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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)

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

OMB No 1545-0047 2009

Open to Public Inspection

<u>A</u>	For the 200	09 calendar y	ear, or tax year beginning , and ending			
В	Check if applica	able Please use IRS	C Name of organization		D Emplo	oyer identification number
닏	Address chang	label or		NC	 EE-	-0399614
\sqcup	Name change	print or type.	Doing Business As Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
	Initial return	See	348 NATIONAL ROAD	Roomsule		1-232-4230
	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross reco	
\Box	Amended retur		WHEELING WV 26003			
$\overline{\sqcap}$	Application per	nding F Nami	and address of principal officer	·	H(a) is this	a group return for
	,,				affiliat H(b) Are al	
					includ	ed? Yes No
			501(c) (3) ◄ (insert no) 4947(a)(1) or 527		If "No,	attach a list. (see instructions)
÷	Tax-exempt Website:		501(c) (3) 4 (insert no) 4947(a)(1) or 527		C	
		ization X Cor	poration Trust Association Other	L Year of formation	I H(C) Group	exemption number M State of legal domicile
_	art I	Summa		L Teal Of formation		State of legal domilione
	1		he organization's mission or most significant activities:		•	
•	1	-	the poor with donated clothes and furnishings	•		
Activities & Governance	·					
J.						
Š	2 Che	ck this box 🕨	If the organization discontinued its operations or disposed of more than	25% of its net asse	ets	·
જ	3 Nun	nber of voting	members of the governing body (Part VI, line 1a)		3	4
10.	4 Nun	nber of indep	endent voting members of the governing body (Part VI, line 1b)		4	4
Ξ			employees (Part V, line 2a)		5	<u>8</u>
Ac	1		volunteers (estimate if necessary)	•	6	
	1	_	ated business revenue from Part VIII, column (C), line 12		7a	
<u>}_</u>	b_Net	unrelated bu	siness taxable income from Form 990-T, line 34	Prior Ye	7b	Current Year
<i>,</i>	8 Con	itributions an	d grants (Part VIII, line 1h)		6,739	395,194
Z 2	1	gram service	-			
Revenue	1	_	ne (Part VIII, column (A), lines 3, 4, and 7d)		8,120	-3,738
⊋ر	1		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tota	al revenue – a	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	38	4,859	391,456
٦ 5	13 Gra	nts and simila	ar amounts paid (Part IX, column (A), lines 1–3)			
- 9	1	=	or for members (Part IX, column (A), line 4)			
			ompensation; employee benefits (Part IX, column (A), lines 5–10)	16	7,792	159,984
Expenses	16a Pro	母 题 图 图	raising lees (Part IX, column (A), line 11e)			
֓֞֟֝֟֝֟֟֝֟֝֟֝ ֚	lb fota	al lundraising	expenses (Ràn IX, column (D), line 25)	22	8,337	228,117
_		er expenses	(Part IX, column (A), lines 11a–11d, 11f–24f) Add lines 1341 (must equal Part IX, column (A), line 25)		6,129	388,101
	1000	onuo loce ov	penses Subtract line 18 from line 12		1,270	3,355
5 6		GDEN		Beginning of Cu		End of Year
sets	20 To	7330K (Fd	1 X, line 18)***	33	9,058	390,184
Net Assets or	21 Tota	al liabilities (F	art X, line 26)		985	1,006
		assets or fun	d balances. Subtract line 21 from line 20	33	8,073	389,178
P	art II	<u>Signatu</u>	re Block			
			ties of perjury, I declare that I have examined this return, including accompanying schedule is true, correct, and complete Declaration of preparer (other than officer) is based on all in			
e:			2 4 a 7 2 a 0	,	ļ .	,g.
Siç He	-	Support	and the state of t		Date	
116	16	Signatu	LUCY M FORNAL - TREASURER		Date	
		Type or	print name and title			
			Date	Check	ıf	Preparer's identifying number
Pa	id	Preparer's signature		14/10 self- employ		see instructions) P00496866
	eparer's	-	Felton & Felton, A.C. CPAs	==/ = o employ	EIN D	55-0723540
Us	e Only	Firm's name if self-emplor	1144 Mariant Ch Cha 205		Phone	
		address, and	111			304-233-2420
Mar	y the IRS d	iscuss this re	turn with the preparer shown above? (see instructions)		,	Yes Non
For	Privacy A		rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA	١		*			V.

- - -om 990 (2009) SC	OCIETY OF ST.	VINCENT DePAUL, IN	1C 55-0399	614	Page 2
		Service Accomplishments			
	the organization's mission		d f urrichin		
merbrud c	ne poor with	donated clothes an	d rurnishing	Js.	
٠			•	•	
2 Did the organiza	ation undertake any signif	icant program services during the year	which were not listed of	n	
the prior Form 9					Yes X No
•	e these new services on				
3 Did the organization services?	ation cease conducting, of	r make significant changes in how it co	onducts, any program		Yes X No
	e these changes on Sche	edule O	•		
		ints for each of the organization's three			
		tions and section 4947(a)(1) trusts are and revenue, if any, for each program		mount of grants and	
anocations to of				· · ·	
		165,074 including grants or relief victims, ass	istance for		who are in
need of h	elp with Med	icine and Utility h	eating bill:	3.	
	•	•			
•					••
	•		•		
			••		
	•	•	•		
4b (Code:) (Expenses \$	including grants o	f \$.) (Revenue \$)
	•				
•	•				
	•				
٠	•				
	· 	•			
4c (Code) (Expenses \$. including grants o	f\$) (Revenue \$)
••	•	•		•	•
	•	•••			
		• •			
••	•				
				•	
		•	•	•• •	
	services. (Describe in Sch				
(Expenses \$	service expenses >	including grants of \$ 165,074) (Revenu	e \$)
49 TOTAL PROGRAM	Sei Aine exhelises	100,014		· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)

	arte Officerist of Required Octobuses			
			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	х	
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			43
Ŭ	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	<u> </u>		
	Schedule C, Part II	4		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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	ł		
	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,"	1		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part Vi			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		-	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization report an amount for other habilities in Part X, line 25° in Test, complete Schedule B, Part X			
•	the organization's suparate of consolidated infancial statements for the tax year include a localite that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	1		
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 United States?	14a		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 United States? 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			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		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? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		7.
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
20	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	900	(2009)
		FOL	1 330	(2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes." complete Schedule J	23		<u> </u>
24a	3			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	() () () () () () () () () ()			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		i	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			77
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			47
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			7.7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ				v
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			x
20	Part IV	28c	х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	20		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.	30		
31	Part I	24		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JE	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	34		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	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			_===
-	organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R,			
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance							
							Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1.						
	U.S Information Returns Enter -0- if not applicable	1a_	L			_		
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	_			_	:	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	9				1	7.7
_	gaming (gambling) winnings to prize winners?	1 1	г			1c		X
2a			١.	2			1	
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		8			.	
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	15'7				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						-	
2-	instructions)	1 6						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	ı by				30		X
.	•					3a 3b		
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthoch	.,			30		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account, or other financial account, or other financial account.	-	y					
	account)?	IIICiai				4a		X
ь	If "Yes," enter the name of the foreign country: ▶							
Ü	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	lank						
	and Financial Accounts.	QIII.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	on?				5b		Х
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regal		•			1		
	Prohibited Tax Shelter Transaction?	3				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е						
	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 contribution	ns or						
	gifts were not tax deductible?					6b		
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gi	oods						
	and services provided to the payor?					7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?					7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s						
	required to file Form 8282?	, ,	r			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pe	ersonal						
	benefit contract?					7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?				7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?					7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as						
	required?					7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting							
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring							
۵	organization, have excess business holdings at any time during the year?					8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?					9a		
a b	Did the organization make any taxable distributions under section 4960? Did the organization make a distribution to a donor, donor advisor, or related person?	•				9b		
10	Section 501(c)(7) organizations. Enter					30		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	l					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				_		
11	Section 501(c)(12) organizations. Enter		_			_		
'' a	Gross income from members or shareholders	11a	1					
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		Г			_		
~	amounts due or received from them)	116						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		-			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						

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

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			İ
b	Enter the number of voting members that are independent . 1b 4			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	ــــــ
ь	Each committee with authority to act on behalf of the governing body?	8b	X	ـــــ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		77
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			•
a	The organization's CEO, Executive Director, or top management official	15a	 	X
b	Other officers or key employees of the organization	15b		_
40.	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	460		х
	with a taxable entity during the year? If "Yes " has the ergonization educated a written policy or procedure requiring the ergonization to evaluate.	16a		_
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		•	
		16b		1
500	the organization's exempt status with respect to such arrangements?	100		—
	List the states with which a copy of this Form 990 is required to be filed None			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
.5	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			
20	organization: SOCIETY OF ST. VINCENT DEPAUL INC 348 NATIONAL ROAD			
Ţ _w jī	HERETING WV 26003	•	•	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organizatio (A) Name and Title	(B) Average hours per	Pos	(C) Position (check all that apply)					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Ebbie Schuetz										
President	5.00	<u> </u>				Ш		0	0	(
Frank Lubic	1 1 1								•	_
Vice Pres.	1.00	\vdash	┝			Н		0	0	
Lucy Fornal	1.00							ol	0	,
Treasurer Pat Stab	1.00	╁	\vdash	\vdash		$\vdash \vdash$		 		(
Secretary	1.00							o	0	
Decretary	1.00	+				\vdash				
		 	<u> </u>							· · · · · · · · · · · · · · · · · · ·
										_
		 								
			_							_
		<u> </u>								
 										
		<u> </u>								

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization

P	art V	III Statement of Reve	nue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
9 9	12	Federated campaigns	1a	ĺ			revenue		312, 313, 01 314
can	h	Membership dues	1b	<u> </u>					
₽,5	٠	Fundraising events	1c						į
jifts ar a	٦ ر	Related organizations	1d		60,343				
s, E	, d	Government grants (contributions)	1e		00,545				
ioi	f	All other contributions, gifts, grants,							
± et		and similar amounts not included above	1f	;	334,851				
e e	a	Noncash contributions included in lines 1a-		\$	225,744				
္မွ မ	h	Total. Add lines 1a–1f		•		395,194			
Program Service Revenue Contributions, gifts, grants amounts	i ii	Total Tito III			Busn Code	000,202			
en.	2a				Dusir Gode				
æ	Ь.			•					
ç	c	•		•					 -
ěΖ	d								
E		-							
g	f	All other program service rever	nue						
P.	ء ا	Total. Add lines 2a–2f		•	•				
_	3	Investment income (including of	lividen	ıds intere			<u> </u>		
		other similar amounts)			• I	4,294			4,294
	4	Income from investment of tax-	-exem	ot bond pr	oceeds >	-,	·		
	5	Royalties			▶			j ·	
		(ı) Real		(II) F	Personal				
	6a	Gross Rents							
	ь	Less rental exps							
	c	Rental inc or (loss)				1			
	ď	Net rental income or (loss)				Ţ			
	7a	Gross amount from (i) Securities	;	(11)	Other		·		
		sales of assets other than inventory			-8,032				
	ь	Less cost or other							
		basis & sales exps							
	С	Gain or (loss)			-8,032				
	d	Net gain or (loss)			•	-8,032		{	-8,032
	8a	Gross income from fundraising even	ts					:	
nue		(not including \$				I			
Other Reven		of contributions reported on line 1c)				1			
Ä		See Part IV, line 18	а			İ			
the	b	Less: direct expenses	ь						
٦		Net income or (loss) from fundi		events	.		· - · · · · · · · · · · · · · · · · · ·		
	9a	Gross income from gaming activities	;			1			
		See Part IV, line 19	а			1			
		Less direct expenses	b						
	С	Net income or (loss) from gami	ng act	vities	•				
	10a	Gross sales of inventory, less				į			
		returns and allowances	а						
		Less cost of goods sold	b			1			
	С.	Net income or (loss) from sales	of inv	entory	•				
- }		Miscellaneous Revenue			Busn. Code	1			
	11a				ļ			·	
	þ			•					
	C				ļļ				
	d	All other revenue			L				
ŀ	е	Total. Add lines 11a-11d			▶				
\Box	12	Total Revenue. See instruction	ns		•	391,456	0	0	-3,738

Part IX Statement of Functional Expenses

Form 990 (2009)

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).

77, 8t. 9t. and 10th of Part VIII. Graits and other assistance to inportant and organizations in the U.S. See Part IV, line 21 Graits and other assistance to individuals in the U.S. See Part IV, line 22 Graits and other assistance to individuals in the U.S. See Part IV, line 22 Graits and other assistance to individuals outside the U.S. See Part IV, lines 13 and 16 Benefits paid to or for members	Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
depreziones in the U.S. See Part V, line 21 Grains and other assistance to individuals in the U.S. See Part VI, line 22 Grains and other assistance in dividuals outsele the U.S. See Part VI, lines 15 and 16 U.S. See Part VI, lines 15 and 16 Berefits part to for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers of 450(f)(1) and persons (see define ution section 450(f)(1) and persons described under section 450(f)(1) and persons described in section 450(f)(1) and persons described under section 450(f)(1) and persons described under section 450(f)(1) and persons described under section 450(f)(1) and persons described under section 450(f)(1) and section 450(f)(2) employer contributions (include section 451(f) and section 450(f)(2) employer contributions (include section 451(f) and section 450(f)(2) employer contributions (include section 451(f) and section 450(f) employer contributions (include section 450(f)(2) and section 450(f) employer contributions (include section 450(f)(2) and section 450(f)(2) employer contributions (include section 450(f)(2) and section 450(f)(2) employer contributions (include section 450(f)(2) and section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) employer contributions (include section 450(f)(2) e	7b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
the U.S. See Part IV, line 2 Grants and other assistance to poverments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 15 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation in cludded above, to dequalified persors (section flows) (include section 43 (fiv) and section	1	_				
the U.S. See Part IV, line 12 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 17 is and 16 Benefits paid for or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors,	2	_				
Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Berefits poid to or for members Compensation of current officiens, directors, trustees, and key employees Compensation of current officiens, directors, trustees, and key employees Compensation of individed above, to dequalified persons (as defined under section 458(0)(f)) and persons described in section 458(0)(f) and persons described in section 458(0)(f) and persons described in section 458(0)(f) and section 401(k) a						
organizations, and individuals outside the U.S. See Part IV, lines 15 and 15 depending and the control of the	3	, i				
U. S. See Part IV, Intes 15 and 16 Benefits pad to n for members 5 Compensation of current officers, directors, trusities, and key employees 6 Compensation and enclided active, to disqualified persons (escibided in section 4956(I)(1) and persons described in section 495(I)(1) and persons described in section 495(I)(1) and section 405(I) employer contributions (included section 401(I) and section 405(I) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Accounting 13 Caccounting 14 Legal 15 F, 500 15 F, 500 15 F, 500 16 Lobbying 17 Investment management fees 18 Other 19 Other 10 Other 10 Other 11 Traves 11 Payments of ravel or entertainment expenses for any federal, state, or local public officials 10 Compency 11 Traves 12 Payments of stavel or entertainment expenses for any federal, state, or local public officials 19 Payments of stavel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Insurance 12 Other expenses stown on line 25 below) 13 Other Alt	•	-				
Benefits pact to cr for members		_			1	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 49580(1)) and persons described in section 49580(1) and persons described in section 49580(1) and persons described in section 4958(0)(1) and section 401(8)	4	•				·····
Tusties, and key employees	5	- · · · · · · · · · · · · · · · · · · ·				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(6) 7 Other salanes and wages						
persons described in section 4936(c)(3)(8) 7 Other salanes and wages 8 Penson plan contributions (include section 401(t)) and section 403(t) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Feas for services (non-employees): Management 1 Legal 821 821 2 Accounting 1 CACCOUNTING 2 CACCOUNTING 3 Lobbying 9 Professional fundrating services See Part IV, line 17 1 Investment management fees 9 Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials for any federal, state, or local public officials of interest in the state of	6	Compensation not included above, to disqualified				
7 Other salanes and wages Person plan contributions (include section 401(x) and section 400(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal C Accounting Professional fundrassing services See Part IV, line 17 Investment management fees 9 Other 20 Advertising and promotion 13 Office expenses 14 Information technology 15 Royaltes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 2 Deprecation, depletion, and amortization 1 Insurance 24 Other expenses shown on line 25 below a Other Aid 1 Insurance 4 Insurance 5 All other expenses 4 Insurance 6 (5.921 6 (5.937 7 All other expenses 5 Total functional expenses, Add lines 1 through 247 5 Joint costs. Check here		persons (as defined under section 4958(f)(1)) and				
8 Person plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal		persons described in section 4958(c)(3)(B)				
and section 40(3c) employee contributions) Other employee benefits Payroll taxes 1 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring Professional fundrianing services. See Part IV, line 17 f Investment management fees Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11 Interest 12 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Deprezation, depletion, and amortization 10 Insurance 20 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 Other Aid This is a state of the professional travel or the professional professional professional professional professional professional professional professional professional professional professional complete in column (8) joint costs from a combined educational compagn and for the professional professional completes in the only if the organization reported in column (8) joint costs from a combined educational campagn and	7	Other salaries and wages	159,984	24,400	135,584	
10 Payroll taxes	8	Pension plan contributions (include section 401(k)				
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal c Accounting d Lobbyring e Professoral fundraising services See Part IV, line 17 f Investment management fees 340 9 Other 22 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 12 Payments to affiliates 12 Depreciation, depletion, and amortization 1 Insurance 24 Other expenses shown on line 25 below a Other Aid 3 Other Societies 4 Other Societies 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below a Other Aid 4 Other Aid 5 Insurance 6 Op21 6 Op37 7 All other expenses 7 All other expenses 7 Total functional expenses, Add lines 1 through 241 7 Total functional expenses, Add lines 1 through 241 7 Solint costs. Check here		and section 403(b) employer contributions)				
11 Fees for services (non-employees): a Management	9	•				
a Management b Legal c Accounting c Accounting 5,500 5,500 d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid b Utilities - Society C Other Societies d Insurance e 6,921 e 7, All other expenses 1 Interest 2 (8,301 1,91,31 1,91,70 2 (9,92) 2 (23,027 2 (23,027 2 (23,027) 388,101 165,074 2 (23,027	10	-				
b Legal	11	, , ,				
C Accounting S 5,500 S 5,500	_		004		004	
Lobbying Professional fundrating services See Part IV, line 17 Investment management fees 340 340 g Other 2		•				
e Professonal fundrasing services See Part IV, line 17 f Investment management fees g Other 2 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid b Uttilities - Society C Other Societies 9,938 1 Insurance 6,921 6,537 6,537 7 6,537 7 6,537 7 7 All other expenses. Add lines 1 though 24f 26 Joint costs. Check here \times \times \times if following SOP 98-2. Complete this line only if the origanization reported in column (B) joint costs from a combined educational camping and		•	3,300		3,300	
For Investment management fees 340						
g Other 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 Other Societies 3 9,938 4 115,716 115,716 5 115,716 115,716 7 12,905 7 1	_		340	•	340	
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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) 10 Other Aid 115,716 115,71		• • •	330		340	
13 Office expenses						
14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 Other Aid 2 Utilities - Society 2 Other Societies 3 9,938 4 Insurance 5 6,921 6 6,537 7 All other expenses. Add lines 1 through 24f 25 Total functional expensess. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and		- '				
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 2 Other Aid 2 Utilities - Society 2 Other Societies 3 0 0 1 115,716 115,716 5 Utilities - Society 6 0 21 6,921 6 6,921 6 6,921 6 6,537 7 7 6,537 7 7 6,537 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		•				
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid b Utilities - Society c Other Societies 9,938 d Insurance 6,921 e 6,537 f All other expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	15	•				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 2 Conferences, conventions, and meetings 2 Interest 2 Payments to affiliates 2 Depreciation, depletion, and amorbzation 2 Insurance 2 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 Other Aid b Utilities - Society c Other Societies d Insurance 6 (921 e 6 (537 f All other expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	16	Occupancy	38,216		38,216	
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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) Other Aid Utilities - Society Other Societies Other Societies All other expenses Insurance 28, 301 19, 131 19, 170 29, 388, 101 165, 074 223, 027 Insurance In	17	Travel				
19 Conferences, conventions, and meetings 2 Interest 2 Payments to affiliates 2 Depreciation, depletion, and amortization 2 Insurance 2 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 Other Aid b Utilities - Society c Other Societies d Insurance 1 115,716 115,716 b Utilities - Society c Other Societies d Insurance 6,931 f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	18	Payments of travel or entertainment expenses				
20		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid b Utilities - Society c Other Societies d Insurance e 6,921 e 6,537 f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	19	Conferences, conventions, and meetings	2,922	2,922		
Depreciation, depletion, and amortization Insurance 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 Other Aid b Utilities - Society c Other Societies d Insurance e 6,921 e 6,537 f All other expenses 7 All other expenses. Add lines 1 through 24f 115,716 115,		• •				
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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 Other Aid b Utilities - Society c Other Societies d Insurance e 6,921 e 6,537 f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			··· ··· · · · · · · · · · · · · ·			
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid	23	insurance				
covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid	24	Other expenses Itemize expenses not				
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a Other Aid b Utilities - Society c Other Societies d Insurance e 6,921 6,537 f All other expenses 28,301 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	24				1	
5% of total expenses shown on line 25 below) a Other Aid						
a Other Aid b Utilities - Society c Other Societies d Insurance e 6,921 f All other expenses Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and		· · · · · · · · · · · · · · · · · · ·			1	
b Utilities - Society c Other Societies d Insurance e 6,921 e 6,537 f All other expenses 28,301 28,301 29,131 29,170 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	а	• •	115,716	115,716	1	<u> </u>
d Insurance e 6,921 6,537 f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 388,101 165,074 223,027 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	b	Utilities - Society				
e 6,537 f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 388,101 165,074 223,027 26 Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	C	- · ·	9,938			
f All other expenses 28,301 9,131 19,170 25 Total functional expenses. Add lines 1 through 24f 388,101 165,074 223,027 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	d	Insurance				
25 Total functional expenses. Add lines 1 through 24f 388, 101 165, 074 223, 027 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				· · · · · · · · · · · · · · · · · · ·		
26 Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	f	•				
SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			388,101	165,074	223,027	
organization reported in column (B) joint costs from a combined educational campaign and	26					
		organization reported in column (B) joint costs				
		from a combined educational campaign and fundraising solicitation				

· Par	rt X Balance Sheet				T age 1
			(A) Beginning of year		(B) End of year
	1 Cash—non-interest bearing		117,291	1	128,807
:	2 Savings and temporary cash investments			2	
:	3 Pledges and grants receivable, net	. [3	- "
	4 Accounts receivable, net		.	4	
	5 Receivables from current and former officers, director	ors, trustees, key			· · · · · · · · · · · · · · · · · · ·
ı	employees, and highest compensated employees. C	Complete Part II of			
	Schedule L			5	
	6 Receivables from other disqualified persons (as defi	ned under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
	Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		6	
Assets	7 Notes and loans receivable, net			7	
SS	8 Inventones for sale or use			8	
١ 🔻	9 Prepaid expenses and deferred charges	Ì		9	
1	0a Land, buildings, and equipment cost or				
	other basis. Complete Part VI of Schedule D	10a 28,877			
	b Less: accumulated depreciation	10b 28,877	3,850	100	
1.	•	1001 207077	217,917	11	261,377
1:		ŀ		12	201,371
1:	,	· •		13	
1		-		14	
19	•	·		-	
10	•	. 24\	339,058	15	390,184
12		e 34)	985	16	1,006
11		<u>}</u>	965	17	1,000
19		ŀ		18	
20		-		19	
	F	N/ (0 1 5		20	
Liabilities	• •	F		21	
≝ 22	,	· · ·			
iat	employees, highest compensated employees, and d	Isqualified			
- 1	persons. Complete Part II of Schedule L	:		22	
	3 Secured mortgages and notes payable to unrelated	` -		23	
24	, , , , , , , , , , , , , , , , , , , ,	d parties		24	
25	,	ŀ	005	25	1 000
/0		[37]	985	26	1,006
Balances	Organizations that follow SFAS 117, check here			1	
Ĕ	complete lines 27 through 29, and lines 33 and 34	•	05 700	-	54 500
F 27	•		85,723		74,532 314,646
28		<u> </u>	252,350	28	314,646
Ĕ 29	•	, ,		29	
<u> </u>	Organizations that do not follow SFAS 117, check	here ▶			
ō	and complete lines 30 through 34.			-	
₹ 30	, , , , , , , , , , , , , , , , , , , ,			30	
95 31		ļ -		31	
Net Assets or Fund	•	e, or other funds		32	
<u>형</u> 33	•	L	338,073	33	389,178
<u>Z 34</u>	Total liabilities and net assets/fund balances		339,058	34	390,184

Form **990** (2009)

om	990 (2009) SOCIETY OF ST. VINCENT DePAUL, INC 55-0399614		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY OF ST. VINCENT DePAUL, INC

Employer identification number 55-0399614

	rt i		on for Public Charity			Joinpioe	C tillo	pail.)	<u> </u>	01.00			
he c	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	neck only	one box))						
1		A church, coi	nvention of churches, or asso	ociation of churches described in	section	170(b)(1)	(A)(i).						
2	П	A school des	cnbed in section 170(b)(1)(A	A)(ii). (Attach Schedule E.)									
3	П			ce organization described in sec	tion 170(b)(1)(A)(ii	i).						
4	П	· ·	•	in conjunction with a hospital d	•		•	(1)(A)(iii). Enter	the hos	spital's name		
		city, and state	•	,					,				
5		•		of a college or university owned o	or operate	ed by a go	vemme	ntal unit	describ	ed in			
	Ш		b)(1)(A)(iv). (Complete Part		л оролак	,c 5, 2 gc		iai aiii	2000110	00			
6	П			overnmental unit described in se	ction 170	/b)/1\/A\/	(v)						
7	H			substantial part of its support fro				om tha c	roporol	nublia			
•	Ш	=	section 170(b)(1)(A)(vi). (Co		iii a govei	TITIC TILAS	unit or in	om ule (jenerar	public			
٥	П												
8	₩	-		70(b)(1)(A)(vi). (Complete Part I	•			- L L -					
9	X	_) more than 33 1/3 % of its supp				•		•	SS		
				pt functions—subject to certain									
			•	d unrelated business taxable inc	•		,	from bu	sinesse	es			
	\Box			0, 1975 See section 509(a)(2).									
10	Н	•		exclusively to test for public safe	•								
11		_	· ·	exclusively for the benefit of, to p				•					
				ed organizations described in se						ection			
				ne type of supporting organization			es 11e t	— ·					
		а Туре		c Type III–Functions			d		e III-Ot	her			
е	Ш			anization is not controlled directly	=			-					
				and other than one or more publ	icly supp	orted orga	inization	s descn	bed in s	section			
			section 509(a)(2)										
f				rmination from the IRS that it is a	Type I,	Гуре II, or	Type III	support	ting				
			check this box										
g		Since August	t 17, 2006, has the organizat	ion accepted any gift or contribu	tion from	any of the	•						
		following per	sons?										
		(i) A persor	n who directly or indirectly co	ntrols, either alone or together w	th perso	ns describ	oed in (ii)			_	Yes	No
		and (III)	pelow, the governing body of	the supported organization?							11g(i	1	↓
		(ii) A family	member of a person describ	ed ın (ı) above?							. 11g(ı	Ц	┷
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(i	i)	<u> </u>
h		Provide the f	ollowing information about the	e supported organization(s).							 		
1 (i)		of supported	(ii) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(vii) Ar		f
	org	anization		(described on lines 1–9 above or IRC section		sted in your	the organ	nzation in of your	organizat	ion in col zed in the	su	port	
				(see instructions))	governing	document?		ort?		Şγ			
				· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No			
					1				1				
													
													
								•					

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

Schedule A (Form 990 or 990-EZ) 2009

<u>Sche</u>	edule A (Form 990 or 990-EZ) 2009 SOC	CIETY OF S	T. VINCEN	T DePAUL,	INC 55	0-0399614	Page 2
Pa	Support Schedule for O (Complete only if you che				(1)(A)(iv) and	170(b)(1)(A)(vi	
Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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						
Sec	tion B. Total Support						
Cal	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). 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	•	second third four	th or fifth tay year	as a section 501/		
. •	organization, check this box and stop here	•	second, uma, loui	ui, or mui tax year	as a section so it	3)(3)	
Sec	tion C. Computation of Public Su		age				
14	Public support percentage for 2009 (line 6,	<u> </u>		(fl)		14	%
15	Public support percentage from 2008 Sche			• (•///	•	15	%
16a	33 1/3 % support test—2009. If the organi			3 and line 14 is 3'	 3 1/3 % or more .c	<u> </u>	70
	and stop here. The organization qualifies			0, 4114 11110 1410 01	7 170 70 07 111010, 0	TICOR UNO DOX	▶ □
ь	33 1/3 % support test—2008. If the organi		•	or 16a, and line 15	i is 33 1/3 % or m	ore check this	- L
•	box and stop here. The organization quali				713 33 173 78 01 1110	ore, creek und	▶ □
17a	10%-facts-and-circumstances test—2009	• •	• •		or 16h and line	14 is 10% or	-
	more, and if the organization meets the "fa						
	organization meets the "facts-and-circumst			-			▶ □
ь	10%-facts-and-circumstances test—2008				-		
_	more, and if the organization meets the "fa	_					
	organization meets the "facts-and-circumsi			•	•		▶ □
18	Private foundation. If the organization did	not check a box or	ı line 13, 16a, 16b	, 17a, or 17b, chec	k this box and see	Instructions	▶ 🗌

(b) 2006

270,41

(c) 2007

344,060

(d) 2008

376,739

(e) 2009

395,194

(f) Total

1,803,558

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

(a) 2005

417,154

Section A. Public Support

any "unusual grants ")

Calendar year (or fiscal year beginning in) ▶

Gifts, grants, contributions, and membership fees received (Do not include

Gross receipts from admissions, merchandise

	sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	417,154	270,411	344,060	376,739	395,194	1,803,558
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				-		
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						1,803,556
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	417,154	270,411	344,060	376,739	395,194	1,803,558
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources .	2,165	7,858	16,087	8,120	4,294	38,524
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	2,165	7,858	16,087	8,120	4,294	38,524
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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)	419,319	278,269	360,147	384,859	399,488	1,842,082
14	First five years. If the Form 990 is for the	organization's first,	second, third, fourt	h, or fifth tax year	as a section 501(c)	(3)	_
	organization, check this box and stop here						> _
Sec	tion C. Computation of Public Su	upport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	(f))		15	97.91%
16	Public support percentage from 2008 Sche					16	97.33%
Sec	tion D. Computation of Investme	nt Income Per	centage				
17	Investment income percentage for 2009 (lin	ne 10c, column (f) o	divided by line 13, o	column (f))		17	2 %
18	Investment income percentage from 2008	Schedule A, Part III	, line 17			18	3 %
19a	33 1/3 % support tests—2009. If the organ	nization did not che	ck the box on line	14, and line 15 is n	nore than 33 1/3 %	, and line	_
	17 is not more than 33 1/3 %, check this bo	ox and stop here. 1	The organization qu	ialifies as a publicl	y supported organi	zation	▼
b	33 1/3 % support tests—2008. If the organ						_
	line 18 is not more than 33 1/3 %, check th						▶
20	Private foundation. If the organization did	not check a box or	line 14, 19a, or 19	b, check this box	and see instruction	s , , , , , , , , , , , , , , , , , , ,	>
DAA					Sche	edule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SOCIETY OF ST. VINCENT DePAUL, INC 55-0399614 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Employer identification number

Open to Public

SOCIETY OF ST. VINCENT DePAUL, INC 55-0399614 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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

Sche	dule D (Form 990) 2009 SOCIETY OF	ST. VINCEN	DePAUL, .	TNC	<u> 55-03</u>	99614			Page 2
Pa	art III Organizations Maintaining	Collections of Art	Historical Trea	sures,	or Other	Similar As	sets (co	ontinue	ed)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	ck any of the following	ng that ar	e a significai	nt use of its			_
а	Public exhibition	d Loan	or exchange program	ms					
ь	Scholarly research	e Othe							
c	Preservation for future generations	0 05.0.					_		
4	Provide a description of the organization's colle	ections and explain how	they further the orga	ınızatıon's	s exempt pui	rpose in			
5	Part XIV During the year, did the organization solicit or r	eceive donations of art,	historical treasures,	or other s	sımılar		Г	٦.,	Ш
	assets to be sold to raise funds rather than to b							Yes	U No
Pa	art IV Escrow and Custodial Arra		•		answered	"Yes" to Fo	orm 990	, Part	
	IV, line 9, or reported an am	ount on Form 990,	Part X, line 21.	_					
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or oth	ner assets	s not		_		
	included on Form 990, Part X?						Ĺ	Yes	∐ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the following	g table.			•		_	
							A	mount	
С	Beginning balance					1c			
	A 114 11		•			1d			_
e	Distributions during the year		•			1e			
4			•			1f			
1	Ending balance	000 Dart V Ivaa 040	•						
	Did the organization include an amount on For	m 990, Part X, line 217	•			•	Ĺ	Yes	∐ No
	If "Yes," explain the arrangement in Part XIV	4-16		4- 5	- 000 D-	-4 IV / I' 4			
Pa	ert V Endowment Funds. Comple			-i		t			
		(a) Current year	(b) Pnor year	(c) Two	o years back	(d) Three year	s back (e	e) Four ye	ars back
1a	Beginning of year balance								
þ	Contributions					ļ			
C	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses							***************************************	
g	End of year balance								
2	Provide the estimated percentage of the year e	nd halanaa hald as		<u>.</u>		1			
	Board designated or quasi-endowment ▶	o/							
		⁷⁰							
Ь									
	Term endowment ▶ %								
3a	Are there endowment funds not in the possessi	ion of the organization th	at are held and adm	ninistered	for the			<u></u>	1
	organization by:						_	Ye	s No
	(i) unrelated organizations						L'	3a(i)	
	(ii) related organizations						ئا	3a(ii)	
b	If "Yes" to 3a(II), are the related organizations li	sted as required on Sch	edule R?				L	3b	
4	Describe in Part XIV the intended uses of the o	rganization's endowmer	nt funds						
Pa	rt VI Investments—Land, Buildir	ngs, and Equipme	nt. See Form 99	0, Parl	X, line 10	0.			
	Description of investment	(a) Cost or other basis	(b) Cost or of			cumulated	(d)) Book val	ue
		(investment)	basis (othe	ır)	depr	reciation			
1a	Land						1		
	Buildings						 		
	Leasehold improvements		 				 		
	·		20	3,877	 	28,877	,†		
	Equipment	• • • • • • • • • • • • • • • • • • • •		,, , , , ,		20,011	+		
	Other	I Ferm 000 C V	(B) line 40(-))		1		+		
otal	I. Add lines 1a through 1e (Column (d) must equ	ы гопп 990, Рап х, со	umn (b), ine 10(c))	<u> </u>					

· Part VII	Investments—Other Securities. See Form 99	0, Part X, line 12.	55-0399614 Page 3
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of secunty)		Cost or end-of-year market value
Financial denv	• •		
Closely-held e	quity interests		
Other			
			
Total (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)	 	
Part VIII	Investments—Program Related. See Form 99	0 Part X line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation.
	()	(1,722	Cost or end-of-year market value
		1	
		<u></u>	
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Total. (Column	Other Assets. See Form 990, Part X, line 15.		
			(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
	Other Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX Total. (Column	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15)		(b) Book value
Part IX	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2	5.	
Part IX Total. (Column	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15)	5. (b) Amount	
Part IX Total. (Column Part X	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1.	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	
Part IX Total. (Column Part X 1. Federal income	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, line 2 (a) Description of liability	T	

organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 SOCIETY OF ST. VINCENT DePAUL			Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial State	ements	
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	<u> </u>
4	Net unrealized gains (losses) on investments		4	-
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor penod adjustments		7	
8	Other (Describe in Part XIV)		8	. <u>. </u>
9	Total adjustments (net). Add lines 4 through 8	•	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	<u>ents With Revenue per R</u>	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	1 1		
а	Net unrealized gains on investments	2a	_	
b	Donated services and use of facilities	2b	⊣	
C	Recovenes of prior year grants	2c	→ 1	
đ	Other (Describe in Part XIV.)		-	
8	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	⊣	
b	Other (Describe in Part XIV)	4b	_ 	
_	Add lines 4a and 4b		4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ients 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:	1 - 1		
a	Donated services and use of facilities	2a	-	
b	Pnor year adjustments	2b	-	
C	Other losses	2c	-	
d	Other (Describe in Part XIV)	2d	\dashv \downarrow \downarrow	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
~	Amounts included on Form 990, Part IX, line 25, but not on line 1:	14-		
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV.)	4a	-	
	Add lines 4a and 4b	_4b	-	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	
	rt XIV Supplemental Information] 3]	
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, line	es 1a and 4 Part IV lines 1h		
	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, line			
	art to provide any additional information	es 2d and 40 Also complete		
о р.	art to provide any additional minimation			
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SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY OF ST. VINCENT DePAUL, INC

Employer identification number

		Jr ST.	VINCENT Der	PAUL, INC		19614		
_Pa	art 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 dete revenue	_		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications				·			
5	Clothing and household							
	goods	X		225,744				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Secunties—Publicly traded							
10	Securities—Closely held stock							
11	Secunties—Partnership, LLC,						-	
	or trust interests							
12	Secunties—Miscellaneous .		<u> </u>					
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			005 544				
25	Other ► (X	1	225,744	 			
26	Other ►(-	 			
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by t	_		3				
	which the organization completed Fo	rm 8283, F	'art IV, Donee Acknowle	dgement [29		г	T
						_	Yes	No
30a	During the year, did the organization			-				
	it must hold for at least three years fr			n, and which is not required	d to be			
	used for exempt purposes for the en	_	penod?	•		30a		X
b	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	ceptance po	olicy that requires the re	view of any non-standard				.,
22-	contributions?					31_	 	X
32a	Does the organization hire or use this	ra parties o	r related organizations t	o solicit, process, or sell noi	ncasn			.,
L	contributions?		•		• •	32a		X
b	If "Yes," describe in Part II.			annanda dan salah dalam salah salah da				
33	If the organization did not report reve	inues In col	umn (c) for a type of pro	perty for which column (a) i	is checked,			
	describe in Part II						1 . l	E

32b, and 33. Also complete this part for any additional information.

Schedule M (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SOCIETY OF ST. VINCENT DePAUL, INC

Employer identification number 55-0399614

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(1164 April 200	ر,				ł	
Department of Internal Reveni		File a separate application for each return.				
		tomatic 3-Month Extension, complete only Part I and check this box		-		▶ X
_	_	ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)		•	• •	
-	-	iss you have already been granted an automatic 3-month extension on a previously filed For		8		
Part I		c 3-Month Extension of Time. Only submit original (no copies needed).				
	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete				▶ □
Part I only						- [
	crations (includi come tax returns	ng 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an exten	sion o	T		
		nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of tin		le		
		w (6 months for a corporation required to file Form 990-T). However, you cannot file Form 880				
-		he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870,				
		nsolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part		Form		
8868 For mo	re details on the	electronic filing of this form, visit www irs.gov/efile and click on e-file for Chanties & Nonprofi	is.			
Type or	Name of Exe	mpt Organization E	mplo	yer identi	fication nur	nber
print					- 4	
File by the			5-0	3996	14	
due date for filing your return See		et, and room or suite no. If a P.O. box, see instructions. FIONAL ROAD				
instructions	City, town or WHEELIN	post office, state, and ZIP code. For a foreign address, see instructions WV 26003				
Check type o	·	led (file a separate application for each return):				
X Form 99		Form 990-T (corporation)			Form 4720	
Form 99		Form 990-T (sec. 401(a) or 408(a) trust)		П	Form 5227	
Form 99	90-EZ	Form 990-T (trust other than above)			Form 6069	
Form 99		Form 1041-A			Form 8870	
Telephone If the orga If this is fo for the whole o	e No. ▶		 nis is ch			> []
		-month (6 months for a corporation required to file Form 990-T) extension of time				
until O	8/15/10	, to file the exempt organization return for the organization named above. The extension is				
	rganization's ret					
▶ <u>X</u>	calendar year _	2009 or				
▶ 📙	tax year beginni	ng , and ending .				
2 If this tax	k year is for less	than 12 months, check reason: Initial return Final return Change in a	ccoun	ting peno	ď	
•	•	orm 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,				
		credits See instructions	<u> 3a</u>	\$		
		orm 990-PF or 990-T, enter any refundable credits and estimated tax				
		any pnor year overpayment allowed as a credit.	3b	\$		
		ne 3b from line 3a Include your payment with this form, or, if required,				
· ·		or, if required, by using EFTPS (Electronic Federal Tax Payment	ا ء			
	See instruction:	s ake an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EC	_3c_	<u> </u>		
Caution. If you for payment in:		are an electronic lund withdrawai with this form 6000, see form 6433-EO and form 6679-EC				