form, visit www.irs gov/efile and click on e-file	ever, you ca is 990-BL, 6 and signed pa	nnot file Form 8868 069, or 8870, group age 2 (Part II) of Form		
Type or	Name of Exempt Organization	Employer i	dentification number		
print	St Vincent de Paul SW District Council	82	0504886		
File by the due date for filing your	Number, street, and room or suite no If a P.O. box, see instructions. 3217 W Overland				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions Boiee, Id 83705				
Check type	of return to be filed (file a separate application for each return):		-		
☑ Form 99	0 Form 990-T (corporation)		Form 4720		
☐ Form 99			☐ Form 5227		
☐ Form 99	00-EZ		Form 6069		
☐ Form 99	00-PF		Form 8870		
If the org.If this is for the who	anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) le group, check this box ▶ □ . If it is for part of the group, check this box he names and EINs of all members the extension will cover.)	If this is		
1 I request of the property o	uest an automatic 3-month (6 months for a corporation required to file Formay 15th 1, 20 10, to file the exempt organization return for the organization organization's return for: calendar year 20 07 corporation or calendar year 20 08 and ending 07 September 1, 20 08 and ending 07 September 1, 20 08 and ending 07 September 1, 20 08 and ending 08 September 1, 20 08 and ending 07 September 1, 2	named abo	ove. The extension is		
2 If this	tax year is for less than 12 months, check reason: Initial return Final return	☐ Change	in accounting period		
less a	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tany nonrefundable credits. See instructions.	3a	\$		
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tents made. Include any prior year overpayment allowed as a credit.		\$		
depos	ice Due. Subtract line 3b from line 3a. Include your payment with this form, or, if require sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymern). See instructions.	ed, and 3c	\$		
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 8 it instructions.				

Form 8	868 (Rev	4-2009)								Page 2
			nal (Not Automatic) 3-M							. ▶ ☑
			have already been granted					viously filed F	orm 8868	
Part			atic 3-Month Extension, automatic) 3-Month Ex					(no copies	poodod	
				ttension c	n mine. O	iny me	# the original	Employer id		
	NACESTAL TAT					82 :	05048			
print		St Vincent de Paul SW District Council Number, street, and room or suite no If a P O. box, see instructions				For IRS use				
File by the extended		Number, street, and room or suite no. If a P.O. box, see instructions 3217 W Overland				roi ino use	Offig			
due da filing th				oreign addres	s see instaic	tions	SULTABLE		CHANGE TO	ACCEPTANCE OF THE PARTY.
return	See	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bolse, Id. 83705								
			ed (File a separate applica	ation for ea	ch return):		Des. Anteres Feats	Site and the Side (2) S.	AUG NEW ?	M. Art or Selection
_	orm 990		Form 990-PF	ition lor ea	on return).	ПЕС	orm 1041-A		Form 606	a
	orm 99(Form 990-T (sec. 401(a)	or 408(a) tr	ust)	_	orm 4720	= :	Form 887	
_	orm 99		Form 990-T (trust other t			_	orm 5227	الصا	OIIII OO	J
			if you were not already gr					n a previous	ly filed Fo	orm 8868
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• Ine	books	are in the care of	Mr John Nordby 331-8409							
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			ave an office or place of							. ▶ 🗆
			enter the organization's fo							
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4	l reque	st an additional 3-n	nonth extension of time u	ıntıl		st 15th			or 20th	00
			or other tax year beginning							
6	If this t	ax year is for less t	than 12 months, check re	ason: 🔟	Initial returi	n 📙	Final return L	∴ Change is multiple etc.	n account	ing period
7			ed the extension More ti	me reques	iteu to acci	umula	ie data irom i	munipie sto	re localio	1115
	in ora	er tp prepare entity	/ wide tax return.							
	 -									
8a		• •	orm 990-BL, 990-PF, 990)-T, 4720,	or 6069, er	nter the	e tentative ta		•	
	less any nonrefundable credits. See instructions.			8a	\$					
b	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any									
	amour	t paid previously w	ith Form 8868.					8b	\$	
C	Balance Due. Subtract line 8b from line 8a. 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.						\$	0		
					Verification					
			it I have examined this form, incl at I am authorized to prepare this		anying schedu	ules and	statements, and	to the best of n	ny knowledg	e and belief,
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Form 8868 (Rev 4-2009)