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Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

SCANNED MAY 1 3 LUIT

Form 990 (2009)

TEEA0113L 12/29/09

		Revenue Service		► The organization may have to use a copy of this return	to satisfy state repo	rting requireme	ents	Open to Public Inspection
	Fo	r the 2009 calend	dar year, d	or tax year beginning 10/01	, 2009, and endi	ng 9/3	30	, 2010
	B Che	eck if applicable		C			D Employer l	dentification Number
	Γ	Address change	Please use IRS label	ST. VINCENT DEPAUL SOCIETY		ļ	39-08	06341
		Name change	or print or type.	6201-14TH AVENUE			E Telephone	
		Initial return	See specific	KENOSHA, WI 53143			262-6	57-6366
		Termination	Instruc- tions.				202 0	37 0300
	 -	Amended return	10,112.			1	G 0	pts \$ 612,160
	-	Application pending	F Name a	nd address of principal officer			G Gross receip group return for	
				As C Above			ffiliates included	
-	т	ax-exempt status			- T 507		ttach a list (see	[[i ca] ii
<u>.</u>		Vebsite: ► N/		(c) (3) ◄ (insert no) 4947(a)(1)	or 527	ł		_
-			* 		1		cemption number	
_	Part I	· Summa	Corpora	tion Trust Association Other	L Year of Forma	bon	M State	of legal domicile
L	1 1				MO DDOLLI	DR BOOT	CMANGE !	TO MARRIE
	- 1 -			anization's mission or most significant activities.				
	စ္			ROUGH THE SALES OF DISCOUNTED	POODS FROM	I DONATI	'0 <i>02</i> FRO	M_THE
	וב בי	SURROUNDI	17AG 7.01	##UNTTI				
•	2 3 4 5 6 7	Check this box		the organization discontinued its operations or	disposed of mor		of its asset	
Ċ	5 3			ers of the governing body (Part VI, line 1a)	disposed of filor	e ulali 2370	3	•
	o 4			voting members of the governing body (Part VI,	line 1b)		4	
	ਊ 5			ees (Part V, line 2a)	•		5	
1	§ 6			ers (estimate if necessary)			6	
<	1 "	-		siness revenue from Part VIII, column (C), line	12		7	a 0.
_		Net unrelated b	ousiness t	axable income from Form 990-T, line 34			71	b 0.
	İ					Pric	or Year	Current Year
	, 8			(Part VIII, line 1h)			2,706.	4,059.
Revenue	9	-		e (Part VIII, line 2g)			· · · · · · · · · · · · · · · · · · ·	
5 🍦	10			VIII, column (A), lines 3, 4, and 7d)			-655.	
כ				column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			582,795.	592,207.
	12			s 8 through - I - (must-equal-Part-VIII - column (A), line 12)	<u> </u>	584,846.	612,160.
	13			nts paid (Part IX, column (A), lines 1-3)				115,417.
-	14			embers (Part IX, column (A), line 4)				
. 6	15	Salaries, other	compensa	ation, employee benefits (Part IX, column (A), II	nes 5-10)		289,073.	303,065.
ž	16a	Professional fur	ndraising t	fees (Part IX, column (A), line 11e)				
- Expenses	- ь	Total fundraising	g expense	es (Part IX, column (D), line 25)				-
Ш		Other expenses	(Part IX,	column (A), lines-1-1a-1-1d, 1-1f-24f)		1	24,850.	132,086.
				s 13-17 (must equal Part IX, column (A), line 25	1		13,923.	550,568.
	19			Subtract line 18 from line 12			70,923.	61,592.
8					· · · · · · · · · · · · · · · · · · ·		g of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Pa	rt X. line	16)			85,039.	948,297.
48	21	Total liabilities (F		•			4,368.	6,036.
ξŽ	22		•	es. Subtract line 21 from line 20		0	80,671.	
	art II	Signature		es. Subtract fille 21 from fille 20		0	00,071.	942,261.
	474 74							
		true, correct, and o	complete De	clare that I have examined this return, including accompanying claration of preparer (other than officer) is based on all inform	schedules and state ation of which prepare	ments, and to t er has any knov	he best of my k wiedge	cnowledge and belief, it is
Sig	nn	- man	u Lin	an Madrey		14	1-20-	2011
He	re	Signature of o	filter.	on masses		Date	- 00	ao n
		- Map	υ <i>[", "</i> ,	N MADSEN , PRESIDEN				
		Type or printin	name and title		•			
		+			Date / /	[a :	Pr	eparer's identifying number
Pa	id			1 \1 \1	/ /	Check is	. [1]	reparer's identifying number see instructions)
Pre		Preparer's signature	C С С С О П П П	OLSON LOVI	14/10/1	employe		/3
	rer's	-	SCOTT		<u> </u>	-	N,	/A
Us	e	Firm's name (or yours if self-		OLSON, CPA, ALC	U		\$= 4=	
On	ly	employed), address, and		STH AVE		EIN I	N/A	-
		ZIP + 4	KENOSI		· · · · · · · · · · · · · · · · · · ·	Phone n	<u> </u>	-925-7017
May	the IF	RS discuss this re	turn with	the preparer shown above? (see instructions).				X Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2009) ST. VINCENT DEPAUL SOCIETY

Part IV Checklist of Required Schedules

			y e:	S 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	l
	2 Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	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		Х
	4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 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		
	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,' complete Schedule D, Part I	. 6		Х
	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		Х
	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		X
10	Out the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? Yes, complete Schedule D, Part V	10		Х
17	1 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, of X as applicable	11	х	
	• 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 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's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X .			······
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .	12		X
12.	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No	-		
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a 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? <i>If 'Yes,' complete Schedule F, Part I</i>	14b		Х
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		<u>X</u>
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 Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III .	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u> _

Form 990 (2009) ST. VINCENT DEPAUL SOCIETY

Part IV Checklist of Required Schedules (continued)

		- 1	Yes	N
	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	X	
	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 ⁹ If 'Yes,' complete Schedule I, Parts I and III	22		X
2	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curren and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
2	24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	. 24d		
2	5a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25 a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
2	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
2	7 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		I	
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	. 28a	$-\!$	<u>X</u>
	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	. 28ь		Х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		<u>X</u>
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	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		<u>X_</u>
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	;	<u>X_</u>
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		<u>X_</u>
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		Χ
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 Q	38		<u>. </u>
RΔΔ		Form 9	90 (20(201

	-	Ye	s N
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	o		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	I	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamine (gambling) winnings to prize winners?	g .	l c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2Ь	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3	a	X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule O</i>	3	ь	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, financial account in a foreign country (such as a bank account, securities account, or other financial account)?		а	Х
b If 'Yes,' enter the name of the foreign country: ▶			1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		į	I
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5	а	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5	с	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6	a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were deductible?	not 61	ь	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?	es 7		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	-	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7е		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	. <u>7g</u>		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	. 7h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		İ
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		
10 Section 501(c)(7) organizations. Enter			********
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	┨.┃	I	
11 Section 501(c)(12) organizations. Enter		1	
a Gross income from other members or shareholders		I	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

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Form **990** (2009)

Section A. Governing Body and Management

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.

				Yes	No
1	a Enter the number of voting members of the governing body	1 <u>a</u>	3		
	b Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	ationship with any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or ur of officers, directors or trustees, or key employees to a management company or other perso	nder the direct supervision	3		Х
4	Did the organization make any significant changes to its organizational documents		4		X
	since the prior Form 990 was filed?				
5	Did the organization become aware during the year of a material diversion of the organization	s assets?	5		Х
6	Does the organization have members or stockholders? .		. 6		Х
7	a Does the organization have members, stockholders, or other persons who may elect one or m governing body?	ore members of the	7a		Х
	b Are any decisions of the governing body subject to approval by members, stockholders, or oth	er persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following.	aken during the year by			
	The governing body?		8a		X
ł	Each committee with authority to act on behalf of the governing body?		8ь		X
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who can organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	ot be reached at the	9		х
Sec	tion B. Policies (This Section B requests information about policies not i	required by the Intern	al		
Reve	enue Code)				
			\square	Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10a		<u>X</u> _
Ь	If 'Yes,' does the organization have written policies and procedures governing the activities of s and branches to ensure their operations are consistent with those of the organization?	such chapters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body bei	ore filing the form?	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	See Schedule O	<u></u>		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		<u>X</u> _
b	Are officers, directors or trustees, and key employees required to disclose annually interests the to conflicts?	at could give rise	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy Schedule O how this is done.	? If 'Yes,' describe in	12c		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14		<u>X</u>
15	Did the process for determining compensation of the following persons include a review and app persons, comparability data, and contemporaneous substantiation of the deliberation and decision	roval by independent on?			-
a	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>
Ь	Other officers of key employees of the organization	•	15b		<u>X</u>
1	f 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)				
16a [Old the organization invest in, contribute assets to, or participate in a joint venture or similar arra entity during the year?	angement with a taxable	16a	;	<u>x_</u>
ł	f 'Yes,' has the organization adopted a written policy or procedure requiring the organization to n joint venture arrangements under applicable federal tax law, and taken steps to safeguard the	evaluate its participation organization's exempt			
	status with respect to such arrangements? on C. Disclosures	<u>-</u>	16b		_
		**/ 330,000 12			
18 S	ist the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99 applicable how you make these available. Check all that apply.	90-T (501(c)(3)s only) avail	 able for	public	
Γ̈́	Own website Another's website Upon request				
19 D	escribe in Schedule O whether (and if so, how) the organization makes its governing document tatements available to the public.	s, conflict of interest policy	, and fir	nancial	
	tate the name, physical address, and telephone number of the person who possesses the book	s and records of the organi	zation.		
	JERRY CLEMENTS 6201-14TH AVENUE KENOSHA WI 53143 262-657-63				_

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 organizations'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 employees'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director			a Key employee	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MARY LYNN MADSEN										
President	5	X	 				<u> </u>	0.	0.	0.
GINGER KARRAWAY	_	.,					ł			•
Vice President JERRY CLEMENTS	5	X	-				<u> </u>	0.	0.	0.
Treasurer	5	Х		Ī	Į.			0.	0.	0.
		_^								
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Form 990 (2009) ST. VINCENT DEPAUL SOCIE									39-08063		Page
Part VII Section A. Officers, Directors, Tru		Key	/ Eı	mp	oy	ees	s, a			mploy	
(A)	(B)		_	-	c)			(D)	(E)		(F)
Name and Title	Average hours per week	-		(chec Officer		_	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099-MISC)	s c	Esumated nount of other ompensation from the organization and related organizations
	 				_	\vdash	 			+	
	-					_	<u> </u>			_	
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		\dashv	1	+	\dashv		7				
		7	†	\dashv	\neg		1				
		\dashv	+	+	\dashv	\dashv	\dashv	-			
		+	+	+	+	\dashv	+				
		-	+	\dashv	\dashv	4	\dashv		- 	 	
		1	_	\downarrow	4	\downarrow	1			ļ	· · · · · · · · · · · · · · · · · · ·
1 b Total						-	-	0.	0.		0.
2 Total number of individuals (including but not limited t from the organization ► 0	o those	liste	d ab	ove) wt	10 r	ecei	ved more than \$10	0,000 in reportab	le comp	ensation
											Yes No
3 Did the organization list any former officer, director or on line 1a? If 'Yes,' complete Schedule J for such indi										. 3	Х
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater that individual	rtable co n \$150,0	mpe 00?	nsa /f '}	ition (es'	and con	d ott nple	ner o	compensation from chedule J for such		4	x
5 Did any person listed on line 1a receive or accrue comrendered to the organization? If 'Yes,' complete Sched	pensatio	n fr	om :	any erso	unr	elate	ed o	rganization for ser	vices	5	х
section B. Independent Contractors	1010 3 101		<u>D</u> .					·			
1 Complete this table for your five highest compensated compensation from the organization.	ındepen	dent	cor	ntrac	tors	s tha	at re	ceived more than	\$100,000 of		
(A) Name and business address			_					(B) Description of S	ervices	(C Comper) nsation
							- -				
						_					
			_				+-				
						_					
2 Total number of independent contractors (including but \$100,000 in compensation from the organization ► 0	not limit	ed t	oth	ose	iiste	ed a	DOV	e) who received m	ore than	•	

Pa	rt VI	Statement of Re	venue		,			(D)
		· ·			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
				la				
TS TS		Federated campaigns	<u> </u>	lb	1		 	
RAN UN		Membership dues) -	l c	1			
S, G		Fundraising events	├	i d	-		1	
AR A		Related organizations) -	le	}			
VS, (Government grants (contributio	·····	1 e	-		:	
E S	f	All other contributions, gifts, gi similar amounts not included a	rants, and	4,059.				
SEU				\$ 4,059.	1			
E Q		Noncash contribus included in	ins 1a-11	>	4,059.			
25 4	<u>h</u>	Total. Add lines 1a-1f		Business Code	1,003.			
Ä					1	•		
.XE					 			
E .					 			
<u>چ</u>								
SEF	d,				<u> </u>			
₹A.	e							
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		All other program service	e revenue	<u> </u>				
-	g	Total. Add lines 2a-2f		- de unteract and				15 004
	3	investment income (incli other similar amounts).	uding divide	nas, interest and	15,894.			15,894.
	4	Income from investment	of tax-exen	npt bond proceeds				
		Royalties.	,	•				
	5	Troyanies	(i) Real	(ii) Personal				
	6.0	Gross Rents .]		;	
		Less: rental expenses]			
}		Rental income or (loss)			<u>}</u>			t
}		Net rental income or (los	ss)					
)		J	(i) Secunbe	s (ii) Other	1			
	7a	Gross amount from sales of assets other than inventory			}			
j		1						}
		Less: cost or other basis and sales expenses			}			
Ì		Gain or (loss)						
1		Net gain or (loss).		<u>-</u>				
u l	Rа	Gross income from fundi (not including \$	raising even	ts				
3		of contributions reported	on line 1c).	-	Į	`		
EŞ.		See Part IV, line 18 .		a	<u> </u>			
OTHER REVENUE		Less: direct expenses		ь]		·	
5	0	Net income or (loss) from	n fundraisin	g events.				
		Gross income from gami See Part IV, line 19						
- 1		Less: direct expenses		ь	1		,	
}	Þ	Net income or (loss) from	n damind at	tivities	_			
[•	, , ,	
- 1	10 a	Gross sales of inventory and allowances	, less return	s a 583,812.	<u> </u>	· ·		
[Less: cost of goods sold		Ь]	_		<u> </u>
	D	Net income or (loss) from	n sales of it	ventory	5 <u>83,812.</u>	583,812.		
	<u>_</u>	Miscellaneous Revenu	ie	Business Code				0 205
	11 0				8,395.			8,395 <u>.</u>
	b						ļ	
}	, -				<u> </u>			
	ِ ن ند	All other revenue						<u> </u>
		Total. Add lines 11a-11d		. >				04 200
		Total revenue. See instru			612,160.	583,812.	0.	24, 289. Form 990 (2009)
	,_							rom 330 (2009)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Га	Section 501(cX	3) and 501(c)(4) organiza	itions must complete all	columns.	(D) .
	All other organizations must com	plete column (A) but are		(C)	(D)
Do 6h	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	115,417.	115,417.		-
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	. 0.	0. 229,323.	Ö.	0.
7	Other salaries and wages	229,323.	229,323.		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	51,042.	51,042.		
	Payroll taxes	22,700.	22,700.		
10 11	,				
	a Management				
	b Legal				
	c Accounting	5,820.		5,820.	
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	g Other				
	Advertising and promotion			523.	
	Office expenses	9,372.	8,849.	323.	
14	Information technology	640.	640.		
	Royalties				
16	Occupancy			679.	
17	Travel	679.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	256.	256.		
20	Interest · ·				
21	Payments to affiliates Depreciation, depletion, and amortization.	16,631.	16,631.		
22	-	11,919.	11,919.		
23 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.) RUBBISH REMOVAL	23,420.	23,420.		
		20,639.	20,639.		
,	UTILITIES TRUCK EXPENSES	9,573.	9,573.		
(REPAIRS & MAINTENANCE	7,889.	7,889.		
(CREDIT CARD FEES	7,849.	7,849.		
		17,399.	14,487.	2,912.	0.
· ·	All other expenses Total functional expenses. Add lines 1 through 24f	550,568.	540,634.	9,934.	<u> </u>
25	Joint costs. Check here			1	
26	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)
					. 5,,,, 554 (25-5)

art	X Balance Sheet		(A) Beginning of year		(B) End of year
			181,023.	1	177,579
Τ.	Cash - non-interest-bearing .		459,461.	2	548,401
:	Savings and temporary cash investments		439,401.	3	
;	Pledges and grants receivable, net			4	
1	Accounts receivable, net			-	
!	Receivables from current and former officers, directors and highest compensated employees. Complete Part II	i oi ociioddio L		5	
1 6	Receivables from other disqualified persons (as defined	d under section 4958(f)(f))		6	
	and persons described in section 4958(c)(3)(B). Compl	ete Part II of Schedule L	10,007.	7	2,235
1			10,007.	8	
8	Inventories for sale or use	4		9	
	Prepaid expenses and deferred charges .				
10	a Land, buildings, and equipment: cost or other basis.	10a 422,426.			
1	Complete Part VI of Schedule D	000 044	234,548.	10 c	220,082
İ	b Less. accumulated depreciation.	10ы 202,344.	234,546.	11	220,002
111	Investments - publicly-traded securities			12	
12	Investments – other securities. See Part IV, line 11			13	
13	Investments – program-related. See Part IV, line 11			14	
14				15	
15	Other assets See Part IV, line 11		885,039.	16	948,297
116	Total assets Add lines 1 through 15 (must equal line 3	4)	4,368.	17	6,035
17			4,300.	18	- 0,000
18	Grants payable	•		19	
19	Deferred revenue .			20	
- 20	Tax-exempt bond liabilities.	· [21	
21	Escrow or custodial account liability. Complete Part IV	of Schedule D			
21	the second dispersion of the second s	tees kev emplovees.		22	
· [of Schedule L .	ļ		23	
2:	Secured mortgages and notes payable to unrelated this	rd parties -		24	
24	Unsecured notes and loans payable to unrelated third p	parties		25	1
25	Dut V - Cabadula D	- }	4,368.	26	6,036
26	Total liabilities. Add lines 17 through 25		4,300.	20	0,000
	Organizations that followed it is	X and complete lines			
	27 through 29 and lines 33 and 34.	}	880,671.	27	942,261
27	Unrestricted net assets	}	880,071.	28	
28	Temporarily restricted net assets.	}		29	
29	Permanently restricted net assets			-	
	Organizations that do not follow SFAS 117, check here	→ and complete	,		
,	lines 30 through 34.	Ĭ		30	
30	Capital stock or trust principal, or current funds			31	
1	Paid-in or capital surplus, or land, building, and equipm	nent fund		32	
32	- to make the modern dated income /	or other funds	990 671	33	942,261.
31 32 33 34			880,671.	34	948, 297.
34	to a second property of the second property o	_ 	885,039.		Form 990 (2009

BAA

Form 990 (2009) ST. VINCENT DEPAUL SOCIETY	39-0806341	Pa	age 12
Part 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 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?	2 b	•	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversing review, or compilation of its financial statements and selection of an independent accountant?	ight of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both:	ere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis		1 1	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single . 3a		Х

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

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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

Employer identification number VINCENT DEPAUL SOCIETY 39-0806341 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III) 9 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that 11 describes the type of supporting organization and complete lines 11e through 11h. Type II Type III - Functionally integrated Type I Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other trian foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **(i)** 11 g (i) a family member of a person described in (i) above? 11 g (ii) a 35% controlled entity of a person described in (i) or (ii) above? . 11 g (iii) Provide the following information about the supported organizations h (III) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col. (f) of (I) Name of Supported Organization (II) EIN (Iv) Is the (VI) is the (vii) Amount of Support rganization in col (I) listed in your organization in col (see Instructions)) governing document? your support? US? Yes No Yes No Yes No

Total

	(Complete only if you chec ction A. Public Support	-					
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')						
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public 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						
Cale: begi:	ndar year (or fiscal year nning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. Add lines 7 hrough 10.	!					
12 (Gross receipts from related activit	ies, etc. (see instr	ructions).		•	12	
	First five years. If the Form 990 is organization, check this box and s		on's first, second,	third, fourth, or	fifth tax year as a	section 501(c)(3)	▶∏
ecti	on C. Computation of Pub	olic Support P	ercentage				
4 F	Public support percentage for 2009	9 (line б, column (f) divided by line	11, column (f)		14	%
5 F	Public support percentage from 20	008 Schedule A, P	art II, line 14			. 15	%_
	3-1/3 support test – 2009. If the one of the condition of				e line 14 is 33-1/3	% or more, check	this box
b 3	3-1/3 support test — 2008. If the one of the state of t	organization did no ualifies as a public	ot check a box on ly supported orga	line 13, or 16a, a nization.	nd line 15 is 33-1/3	3% or more, check	this box
0	0%-facts-and-circumstances test r more, and if the organization mander organization mander organization meets the 'facts-a	eets the 'facts-and	i-circumstances' t	est, check this bo	x and stop here. E	xplain in Part IV h	now
0	0%-facts-and-circumstances test more, and if the organization meganization meets the 'facts-and-c	eets the 'facts-and	l-circumstances' te	est, check this bo	x and stop here. E	xplain in Part IV h	s 10% now the
	rivate foundation. If the organizat					-	tions -

Schedule A (Form 990 or 990-EZ) 2009 ST. VINCENT DEPAUL SOCIETY Part III Support Schedule for Organizations Described in Section 509(a)(2)

Section A. Public Support						
Calendar year (or fiscal yr beginning in)		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 		}	1			
not include 'unusual grants.')	28,535.	5,995.	4,054.	2,706.		41,290
2 Gross receipts from admissions, merchandise sold	i					
or services performed, or	1	[
facilities furnished in a activity that is related to the	ł					1
organization's tax-exempt						1
purpose	512,174.	536,615.	527,336.	574,158.		2,150,283
3 Gross receipts from activities that are not an unrelated trade or business				1		
under section 513						0
4 Tax revenues levied for the organization's benefit and		-			·	
either paid to or expended on				ĺ		
its behalf						0
The value of services or facilities furnished by a						
governmental unit to the		i				
organization without charge.						0
6 Total. Add lines 1 through 5	540,709.	542,610.	531,390.	576,864.	0.	2,191,573
7a Amounts included on lines 1, 2, 3 received from disqualified						
persons .	0.	0.	0.	0.	0.	0
b Amounts included on lines 2 and 3 received from other than	į		_			
disqualified persons that			ł		i	
exceed the greater of 1% of the amount on line 13 for the			j			
year .	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line						
7c from line 6)						2,191,573.
ection B. Total Support						
alendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	540,709.	542,610.	531,390.	576,864.	0.	2,191,573.
0a Gross income from interest, dividends, payments received	1				į	
on securities loans, rents,	ŀ					
royalties and income form similar sources					ļ	
b Unrelated business taxable	15,123.	14,666.	17,631.	17,139.		64,559.
income (less section 511		1	ļ		į.	
taxes) from businesses acquired after June 30, 1975		- 1	Į			0
c Add lines 10a and 10b .	15,123.	14,666.	17,631.	17,139.	0.	0. 64,559.
Net income from unrelated business			2.7002.			04,333.
activities not included inline 10b, whether or not the business is			}	1		
regularly carried on				j		0.
2 Other income. Do not include						
gain or loss from the sale of capital assets (Explain in					1	
Part V) See Part IV	11,509.	9,752.	7,958.	-9,157.		20,062.
Total support. (add ins 9, 10c, 11, and 12.)	<u>I.</u> .			<u></u>	<u></u>	2,276,194.
First five years. If the Form 990 is forganization, check this box and sto	or the organization p here .	n's first, second, th	nird, fourth, or fif	th tax year as a se	ction 501(c)(3)	► [X]
ction C. Computation of Publi	c Support Per	rcentage				·
Public support percentage for 2009	(line 8, column (f)	divided by line 13	, column (f))		15	%
Public support percentage from 2008	Schedule A, Par	t III, line 15	<u>.</u>		16	%
ction D. Computation of Inves	tment Income	Percentage				
Investment income percentage for 2			line 13, column (f	n))	17	%
Investment income percentage from					18	%
a 33-1/3 support tests — 2009. If the or more than 33-1/3%, check this box a	nd stop here. The	: organization qual	lifies as a publicly	/ supported organiz	zation	▶
b 33-1/3 support tests – 2008. If the or is not more than 33-1/3%, check this	ganization did not box and stop her	check a box on li •. The organizatio	ne 14 or 19a, and n qualifies as a p	d line 16 is more thoublicly supported o	an 33-1/3%, and organization .	d line 18
Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions .	<u></u> ► 🖯
		TEEA0403L 02/1				or 990-EZ) 2009

Schedule /	(Form	990 or	990-EZ	2009	ST	. <u>ATV</u>	CENT	DEP	AUL;	SOCIE	TY			3	9-08	06341		Page
Schedule / Part IV	Supp	lemer	ital In	forma	ation.	Comp	olete t	his p	art to	provid	de the	explar	nation	s requ	red b	y Part	II, line	10;
	1 0111	i, mie	174	1/1	, ariu	rait	, IIII	C 12.	1 1001	ide all	y Otile	auuit	ionar	13 17 07 111	ation.	366	instruc	LIOIIS.
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2009 Schedule A, Part IV - Supplemental Information								Page !
Client 19004	ST. VINCENT DEPAUL SOCIETY							
3/31/11								39-080634 12:38A
Part III, Line 12 - Oth	er income							
Nature and Source	e	2009		2008		2007	2006	2005
MISCELLANEOUS	Total 🛐	0	<u>\$</u>	-9,157 -9,157	\$	7, 958. 7, 958.	9,752. \$ 9,752.	11,509. 11,509.
•		•					•	
								l

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, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection
Employer Identification number

S	T. VINCENT DEPAUL SOCIETY				l	
			<u>_</u>		39-0806341	
P	art ! Organizations Maintaining Dono			ınds or Ac	counts Compl	ete ıf
	the organization answered 'Yes'	to Form 990, Part IV, III	ne 6.	, 		
		(a) Donor advised	funds	(b) F	unds and other a	ccounts
	1 Total number at end of year .			<u> </u>		
- 2	2 Aggregate contributions to (during year)					
	3 Aggregate grants from (during year)					
4	4 Aggregate value at end of year .					·
	Did the organization inform all donors and don funds are the organization's property, subject	or advisors in writing that the a to the organization's exclusive	assets held in dor legal control?	nor advised	Yes	No
e	Did the organization inform all grantees, donor used only for charitable purposes and not for to purpose conferring impermissible private bene	the benefit of the donor or dono	ig that grant funds or advisor or for a	s may be any other	∏Yes	No
Ď.	art II Conservation Easements Comple		newared 'Vec'	to Form O		
				to Form 9	90, Fait IV, III	ie 7.
•	Purpose(s) of conservation easements held by	•		4 a.a. bb		
	Preservation of land for public use (e g , re	screation or pleasure)	 		lly important land	area
	Protection of natural habitat	Į	Preservation o	r certified his	toric structure	
_	Preservation of open space	- bald a mobile of accessorial				
Z	Complete lines 2a through 2d if the organization last day of the tax year	n neid a qualified conservation	contribution in th	e form of a c	onservation easer	nent on the
					Held at the End o	of the Year
	a Total number of conservation easements			2a		
	b Total acreage restricted by conservation easem	nents		2ь		
	c Number of conservation easements on a certific		n (a)	2c		
	d Number of conservation easements included in		. (=/	2d		
	Number of conservation easements modified, tr	''	hed or terminated	d by the organ	nization during the	e tax
_	year ►	and an arrangement		a - , a		- 12/1
4	Number of states where property subject to con	servation easement is located	>			
•						
5	Does the organization have a written policy rega and enforcement of the conservation easement	arding the periodic monitoring, it holds?	inspection, nandi	ing of violatio	ns, Yes	□ No
	Staff and volunteer hours devoted to monitoring during the year	, inspecting, and enforcing cor		ents		
7	Amount of expenses incurred in monitoring, insp during the year ►	pecting, and enforcing conserv	ation easements	\$		_
8	Does each conservation easement reported on 1. 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ine 2(d) above satisfy the requ	rements of section	on -	Yes	☐ No
9	In Part XIV, describe how the organization repor include, if applicable, the text of the footnote to conservation easements.	ts conservation easements in the organization's financial sta	its revenue and e tements that desc	xpense stater cribes the org	ment, and balance anization's accour	sheet, and attng for
ar	Organizations Maintaining Collection Complete if the organization answ	tions of Art, Historical 7 vered 'Yes' to Form 990,	Freasures, or Part IV, line 8	Other Sim	ilar Assets	
l a	If the organization elected, as permitted under S treasures, or other similar assets held for public the text of the footnote to its financial statements	exhibition, education, or resea				
Ь	If the organization elected, as permitted under Streasures, or other similar assets held for public amounts relating to these items:					
	(n) Revenues included in Form 990, Part VIII, lin	ne 1	•		► \$	
	(ii) Assets included in Form 990, Part X				- \$	
:	If the organization received or held works of art, I amounts required to be reported under SFAS 116	historical treasures, or other si 5 relating to these items:	mılar assets for fı	nancial gain,	provide the follow	/ing
a	Revenues included in Form 990, Part VIII, line 1				≻ \$	
b.	Assets included in Form 990, Part X				► \$	-

Schedule D (Form 990) 2009 ST.					17		39-	08063	41	Page
Part III Organizations Main										
3 Using the organization's acquis items (check all that apply):	sition access	sion and othe	er records, c	heck an	y of the followir	ng that	are a significant	t use of i	ts colle	ction
a Public exhibition			d ∏ Lo	an or ex	change program	ms				
b Scholarly research			\vdash	her	eriarige program					
c Preservation for future gen	erations		L_J							
4 Provide a description of the org Part XIV.	ganızatıon's d	collections a	and explain h	now they	further the org	janızatı	on's exempt pur	pose in		
5 During the year, did the organiz assets to be sold to raise funds	zation solicit	or receive of	donations of	art, histo	orical treasures	s, or oth	ner sımılar			
Part IV Footbast Custo di	rather than	to be maint	ained as par	rt of the	organization's o	collection	on?		Yes	No
Part IV Escrow and Custod 9, or reported an am	i ai Arrang Iounton F	orm 990	omplete Part X lii	if orga	nization ans	swere	d 'Yes' to Foi	rm 990	, Part	IV, line
								_		
1a Is the organization an agent, truincluded on Form 990, Part X?	ustee, custoc	dian, or othe	er intermedia	ary for co	entributions or c	other as	ssets not			<u></u>
b If 'Yes,' explain the arrangemen							•	, L	es :	∐No
2 / 100, Ospiani die arrangemen	itiiii ait Xiv	and compi	•	wing tab	ie.	F		^		
c Beginning balance .						}		Amo	ount	
d Additions during the year						ŀ	1c			
Distributions during the year			•			ŀ	1d			
f Ending balance.					•	}	_1e			
2a Did the organization include an a	amount on F	orm 000 P	art V. Juno 21	2		L	1f		·	
b If 'Yes,' explain the arrangement			art A, III le Zi	,				¥	es	∐ No
Part V Endowment Funds Co			tion answ	arad '\	/os' to Form	000	Part IV Juna	10		
. 43.3 2.1.4.5 1.1.4.5 0.1.4.5	(a) Curre		(b) Prior ye						-> 5	
1a Beginning of year balance .	(a) curic	int year	(D) Filol ye	cai	(c) Two years ba	ack	(d) Three years ba	CK (e) Four y	ars back
b Contributions				- +		·········	.:		***********	
									······	·····
c Net Investment earnings, gains, and losses	ł					I				
d Grants or scholarships				-	• • • • • • • • • • • • • • • • • • • •		·······			
Other expenditures for facilities and programs						 -	***************************************		-1 	
f Administrative expenses					************************	····	***************************************	······	i	*******
g End of year balance					······································					
2 Provide the estimated percentage	of the year	end balance	o hold ac:		···· _···· ··· ··· ···	£	<u></u>	I		<u></u>
a Board designated or quasi-endow		oria balanci	& 1101d d3							
b Permanent endowment ►			—"							
c Term endowment ►	 `}	•								
										
3a Are there endowment funds not in organization by:	the possess	sion of the c	organization	that are	held and admir	nistered	d for the		Yes	No
(i) unrelated organizations								3a(i)	163	140
(ii) related organizations		•						3a(ii)	 	
b If 'Yes' to 3a(II), are the related or	ganizations i	listed as rec	nured on Sch	hadula F			•	3b	 	
4 Describe in Part XIV the intended								_ 30	L	<u> </u>
art VI Investments—Land, Bu	uildings a	and Fauir	ment Sa	A Forn	1 990 Part \	Y line	10			
Description of investment			other basis		ost or other		Accumulated	(4)	Da ala V	
		(inves	tment)		sis (other)	1 6	epreciation	(4)	Book V	aiue
la Land				-	36,206.				36	206.
b Buildings					108,617.		76,869.			748.
c Leasehold improvements	[203, 228.		64,228.			000.
d Equipment	Ī				74,375.		61,247.			128.
e Other							· · · · · · · · · · · · · · · · · · ·			
tal. Add lines 1a through 1e (Column (d) must equ	al Form 990	, Part X. col	lumn (B)	, line 10(c))		>		220	082.
A			*,					dule D (F		

(a) Description of security or category	(b) Book value	(a) Mathad at water 1
(including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
inancial derivatives		
Closely-held equity interests		
Other		
		
	ļ ————————————————————————————————————	
Add (Column (b) must some form 200 Part V at (D) L. (D)		
otal. (Column (b) must equal Form 990 Part X, col. (B) line 12)		The second secon
art VIII Investments-Program Related (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	l	
	ļ <u> </u>	
al. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		
art IX Other Assets (See Form 990, Part X, I	ine 15) N/A	
	110 10/ 11/11	
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
(a) Des		(b) Book value
	cription	
nl. (Column (b) must equal Form 990, Part X, col.(B), line	cription	(b) Book value
nl. (Column (b) must equal Form 990, Part X, col.(B), line RX Other Liabilities (See Form 990, Part X	75) 15)	
nl. (Column (b) must equal Form 990, Part X, col.(B), line ↑ X Other Liabilities (See Form 990, Part X (a) Description of Liability	cription	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
nl. (Column (b) must equal Form 990, Part X, col.(B), line ↑ X Other Liabilities (See Form 990, Part X (a) Description of Liability	75) 15)	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	
al. (Column (b) must equal Form 990, Part X, col.(B), line X Other Liabilities (See Form 990, Part X (a) Description of Liability eral Income Taxes	15) (b) Amount	

Schedule D (Form 990) 2009 ST. VINCENT DEPAUL SOCIETY	,	39-0806341	Page
Part XI Reconciliation of Change in Net Assets from Form 990			
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1		<u></u>	
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses .			
7 Prior period adjustments .			
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines	s 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Staten		Return N/A	
Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: .			
a Net unrealized gains on investments	2a		
b Donated services and use of facilities	2b	†	
c Recoveries of prior year grants	. 2c	╡ :	
d Other (Describe in Part XIV)	2d	7	
e Add lines 2a through 2d	20		
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
a Investments expenses not included on Form 990, Part VIII, line 7b.	4a	1 1	
b Other (Describe in Part XIV)	4b	-	
c Add lines 4a and 4b	40	ا ۵۵	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	4c 5	
Part XIII Reconciliation of Expenses per Audited Financial Statemen			
Total expenses and losses per audited financial statements	its With Expenses per itet	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities.	2a		
b Prior year adjustments	2b	1 1	
c Other losses	2c	1 1	
d Other (Describe in Part XIV)	. 2d	1 1	
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investments expenses not included on Form 990, Part VIII, line 7b.	4a		
b Other (Describe in Part XIV)	4b	1 1	
c Add lines 4a and 4b	40	1 40	
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	•	4c	
Part XIV Supplemental Information		<u> </u>	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Paline 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 10 information.	art III, lines 1a and 4; Part IV, li and 4b. Also complete this part	ines 1b and 2b; Par to provide any addi	t V, tional

TEEA3304L 02/02/10

Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 SI. VINCENT DEPAUL SOCIETY	39-0806341	Page
Part XIV Supplemental Information (continued)		
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•		
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Open to Public Inspection

% ⊠ (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 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 Employer Identification number 39-0806341 (g) Description of non-cash assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) o. ö o ö 0 Ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 20,100 (d) Amount of cash grant 10,000 10,000 34,300 16,000 21,800 Part IV and Schedule I-1 (Form 990) if additional space is needed BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations ... Part I General Information on Grants and Assistance (e) Enter total number of other organizations VINCENT DEPAUL SOCIETY 1 (a) Name and address of organization or government ST. ELIZABETH CONFERENCE PLEASANT PRAIRIE, WI 53158 ST. MARY'S CONFERENCE-URF 9091 PRAIRIE RIDGE BLVD 2224 30TH AVENUE ST. THERESE CONFERENCE ST. JOHN'S CONFERENCE ST. PETERS CONFERENCE TWIN LAKES, WI 53181 KENOSHA, WI 53140 KENOSHA, WI 53142 KENOSHA, WI 53140 KENOSHA, WI 53143 303 40TH AVENUE 9005 22ND AVENUE 4904 7TH AVENUE 536 MCCOLE ROAD

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

Schedule I (Form 990) 2009 ST. VINCENT DEPAUL SOCIETY

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

(f) Description of non-cash assistance Part IV | 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 (c) Amount of cash grant (b) Number of recipients

BA BA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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

Open to Public

Department of the Treasury Internal Revenue Service	► Attach to Form 990.		Inspection
Name of the organization		Employer identification	on number
ST. VINCENT DE	PAUL SOCIETY	39-0806341	
<u>Form 990, Part</u>	VI, Line 11 - Form 990 Review Process		
No_review_wa	as or will be conducted.		
		·	
	·		
		·	
			
		_ _	