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Department of the Treasury Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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

Open to Public Inspection

| A F | or the | 2012 calendar year, or tax year beginning JAN 1, 2012 and c | ending | <u>SEP 30, 2012</u> | | | |
|---|-----------------------------------|---|----------------|-----------------------------|------------------------------|--|--|
| B c | heck if | C Name of organization | | D Employer identifi | cation number | | |
| _ | Addres | SOCIETY OF ST. VINCENT DE PAUL | | | | | |
| \vdash | _lchange | | | - - | 652684 | | |
| \vdash | _ chango Initial return | | Room/suit | | | | |
| | Termin | 1 | 1100111/0010 | |)881-6000 | | |
| | Ameno | | | G Gross receipts \$ | 9,076,219. | | |
| | Applic | <u> 51. HOOLS, MO</u> 05105 | | H(a) Is this a group re | | | |
| | pendir | F Name and address of principal officer JOHN FOPPE | | for affiliates? | Yes X No | | |
| | | | 103 | H(b) Are all affiliates inc | luded?Yes No | | |
| | | empt status X 501(c)(3) | or 52 | ⊣ | list (see instructions) | | |
| | | e: ▶ WWW.SVDPSTL.ORG organization X Corporation Trust Association Other ▶ | l. Van | H(c) Group exemptio | | | |
| | art I | Summary | IL Yea | ir or formation: 1045 N | State of legal domicile: MO | | |
| | | Briefly describe the organization's mission or most significant activities. ASSIS | ST DI | SADVANTAGED | MEMBERS OF | | |
| Activities & Governance | | THE COMMUNITY BY PROVIDING FUNDS, SHELTER | | | | | |
| rna | 2 | Check this box If the organization discontinued its operations or dispos | sed of mo | re than 25% of its net as | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | <u> 17</u> | | |
| ∞ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 17 | | |
| ies | | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | 5 | 0 | | |
| Ĭ | | Total number of volunteers (estimate if necessary) | | 6 | 750 | | |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 | | 7 <u>a</u> 7b | 0. | | |
| | В | Net differenced busiliess taxable income from Form 950-1, line 54 | | Prior Year | Current Year | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | <u> </u> | 4,348,106. | 4,472,409. | | |
| | 1 | Program service revenue (Part VIII, line 2g) | | 11,058. | 12,741. | | |
| eve | | Investment income (Part VIII, eolumn (A), lines 3, 4, and 7d) | | 311,106. | 187,384. | | |
| — | 11 | Other revenue (Part VIII, column (A), lines 5,6d, 8d, 9d 0c, and 11e) | | 782,527. | 712,511. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,452,797. | 5,385,045. | | |
| | 13 | Grants and similar amounts paid (Part 1) column (A) tines 1.53 | <u> </u> | 1,628,843. | 1,179,482. | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | <u> </u> | 0. | 0. | | |
| Expenses | | Salaries, other compensation, employee-benefits-(Part-IX,-coffinh (A), lines 5-10) Professional fundraising fees (Part IX, coffin (A) line 1Te) | - | 2,698,723. 0. | 2,124,075. 0. | | |
| pen | | Total fundraising expenses (Part IX, column (D), line 25) | 57. H | 0. | <u> </u> | | |
| Ĕ | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | - | 2,101,525. | 1,397,026. | | |
| | | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 6,429,091. | 4,700,583. | | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | | <976,294. | | | |
| Assets or Balances | | | B | Beginning of Current Year | End of Year | | |
| sset | 20 | Total assets (Part X, line 16) | - | 6,626,166. | 7,423,761. | | |
| € | 21 | Total liabilities (Part X, line 26) | - | 389,884. | 369,054. | | |
| | ırt II | Net assets or fund balances. Subtract line 21 from line 20 Signature Block | | 6,236,282. | 7,054,707. | | |
| 33 | | | e and state | ments, and to the hest of m | v knowledge and belief it is | | |
| true, | correc | t, and complete. declaration of prepare other flan officer) is based on all information of wh | nch prepar | er has any knowledge | y kilomodge and benef, it is | | |
| ₹ | | A COMIN | | 17/14 | | | |
| Şīgr | า | Signature of officer | | XData | | | |
| Her | е | JOHN FOPPE, EXECUTIVE VOXRECTOR | | | | | |
| 3 | | Type or print name and title | | Dotor - Tour | DTIN | | |
| | , | Print/Type preparer's name Preparer's signatore Preparer's signatore | 100 | 2 ((3 Check | PTIN | | |
| true, correct, and complete. Reclaration of prepare officer plan officer) is based on all information of which preparer has any knowledge. Sign Signature of officer JOHN FOPPE, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Print/Type preparer's name THOMAS S. HELM, CPA Riéparer Firm's name ANDERS MINKLER HUBER & HELM LLP Firm's EIN 43-08315 | | | | | | | |
| Rieparer Firm's name ANDERS MINKLER HÜBER & HELM LLP Firm's EIN 43-08315 Use Only Firm's address 705 OLIVE, 10TH FLOOR | | | | | | | |
| | -···y | ST. LOUIS, MO 63101-2298 | Phone no. (| 314)655-5500 | | | |
| May | the IF | RS discuss this return with the preparer shown above? (see instructions) | | 1 | X Yes No | | |
| | 01 12-1 | | ons. | 1-17 | Form 990 (2012) | | |
| | S | EE SCHEDULE O FOR ORGANIZATION MISSION ST | | ENT CONTINUÁ | TION | | |
| | | | | | * | | |

4d Other program services (Describe in Schedule O)

591,066. including grants of \$

308,368.) (Revenue \$

4e Total program service expenses

<u>3,779,307</u>.

Form **990** (2012)

f 4

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|----------|--|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | _ | _ v | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | _2 | <u> </u> | ├ |
| 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 | | | v |
| 4 | | _3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | | | v |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | 4 | | X |
| 3 | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 3 | | |
| U | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | - | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _x_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| Ü | Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | , | | |
| . • | endowments, or quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable | | | } |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | х | |
| b | 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 | 11b | | X |
| С | 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 | 11c | | _X_ |
| d | 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 | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | 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 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | <u> </u> |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 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 |
| þ | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 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 | | | 1,7 |
| 10 | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 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, Parts III and IV | 40 | | v |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | X |
| '' | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 47 | | v |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u>X</u> |
| .5 | 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? If "Yes," | 10 | ļ | |
| . • | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 990 | (2012) |
| | | - | | |

232003 12-10-12

Part IV | Checklist of Required Schedules (continued)

| | | | | 2012) |
|-----------------|---|--------|-----|------------|
| | Note. All Form 990 filers are required to complete Schedule O | 38 | х | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | _X_ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| ~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35a | | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | X |
| J -1 | Part V, line 1 | ا مو ا | | v |
| 34 | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | 33 | | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | v |
| 22 | Schedule N, Part II | 32 | | <u>X</u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | 37 |
| 00 | If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | •- |
| • | contributions? If "Yes," complete Schedule M | 30 | | <u>X</u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u>X</u> _ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u>X</u> |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | <u>X</u> |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | <u> </u> |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | Schedule L, Part I | 25b | | Х |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | - | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| | any tax-exempt bonds? | 24c | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Schedule K If "No", go to line 25 | 24a | | х |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | Schedule J | 23 | | Х |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | Α. | |
| ~~ | 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 | | х | |
| 22 | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | | ٦, |
| 04 | Did the organization report more than \$5,000 of avents and other avents. | | Yes | No |

| | 4V Statements Departing Other IDC Filippe and To Compliance | 004 | | age J |
|------------|---|------------------|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V | | | |
| | , | | Yes | No |
| 10 | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | res | NO |
| 1a b | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | 1 |
| C | (gambling) winnings to prize winners? | | | |
| 20 | | 1c | | ├─ |
| Zd | 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 | | | |
| h | filed for the calendar year ending with or within the year covered by this return [2a] [7] If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | O.L | | |
| b | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | - | |
| 0- | | | | X |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a_ | | <u> </u> |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b_ | | ├ |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | _ | | v |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <u>4a</u> | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| - - | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | _ | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | <u> </u> | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | ├── | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | ├─ |
| ьа | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | _ | | - T |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | ۱ | | |
| | were not tax deductible? | 6b | | ├ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | l _ | | \ . |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | _ | ├ |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | \ v |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year Did the arganization receive any funds, directly as indirectly to not premiums an a personal hopeful contract? | , , | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | Х | <u> </u> |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 <u>g</u> 7h | X | \vdash |
| h 8 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | //n | ^ | \vdash |
| 0 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | \vdash |
| | Did the organization make any taxable distributions under section 4966? | 000 | | } |
| a | Did the organization make a distribution to a donor, donor advisor, or related person? | 9a | | |
| 10 | | 9b | | - |
| | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| a b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| 11 | Section 501(c)(12) organizations. Enter | | | |
| '' | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| U | amounts due or received from them) | | | |
| 122 | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 120 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | 1 |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| а | Note. See the instructions for additional information the organization must report on Schedule O | 134 | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | ĺ |] | |
| IJ | organization is licensed to issue qualified health plans | | | |
| С | Enter the amount of reserves on hand | İ | | |
| _ | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| 170 | If "You " how it filed a Form 730 to report those powerted if "No " provide on evaluation in Cahadula O | 148 | | ^ |

43-0652684

Page 6

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

| | Check if Schedule O contains a response to any question in this Part VI | | | $\overline{\mathbf{x}}$ |
|------------|---|------------|-------|-------------------------|
| Sec | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 17 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 1b 17 | | | |
| 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 customarily performed by or under the direct supervision | | | |
| 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X _ |
| | | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | _ | | |
| | more members of the governing body? | 7a | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 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 | |
| þ | Each committee with authority to act on behalf of the governing body? | 8b | | _X_ |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | X | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | |
| 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? | | 1 | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | X_ |
| | Other officers or key employees of the organization | 15b | | X |
| - | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | 100 | | |
| 162 | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| .oa | taxable entity during the year? | 160 | | \mathbf{x}_{-} |
| | | <u>16a</u> | | |
| D | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | | 406 | | |
| 500 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an argonization to make its Forms 1023 (or 1024 if applicable) 200, and 200 T (Section 501(a)/2) and 200 T (Section | ۱-۱-۱-۸ | lo. | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | ıvallac | ile | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website X Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an | d finar | icial | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiza | tion | _ | |
| | MS. ANGIE SMITH - (314)881-6000 | | | |
| | 100 NORTH JEFFERSON AVENUE, ST LOUIS, MO 63103 | | | |

Form **990** (2012)

Form 990 (2012)

ARCHDIOCESAN COUNCIL OF

43-0652684

Part VII Compensation

| II C VIII | Compensation of Officers, Directors, Trustees, Re | y Employees, | nighest | Compensated |
|-----------|---|--------------|---------|-------------|
| | Employees, and Independent Contractors | | | |
| | | | | |

Check if Schedule O contains a response to any question in this Part VII

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.
- 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, if any 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

| (A) | (B) | | | _ (0 | | | | (D) | (E) | (F) |
|---------------------------|------------------------|--------------------------------|---------------------------|---------|--------------|------------------------------|--------|---|---|-----------------------|
| Name and Title | Average | (do | Positio o not check mo | | | | one | Reportable | Reportable | Estimated |
| | hours per | box, | unle | ss pe | rson | ıs bot | h an | compensation | compensation | amount of |
| | week | | Jer au | - au | " OCIC | tor/trustee) | | from | from related | other |
| | (list any hours for | direct | | | | - E | | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related | 60 | stee | | | ısate | | (W-2/1099-MISC) | (**2/1035************************************ | organization |
| | organizations | trust | al tru | | yee | aduc | | (** = ********************************* | | and related |
| | below | individual trustee or director | institutional trustee | ا يو | Key employee | Highest compensated employee | ner | | | organizations |
| | line) | Ē | Inst | Officer | Æ | 를 | Former | | | |
| (1) MARIA KILLIAN | 2.00 | ' | | | | | | | | |
| BOARD MEMBER | | X | | | | ļ., | | | | |
| (2) ROY MAURER | 2.00 | | | | | | | | | |
| SECRETARY | | X | | X | <u> </u> | | | | | |
| (3) DAVID WINSLETT | 2.00 | | | | | | | | | |
| PRESIDENT | | X | | X | | | | | | |
| (4) MACK FORD | 2.00 | | " | | | 1 | | | | |
| BOARD MEMBER | | X | | | | _ | | | | |
| (5) DAN RUBERY | 2.00 | | | | | | | | | |
| TREASURER | | X | | X | | L | | | | |
| (6) VIC KLAUS | 2.00 | | | | | | | | | 1 |
| BOARD MEMBER | | X | | | | | | | | |
| (7) RON HARDEN | 2.00 | | ; | | | | | | | |
| VICE PRESIDENT | | X | | X | ļ | | | | | |
| (8) MARY ABKEMEIER | 2.00 |] | | | | 1 | | | | |
| BOARD MEMBER | | X | | | <u> </u> | | | | | |
| (9) SHARON NEUMEISTER | 2.00 |] | | | | | ١. | | | |
| BOARD MEMBER | | X | | | | | | | | |
| (10) KURT BRUENNING | 2.00 | | | | Ì | | | | | |
| BOARD MEMBER | | X | | | | | | | | |
| (11) JOHN COLEMAN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | | | |
| (12) REV. JACK MELITO | 2.00 |] | | | | ļ | | | | 1 |
| BOARD MEMBER - EX_OFFICIO | | X | | | | | | | | |
| (13) JIM IRVING | 2.00 | | | | | | | | | |
| VICE PRESIDENT | | X | | X | | | | | | |
| (14) MARY MURPHY | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | | | |
| (15) MARTIN BLIGH | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | | | |
| (16) JOE GAVIN | 2.00 | | | | | | | | | |
| BOARD MEMBER | | X | | | | | | | <u> </u> | 1 |
| (17) RON GUZ | 2.00 | | | | | | | | | |
| BOARD MEMBER-EX-OFFICIO | | X | l | | | | 1 | | 1 | |

Form **990** (2012)

ARCHDIOCESAN COUNCIL OF ST. LOUIS 43-0652684 Page 8

| Part VII Section A. Officers, Directors, Trus | tees, Key Em | ploy | ees | , and | d Hi | ghe | st C | compensated Employe | es (continued) | | | |
|---|-------------------|--------------------------------|-----------------------|-------------|--------------|------------------------------|--------------|---|-------------------------------|----------|-----------------|-------|
| ` (A) | | | ((| C) | | | (D) | (E) | | (F) | | |
| Name and title | Average | (do | | Pos heck | | than | one | Reportable | Reportable | E | stimate | ed |
| | hours per week | | | | | is bot or/trus | | compensation | compensation | a | mount | of |
| | (list any | | | | | Г | <u> </u> | from the | from related organizations | COL | other npensa | tion |
| | hours for | direc | | | | eg G | | | (W-2/1099-MISC) | 1 | from the | |
| | related | ite | ustee | | | ensat | | (W-2/1099-MISC) | , | or | ganızat | ion |
| | organizations | altrus | onal tr | | loyee | comp | | | | | nd relat | |
| | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | отшет | | | org | janizati | ons |
| (18) ROY GILLESPIE | 2.00 | - | = | ۴ | ž | ± ε | = | | | | | |
| BOARD MEMBER | | x | | | | | | | | ŀ | | |
| (19) JAMES WILSON | 2.00 | <u> </u> | | | | | | | | | | |
| BOARD MEMBER | | х | | | | | | | | | | |
| (20) ANGIE SMITH | 40.00 | | | | _ | | | | | | | |
| DIRECTOR OF FINANCE | | <u> </u> | | Х | | | | | | | | |
| (21) JOHN FOPPE | 40.00 | ļ | | | | | | | | | | |
| EXECUTIVE DIRECTOR | | | | X | | <u> </u> | | | | <u> </u> | | |
| | | | | | | | | | | | | |
| | | | | - | - | | | | | | | |
| | | | | ļ | | | | | | | | |
| | | | | | | | | | | 1 | | |
| | | | | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | | _ | | <u> </u> | _ | ┝ | _ | | | | | |
| | | | | • | | | | | | | | |
| 1b Sub-total | | 1 | 1 | <u> </u> | 1 | <u> </u> | · | | | | | |
| c Total from continuation sheets to Part VI | I, Section A | | | | | • | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | | | |
| 2 Total number of individuals (including but n | ot limited to th | ose | liste | ed al | bove | e) wł | no r | eceived more than \$100 | ,000 of reportable | | | |
| compensation from the organization | | | | | | | | | | | 1 | |
| O Diddha arrangahan baharu (| -144- | | | | | | | bb | | | Yes | No |
| 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s | | uste | e, ke | y er | npic | yee | , or | nighest compensated e | mployee on | | | х |
| 4 For any individual listed on line 1a, is the su | | le co | nmn | ones | ation | n and | d ot | her compensation from | the organization | 3 | + | |
| and related organizations greater than \$150 | • | | | | | | | • | ine organization | 4 | | X |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for services | · | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| Complete this table for your five highest co | • | • | | | | | | | | nsation | from | |
| the organization Report compensation for | the calendar y | ear | endı | ng v | vith | or w | <u>ithir</u> | | year | | | |
| (A) Name and business | address | N | ONE | ₹. | | | | (B) Description of s | ervices | | C) ensatio | n |
| | | | | | | | | | | | | |
| | | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | *************************************** | | | | |
| 2 Total number of independent contractors (i | - | ot li | mite | d to | tho | se li | stec | d above) who received m | ore than | | | |
| \$100,000 of compensation from the organi | zation 📂 | | | | | | | | | Form | 990 (| 2012) |

l ,

Form 990 (2012) ARCHDIOCESAN COUNCIL OF ST. LOUIS
Part VIII Statement of Revenue

| | | Check if Schedule O cont | ains a response | to any question in | n this Part VIII | | | |
|--|------|--|-------------------|--------------------|----------------------|--|---|--|
| | | • | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| nts nts | 1 a | Federated campaigns | 1a | 14,416. | | | | |
| ìrar our | b | Membership dues | 1b | | | | | |
| s, G | С | Fundraising events | 1c | | | | | |
| Sift lar, | d | Related organizations | 1d | 31,725, | | | | |
| ıs, | е | Government grants (contribut | ions) 1e | 1,425,364, | | | | |
| tior S | f | All other contributions, gifts, gran | ts, and | , , , , , | | | | |
| | | similar amounts not included abo | ve 1f | 3,000,904. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | g | Noncash contributions included in lines | 1a-1f \$ | 1,282,133. | | | | |
| <u>8 0</u> | h | Total, Add lines 1a-1f | | • | 4 472 409 | | | <u> </u> |
| | | | | Business Code | | | | |
| e Se | 2 a | RELEASE TO RENT | | 531110 | 12,741. | 12,741 | | |
| erv. | b | | | | | | | |
| n S | С | | | | | | | |
| Pev | d | | | | | | | |
| Program Service Revenue | е | | | | | | | |
| - | f | All other program service reve | nue | <u>L</u> | | | | |
| | | Total. Add lines 2a-2f | | | 12,741. | | | |
| | 3 | Investment income (including | dividends, intere | est, and | | | | |
| | | other similar amounts) | | . • | 77,946. | | | 77,946. |
| | 4 | Income from investment of tax | x-exempt bond p | proceeds - | | | | |
| | 5 | Royalties | | · · · | | | | |
| | _ | Out of the second | (ı) Real | (ii) Personal | | | | |
| | 6 a | | 17,476, | | | | | |
| | b | · · | 0. | | | | | |
| | C | , , | 17,476. | | 4.7.47.6 | | | 45.456 |
| | d | Net rental income or (loss) Gross amount from sales of | (i) Securities | (II) Other | 17,476. | | | 17,476. |
| İ | i a | assets other than inventory | | (ii) Otrier | | | | |
| | h | Less: cost or other basis | 2 148 829 | | | | | |
| | U | and sales expenses | 2,039,391, | | | | | |
| | c | Gain or (loss) | 109.438. | | | | | |
| | | Net gain or (loss) | 109,430, | • | 109,438, | | | 109,438, |
| | | Gross income from fundraising | a events (not | | 107,430, | | | 105,430. |
| nue | - | including \$ | | | | | | |
| Other Reve | | contributions reported on line | 1c) See | | | | | |
| Œ. | | Part IV, line 18 | а | | | | | |
| 흎 | b | Less direct expenses | b | | | | | |
| | С | Net income or (loss) from fund | Iraising events | | | | | |
| | 9 a | Gross income from gaming ac | tivities See | | | | | |
| | | Part IV, line 19 | а | | | | | |
| | b | Less. direct expenses | b | | | | | |
| | С | Net income or (loss) from gam | ing activities | | | | | |
| | 10 a | Gross sales of inventory, less | returns | | | | | |
| | | and allowances | а | 2,346,232, | | | | |
| | b | Less cost of goods sold | b | 1,651,783, | | ļ | | |
| | С | Net income or (loss) from sale | s of inventory | • | 694 449 | 694 449 | | <u> </u> |
| | | Miscellaneous Revenu | e | Business Code | | | | 1 |
| | 11 a | MISCELLANEOUS | | 900099 | 586. | 586. | | |
| | þ | | | ļ | | | | |
| | С | | | ļ | | | | |
| | d | All other revenue | | L | | | | |
| | е | | | ▶ | 586. | | | |
| 23200 | 12 | Total revenue. See instructions. | | <u> </u> | 5 385 045 | 707,776. | 0 | 204 860 Form 990 (2012) |

| Do i | Check if Schedule O contains a response not include amounts reported on lines 6b, | (A) | (B) Program service | (C) | (D) |
|------|---|--------------------------------------|---------------------|---------------------------------|---|
| 7b, | 8b, 9b, and 10b of Part VIII. | Total expenses | expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | 4 4 5 0 4 0 0 | 4 4 5 4 4 4 4 4 | | |
| | the United States See Part IV, line 22 | 1,179,482. | 1,179,482. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| _ | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 117 740 | E0 074 | FO 074 | |
| | trustees, and key employees | 117,748. | 58,874. | 58,874. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,584,482. | 1,237,661. | 283,794. | 62 027 |
| 8 | Pension plan accruals and contributions (include | 1,304,402. | 1,237,001. | 203,794. | 63,027 |
| 0 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 275,714. | 189,793. | 72,164. | 13,757 |
| 10 | Payroll taxes | 146,131. | 110,427. | 30,233. | 5,471 |
| 11 | Fees for services (non-employees) | | | 30,233. | J, ±/± |
| | Management | | | | |
| b | Legal | 550. | | 550. | |
| С | Accounting | 73,668. | 10,968. | 62,700. | |
| | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 26,771. | | 26,771. | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | · : · · · · · · · · · · · · · · · · · · · |
| | column (A) amount, list line 11g expenses on Sch O.) | 4,605. | | 4,605. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 12,757. | 317. | 5,533. | 6,907 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 541,772. | 500,045. | 41,727. | · |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | - 04 500 | 44.000 | | |
| 19 | Conferences, conventions, and meetings | 21,502. | 11,092. | 9,610. | 800 |
| 20 | Interest | 47,959. | 36,286. | 9,083. | 2,590 |
| 21 | Payments to affiliates | 55.656 | | 54 405 | |
| 22 | Depreciation, depletion, and amortization | 57,656. | 6,161. | 51,495. | |
| 23 | Insurance Other pyropass Items by pyropass and pyropass | 45,812. | 32,623. | 13,189. | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| 2 | SUPPLIES | 181,257. | 112,294. | 55,889. | 13,074 |
| b | LOCAL TRANSPORTATION | 107,301. | 103,262. | 3,688. | 351 |
| c | PUBLICATIONS AND BULLET | 89,745. | 29,847. | 1,197. | 58,701 |
| d | MAINTENANCE AND REPAIRS | 60,639. | 41,931. | 18,708. | 30,701 |
| | All other expenses | 125,032. | 118,244. | 4,509. | 2,279 |
| 25 | Total functional expenses Add lines 1 through 24e | 4,700,583. | 3,779,307. | 754,319. | 166,957 |
| 26 | Joint costs. Complete this line only if the organization | 2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 200,001 |
| - | reported in column (B) joint costs from a combined | | ł | | |
| | educational campaign and fundraising solicitation. | | į |] | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

232010 12-10-12

ARCHDIOCESAN COUNCIL OF ST. LOUIS

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|------|---|---------------------------------|-----|------------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 222,462. | 1 | 223,509. |
| | 2 | Savings and temporary cash investments | 243,455. | 2 | 378,962. |
| | 3 | Pledges and grants receivable, net | 309,070. | 3 | 1,064,869. |
| | 4 | Accounts receivable, net | 183,617. | 4 | 267,011 |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| , | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| Ass | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 116,902. | 9 | 111,566 |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 1,796,997. | | | |
| | b | Less accumulated depreciation 10b 345,074. | 1,536,707. | 10c | 1,451,923 3,908,433 |
| | 11 | Investments publicly traded securities | 3,987,973. | 11 | 3,908,433 |
| | 12 | Investments other securities See Part IV, line 11 | | 12 | <u> </u> |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | ····· |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | 25,980. | 15 | 17,488 |
| | 16 | Total assets, Add lines 1 through 15 (must equal line 34) | 6,626,166. | 16 | 7,423,761 |
| | 17 | Accounts payable and accrued expenses | 346,764. | 17 | 345,931 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| ₹ | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| Liabilities | | key employees, highest compensated employees, and disqualified persons | | | |
| _ | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | 1 | parties, and other liabilities not included on lines 17-24). Complete Part X of | 40.400 | | 00.400 |
| | | Schedule D | 43,120. | | 23,123 |
| | 26 | Total liabilities. Add lines 17 through 25 | 389,884. | 26 | 369,054 |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ X and | | | |
| Sec | ١. | complete lines 27 through 29, and lines 33 and 34. | 5 COF 414 | | 6 100 500 |
| ă | 27 | Unrestricted net assets | 5,635,414. | 27 | 6,107,507 |
| Ba | 28 | Temporarily restricted net assets | 500,868. | 28 | 464,241 |
| Ē | 29 | Permanently restricted net assets | 100,000. | 29 | 482,959 |
| Ę | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ō | | and complete lines 30 through 34. | | | |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets or Fund Balances | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net | 32 | Retained earnings, endowment, accumulated income, or other funds | 6 226 202 | 32 | 7 054 707 |
| | 33 | Total net assets or fund balances | 6,236,282. | 33 | 7,054,707 |
| | 34 | Total liabilities and net assets/fund balances | 6,626,166. | 34 | 7,423,761. |

Form 990 (2012)

| | Check if Schedule O contains a response to any question in this Part XII | | | \mathbf{x} |
|----|--|------|-----|--------------|
| | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X 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 |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a | | | |
| | separate basis, consolidated basis, or both | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | 1 |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | _ X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, | | | |
| | consolidated basis, or both | | | Ì |
| | Separate basis Consolidated basis Both consolidated and separate basis | 1 | - | Ì |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, | | | Ì |
| | review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit | | | Ì |
| | 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 | X | |
| | | Form | 990 | (2012) |

SCHEDULE A

Department of the Treasury Internal Revenue Service

(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

Open to Public Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL

Employer identification number

| | | ARCHDIC | CESAN COUNCI | L OF | ST. L | OUIS | | | 4 | 3-0652 | 684 |
|------------|----------------|---------------------------------------|--|-----------------|---------------|-------------|---------------------------|------------------------|-------------|---------------|----------------|
| Part I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | e this par | t) See inst | tructions | | | |
| he organi | | | because it is (For lines 1 | | | | | | | | |
| 1 🔲 | A church, co | nvention of churche | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) | ١. | | | |
| 2 | | | 70(b)(1)(A)(ii). (Attach Sc | | | | V-7V-7V-7V-7 | | | | |
| 3 | | | ital service organization of | | | 170(b)(1) | (Δ\fiii) | | | | |
| 4 | | | operated in conjunction | | | | | /hV/1V/AVii | ii) Enter | the hospital | l's name |
| | city, and stat | | oporatos in conjunction | | pilai docoi | 1000 111 30 | .00011 170 | (2)(1)(2)(11 | ily. Elitoi | tilo nospital | o namo, |
| 5 🔲 | | | benefit of a college or ur | awereity o | wood or or | porated by | , a govern | montal un | t describ | od in | |
| ў Ш | | | | iiversity O | wited of of | berated by | a governi | nemai um | i describ | eu in | |
| • 🗀 | | (b)(1)(A)(iv). (Complete | | | | | | | | | |
| 6 L | | | ent or governmental unit | | | | | | | | |
| 7 LX | | · · · · · · · · · · · · · · · · · · · | eives a substantial part | of its supp | on from a | governme | ental unit c | or from the | general | public desc | ribed in |
| | | b)(1)(A)(vi). (Comple | | | | | | | | | |
| 8 | - | | section 170(b)(1)(A)(vi). | • | • | | | | | | |
| 9 📖 | - | - | eives (1) more than 33 1 | | • • | | | | | • | • |
| | | • | nctions - subject to certa | • | • | • | | | • • | • | |
| | | | axable income (less sect | tion 511 ta | x) from bu | sinesses a | acquired b | y the orga | ınızatıon | after June 3 | 30, 1975 |
| | | 509(a)(2). (Complete | • | | | | | | | | |
| 10 | | | perated exclusively to te | | - | | | = | | | |
| 11 📖 | _ | | perated exclusively for th | | | | | | • | | |
| | | | ations described in section | | | | 2). See se o | ction 509(a | a)(3). Ch | eck the box | : that |
| | | · · · · · · · · · · · · · · · · · · · | organization and comple | | • | | | | | | |
| | a Type I | - | • | ype III - Fu | _ | _ | | • • | | | lly integrated |
| e L | - | - | at the organization is not | | • | • | • | | • | • | |
| | | | han one or more publicly | | | | | | 9(a)(1) or | section 509 |)(a)(2) |
| f | If the organiz | ation received a writ | tten determination from t | the IRS tha | at it is a Ty | pe I, Type | II, or Type | e III | | | _ |
| | supporting of | rganization, check th | nis box | | | | | | | | L |
| g | _ | | organization accepted ar | | | - | | • • | | | |
| | (ı) A perso | n who directly or ind | lirectly controls, either al | one or tog | ether with | persons o | described | ın (ıı) and (| ш) below | , | Yes No |
| | the gove | erning body of the s | upported organization? | | | | | | | 11g(i) | ļ |
| | (ii) A family | member of a persor | n described in (i) above? | | | | | | | 11g(ii) | |
| | (iii) A 35% d | controlled entity of a | ı person described in (i) o | or (II) above | ∍? | | | | | 11g(iii) | <u> </u> |
| h | Provide the f | ollowing information | about the supported org | ganızatıon | (s) | | | | | | |
| | | | | | | | | , | | | |
| (i) Name | of supported | (ii) EIN | | | organization | | | (vi) Is organizatio | | (vii) Amouni | t of monetary |
| orga | nization | | | in col. (i) lis | sted in your | organizat | ion in col. r support? | (i) organiz U.S | ed in the | sup | port |
| | | | above or IRC section (see instructions)) | <u> </u> | , | (1) 01 you | Support | U.S | .7 | | |
| | | | (occ mondonono) | Yes | No | Yes | No | Yes | No | | |
| | | | | | | | | 1 | | | |
| <u>.</u> | | | | | | | | | | | |
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021

SOCIETY OF ST. VINCENT DE PAUL

Schedule A (Form 990 or 990 EZ) 2012 ARCHDIOCESAN COUNCIL OF ST. LOUIS 43-0652684 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|------|---|-----------------------|---------------------|------------------------|----------------------|--------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | 3452610. | 3208677. | 4841488. | 4348106. | 4472409. | 20323290. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ızatıon'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 | 3452610. | 3208677. | 4841488. | 4348106. | 4472409. | 20323290. |
| 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 | | | | | | 1 |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 646,591. |
| 6 | Public support. Subtract line 5 from line 4 | | _ | | | | 19676699. |
| Sec | tion B. Total Support | | | , | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 3452610. | 3208677. | 4841488. | 4348106. | | 20323290. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 176,749. | 147,386. | 133,343. | 116,047. | 95,422. | 668,947. |
| 9 | Net income from unrelated business | | | | | | 1 |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV) | 18,206. | 7,693. | 10,321. | 12,041. | 586. | 48,847. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 21041084. |
| | Gross receipts from related activities, | etc (see instruction | ons) | | | 12 2 | ,810,159. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a section | | |
| | organization, check this box and stor | here | | | | | lacksquare |
| Sec | tion C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2012 (| ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 93.52 % |
| 15 | Public support percentage from 2011 | Schedule A, Part | II, line 14 | | | 15 | 91.76 % |
| 16a | 33 1/3% support test - 2012. If the | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or m | ore, check this b | ox and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ►X |
| b | 33 1/3% support test - 2011. If the | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check t | his box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | t - 2012. If the org | anization did not d | heck a box on line | 9 13, 16a, or 16b, a | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | nis box and stop h | ere. Explain in Pai | t IV how the orga | nızatıon |
| | meets the "facts-and-circumstances" | test The organiza | tion qualifies as a | publicly supported | dorganization | _ | ightharpoons |
| b | 10% -facts-and-circumstances tes | t - 2011. If the org | anization did not d | heck a box on line | e 13, 16a, 16b, or 1 | 7a, and line 15 is | 10% or |
| | more, and if the organization meets the | ne "facts-and-circu | mstances" test, ch | neck this box and | stop here. Explain | in Part IV how th | е |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | qualifies as a publi | cly supported orga | ınızatıon | ightharpoons |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | ns 🕨 🗌 |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2012

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

| Section A. Public Support | | | | | | |
|--|---------------------------|-----------------------|------------------------|---------------------|----------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | | | - |
| membership fees received. (Do not | | | | | | |
| ınclude any "unusual grants ") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ızatıon'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 | | 1 | | | | |
| 6 Total, Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | <u> </u> |
| 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) | | | | | · | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) 🖊 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | ·- · · · · · · - | <u> </u> | | | <u> </u> | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | 1 | I | <u> </u> | 1 | |
| 14 First five years. If the Form 990 is for | the organization' | 's first, second, thi | rd, fourth, or fifth t | ax year as a secti | on 501(c)(3) organiz | zation, |
| check this box and stop here | | | | | | > |
| Section C. Computation of Publi | c Support Pe | ercentage | | | | |
| 15 Public support percentage for 2012 (li | ne 8, column (f) c | divided by line 13, | column (f)) | | 15 | 9 |
| 16 Public support percentage from 2011 | | | | | 16 | |
| Section D. Computation of Inves | tment Incom | <u>ne Percentage</u> | | | | |
| 17 Investment income percentage for 20 | 12 (line 10c, colu | mn (f) divided by li | ne 13, column (f)) | | 17 | |
| 18 Investment income percentage from 2 | .011 Schedule A, | , Part III, line 17 | | | 18 | ç |
| 19a 33 1/3% support tests - 2012. If the | organization did | not check the box | on line 14, and lin | e 15 is more than | 33 1/3%, and line | 17 is not |
| more than 33 1/3%, check this box ar | id stop here. The | e organization qua | lifies as a publicly | supported organi | zation | ▶□ |
| b 33 1/3% support tests - 2011. If the | organization did | not check a box o | n line 14 or line 19 | a, and line 16 is n | ore than 33 1/3%, | and _ |
| line 18 is not more than 33 1/3%, cher | ck this box and s | stop here. The org | anızatıon qualıfıes | as a publicly sup | ported organization | ▶ □ |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ii | nstructions | ▶□ |

| SOCIETY OF ST. VINCENT DE PAUL |
|--|
| Schedule A (Form 990 or 990-EZ) 2012 ARCHDIOCESAN COUNCIL OF ST. LOUIS 43-0652684 Page 4 Part IV 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 Also complete this part for any additional information (See instructions) |
| |
| THE SOCIETY CHANGED ITS YEAR END AS PART OF ITS APPLICATION FOR EXEMPT |
| STATUS TO ENSURE THAT ITS YEAR END AND THOSE OF ITS RELATED PARISH |
| ORGANIZATIONS WERE THE SAME. |
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012 Open to Public Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF ST. LOUI Employer identification number 43-0652684

| Par | t I Organizations Maintaining Donor Advise | | s or Accounts. Complete if the |
|-----|--|---|---|
| | organization answered "Yes" to Form 990, Part IV, line | 6 | |
| - | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets held in donor adv | ised funds |
| Ŭ | are the organization's property, subject to the organization's | • | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor at | - | |
| Ü | for charitable purposes and not for the benefit of the donor o | | • |
| | impermissible private benefit? | t deries advisor, or for any earles purpose | Yes No |
| Par | | anization answered "Yes" to Form 990. | |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| • | Preservation of land for public use (e.g., recreation or e | | istorically important land area |
| | Protection of natural habitat | · — | rtified historic structure |
| | Preservation of open space | 1 103c1 valion of a cc | ranca rastorio structuro |
| 2 | Complete lines 2a through 2d if the organization held a qualif | red conservation contribution in the form | n of a conservation easement on the last |
| _ | day of the tax year | ica conscivation community in the form | TOTA CONSCIVATION CASCINGTIC ON THE MACE |
| | day of the tax year | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| C | Number of conservation easements on a certified historic stru | icture included in (a) | 2c |
| | Number of conservation easements included in (c) acquired a | • • | |
| d | | arter 6/17/00, and not on a mistoric struc | 2d |
| • | listed in the National Register Number of conservation easements modified, transferred, rel | assod axtinguished or terminated by th | |
| 3 | _ | eased, extinguished, or terminated by the | le organization during the tax |
| 4 | year ► | sement is located | |
| 5 | Does the organization have a written policy regarding the per | | f |
| 3 | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, and | _ | |
| 8 | Does each conservation easement reported on line 2(d) above | | |
| o | and section 170(h)(4)(B)(u)? | o satisfy the requirements of section 17 | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | on easements in its revenue and expens | |
| • | include, if applicable, the text of the footnote to the organizat | · | |
| | conservation easements | | o uno organización o coordinante |
| Pai | rt III Organizations Maintaining Collections of | f Art, Historical Treasures, or | Other Similar Assets. |
| L | Complete if the organization answered "Yes" to Form | | |
| 1a | If the organization elected, as permitted under SFAS 116 (AS | SC 958), not to report in its revenue state | ement and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exh | | |
| | the text of the footnote to its financial statements that descri | | |
| b | If the organization elected, as permitted under SFAS 116 (AS | | nt and balance sheet works of art, historical |
| _ | treasures, or other similar assets held for public exhibition, ed | | |
| | 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 tre | asures, or other similar assets for financi | |
| ~ | the following amounts required to be reported under SFAS 1 | | ga, provido |
| а | Revenues included in Form 990, Part VIII, line 1 | . 5 v . 55 555/ Folding to tribse horns | ▶ \$ |
| _ | Assets included in Form 990, Part X | | ► \$ ► \$ |
| b | Maagra included in Form 330, Fall A | | Ψ |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12:10-12

Schedule D (Form 990) 2012

SOCIETY OF ST. VINCENT DE PAUL

| | | CESAN COUN | | | | | | | | Page 2 |
|-----|---|---------------------------------|-------------|---------------------|----------------|-------------|-------------------------|-------------|------------|---------------|
| Pa | t III Organizations Maintaining C | | | | | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, check | any of the | following that | at are a s | ignificant | use of its | collection | rtems |
| | (check all that apply) | | | | | | | | | |
| а | Public exhibition | c | י וַיַי | oan or excl | hange progr | ams | | | | |
| b | Scholarly research | e | , [(| Other | | | | | <u> </u> | |
| С | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how th | ey further th | he organizat | ion's exe | mpt purpo | ose in Par | t XIII | |
| 5 | During the year, did the organization solicit o | r receive donations | of art, his | storical treas | sures, or oth | er sımılaı | r assets | | _ | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | No_ |
| Par | t IV Escrow and Custodial Arrange reported an amount on Form 990, Par | | ete if the | organizatio | n answered | "Yes" to | Form 990 | , Part IV, | line 9, or | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary for d | contribution | s or other as | sets not | ıncluded | | | |
| | on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowina t | able: | | | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | | | | Amount | |
| С | Beginning balance | | | | | | 1c | - | <u> </u> | |
| d | Additions during the year | | | | • | | 1d | | | |
| е | Distributions during the year | | | | | | 1e | | | |
| f | Ending balance | | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21? | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part XIII | Check here if the ex | xplanatio | n has been | provided in | Part XIII | | | | |
| Pai | | | | | | | 0 | | | |
| | | (a) Current year | | rior year | (c) Two yea | | (d) Three y | ears back | (e) Four | years back |
| 1a | Beginning of year balance | 100,000, | | 100,000. | 10 | 0.000. | | | | |
| b | Contributions | 382 959 | Ĺ | | | | 1 | 00,000. | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| đ | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 482,959, | | 100,000. | 10 | 0,000. | 1 | 00,000. | | |
| 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1g | g, column (a | i)) held as | | | | | |
| а | Board designated or quasi-endowment | | % | | | | | | | |
| b | Permanent endowment ► 100.00 | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | ld equal 100% | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organiz | ation tha | t are held a | nd administe | ered for ti | he organiz | ation | _ | |
| | by | | | | | | | | | Yes No |
| | (i) unrelated organizations | | | | | | | | 3a(ı) | X |
| | (ii) related organizations | | | | | | | | 3a(ii) | X |
| b | If "Yes" to 3a(ii), are the related organizations | s listed as required o | n Sched | ule R? | | | | | 3b | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Pai | t VI Land, Buildings, and Equipm | ent. See Form 990 |), Part X, | line 10 | | | | | | |
| | Description of property | (a) Cost or o basis (investr | | (b) Cost basis (| | | ccumulate preciation | ed | (d) Book | value |
| 1a | Land | | 000. | | 0,000. | | | | 125 | ,000. |
| | Buildings | | | | 1,720. | - | 129,0 | 10. | | 710. |
| | Leasehold improvements | | | | 4,293. | - | 19,3 | | | ,898. |
| | Equipment | | | | 8,117. | - | 184,6 | | | ,444. |
| | Other | | | | 7,867. | | 11,9 | | | 871. |
| | . Add lines 1a through 1e (Column (d) must e | gual Form 990, Part | X, colum | | | | | D | | ,923. |

Schedule D (Form 990) 2012

SOCIETY OF ST. VINCENT DE PAUL

| Schedule D | (Form 990) 2012 | ARCHDIOCESAL | N COUNCIL | OF S | T. LOUIS | 43-0652684 Pag |
|--------------------------|---------------------------------------|---------------------------------------|---------------------------------------|--|---|---|
| | | Other Securities. See | | | | |
| | | OTY (including name of security) | (b) Book valu | ne e | (c) Method of va | aluation Cost or end-of-year market value |
| | derivatives | <u> </u> | | | | |
| 2) Closely-l 3) Other | neld equity interests | - | | -+ | | |
| (A) | | | | | | |
| (B) | | | · · · · · · · · · · · · · · · · · · · | | | |
| (C) | | | | | | |
| (D) | | | | | - | |
| (E) | | | ····· | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| (I) | | | | | | |
| Total (Col. (b |) must equal Form 990 |), Part X, col. (B) line 12) | | | | |
| Part VIII | Investments - | Program Related. Se | | | | |
| | (a) Description of inv | vestment type | (b) Book valu | 16 | (c) Method of va | aluation Cost or end-of-year market value |
| (1) | | | | | | |
| (2) | | | | \longrightarrow | | ···· |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | · · · · · · · · · · · · · · · · · · · | | | | |
| |) must equal Form 990 |), Part X, col. (B) line 13) | | | | - |
| Part IX | Other Assets. | See Form 990, Part X, line | 15. | | | |
| | | | Description | | | (b) Book value |
| (1) | | | | | | |
| (2) | · · · · · · · · · · · · · · · · · · · | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | ma (h) must saual Es | orm 990, Part X, col (B) line | 15 \ | | | |
| Part X | | S. See Form 990, Part X, II | | | | |
| 1. | | escription of liability | | |) Book value | |
| | eral income taxes | | | | · | |
| | | D FOR OTHERS | | 1 | 23,123. | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | , | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| (10) | | <u> </u> | | | | |
| | | | | | | |
| (11) | | orm 990, Part X, col (B) line | | | 23,123. | |

| SOCIETY OF ST. VINCENT DE | _ | 4.5 | 0650604 |
|--|---------------------------------------|--|--------------------------|
| Schedule D (Form 990) 2012 ARCHDIOCESAN COUNCIL OF ST | | 43- | 0652684 Page 4 |
| Part XI Reconciliation of Revenue per Audited Financial Statem | ients with Revenue per F | T | |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | 5,590,102. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | 1 1 | |
| a Net unrealized gains on investments | 2a 231,828. | 4 1 | |
| b Donated services and use of facilities | _2b | 4 | |
| c Recoveries of prior year grants | 2c | - | |
| d Other (Describe in Part XIII) | 2d | 4 | |
| e Add lines 2a through 2d | | 2e | 231,828. |
| 3 Subtract line 2e from line 1 | | 3 | 5,358,274. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 26,771. | <u>.</u> | |
| b Other (Describe in Part XIII) | 4b | 」 | |
| c Add lines 4a and 4b | | 4c | <u>26,771.</u> |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | 5,385,045 . |
| Part XII Reconciliation of Expenses per Audited Financial Staten | nents With Expenses per | Retu | rn |
| 1 Total expenses and losses per audited financial statements | | 1 | 4,673,812. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a Donated services and use of facilities | 2a | | |
| b Prior year adjustments | 2b |] | |
| c Other losses | 2c | | |
| d Other (Describe in Part XIII) | 2d | | |
| e Add lines 2a through 2d | | 2e | 0. |
| 3 Subtract line 2e from line 1 | | 3 | 4,673,812. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a 26,771. | , | |
| b Other (Describe in Part XIII) | 4b | 7 | |
| c Add lines 4a and 4b | | 4c | 26,771. |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | 4,700,583. |
| Part XIII Supplemental Information | | | |
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part | III. lines 1a and 4. Part IV. lines 1 | b and 2 | 2b: Part V. line 4. Part |
| X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to | | | |
| | COME TO BE USED T | | UPPORT |
| | | | |
| PROGRAMS OF THE SOCIETY. | | | |
| | - | | |
| | | | |
| | | | |
| PART X, LINE 2: THE SOCIETY OF ST. VINCENT I | DE PAUL ARCHDIOCE | SAN | |
| | | | , , , _ , |
| COUNCIL OF ST. LOUIS IS TAX-EXEMPT UNDER SEC | CTTON 501(C)(3) | ייי ישר | HE INTERNAL |
| CONTROL OF DIVIDOUS ID THE BRIBER OF DEVE | 301(0)(3) | <u>, </u> | ill IIIIIIIII |
| REVENUE CODE. AS SUCH, THE SOCIETY AND RELA | ATED FINDS CAN ON | л.v | BE TAXED ON |
| THE COURT IND COMP THE COCHET AND REDI | TILD I GIIDD CAN OI | | UL LIMIT ON |
| THE INCOME FROM ANY ACTIVITIES UNRELATED TO | ТИЕТЕ СИВЕТТВЕТ | ייזק ק | RPOSES |
| INGLE INCLES INCLES ON CONCUMENTED TO | IIIDIN CHARITADDI | | TI ODED ! |
| THERE WAS NO UNRELATED BUSINESS TAXABLE INCO | OME FOR THE NINE | MON | THS ENDED |

Schedule D (Form 990) 2012

SOCIETY OF ST. VINCENT DE PAUL

2 Schedule I (Form 990) (2012) Employer identification number 43-0652684 OMB No 1545-0047 Open to Public 2012 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ARCHDIOCESAN COUNCIL OF ST. LOUIS SOCIETY OF ST. VINCENT DE PAUL (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990) Parti Part II

232101 12-18-12

Page 2

43-0652684

Schedule i (Form 990) (2012)

Schedule i (Form 990) (2012)

ARCHDIOCESAN COUNCIL OF ST. LOUIS

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

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

| Fan III can be ouplicated if additional space is needed | | | | | |
|--|--------------------------|--------------------------|---------------------------------------|---|---|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
| FOOD, SHELTER AND CLOTHING PROVIDED TO INDIGENTS | | | | | FOOD, SHELTER, CLOTHING AND OTHER ASSISTANCE PROVIDED TO |
| OR DISASTER VICTIMS | 41510 | 0 | 1,179,482, | COST OF ITEMS PROVIDED | INDIGENTS OR DISASTER VICTIMS |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information | de the information | n required in Part I, | line 2, Part III, colum | n (b), and any other additional in | formation |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

232102 12-18-12

Schedule I (Form 990) (2012)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE PAUL **Employer identification number**

ARCHDIOCESAN COUNCIL OF ST. LOUIS 43-0652684 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts Items contributed Form 990, Part VIII, line 1g

| 1 | Art - Works of art | | | | | | | | |
|-----|---|----------------|----------------------|----------------------|--------------|--------------------|-----------|-----|----|
| 2 | Art Historical treasures | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | |
| 4 | Books and publications | | | | | | | | |
| 5 | Clothing and household goods | X | | 1,274, | 461. | SELLING | PRICE | | |
| 6 | Cars and other vehicles | | | | | | | | |
| 7 | Boats and planes | | | | | | | | • |
| 8 | Intellectual property | | | | | | | | |
| 9 | Securities - Publicly traded | X | 9 | 7. | 672. | FAIR MAR | KET V | LUE | |
| 10 | Securities - Closely held stock | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | |
| | trust interests | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | |
| | Historic structures | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | |
| 15 | Real estate - Residential | | | | | - | | | |
| 16 | Real estate Commercial | | | | | | | | |
| 17 | Real estate Other | | | | | | | | |
| 18 | Collectibles | | | | - | | | | |
| 19 | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | |
| 23 | Scientific specimens | - | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | |
| 25 | Other | | | | | | | | |
| 26 | Other () | | | | | | | | |
| 27 | Other | | | | | | | | |
| 28 | Other () | | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | g the tax year for c | ontributions | | • | | | |
| | for which the organization completed Form 82 | 83, Part IV, | Donee Acknowledg | jement | 29 | | | | |
| | | | | | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contribution | on any property rep | orted in Part I, lin | es 1·28 th | at it must hold fo | or 🗀 | | |
| | at least three years from the date of the initial | contribution | , and which is not i | equired to be use | d for exer | npt purposes foi | | | |
| | the entire holding period? | | | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any non-standa | rd contrib | utions? | 31 | | х |
| 32a | Does the organization hire or use third parties | | | | | | <u></u> - | | |
| | contributions? | | - | | | | 32a | | Х |
| b | If "Yes," describe in Part II | | | | | | | | |
| 33 | If the organization did not report an amount in | column (c) | for a type of proper | ty for which colum | nn (a) is cl | necked | | | |

describe in Part II

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

Schedule M (Form 990) (2012)

SCHEDULE 0

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

SOCIETY OF ST. VINCENT DE PAUL ARCHDIOCESAN COUNCIL OF ST. LOUIS Employer identification number 43-0652684

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| OPERATING A THRIFT STORE. |
| |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: |
| THE SOCIETY OF ST. VINCENT DE PAUL PROVIDES SHELTER, FOOD AND |
| ASSISTANCE FOR THE HOMELESS. |
| EXPENSES \$ 591,066. INCLUDING GRANTS OF \$ 308,368. REVENUE \$ 0. |
| FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NO COMMITTEE THAT HAS THE |
| AUTHORITY TO ACT ON BEHALF OF THE BOARD. |
| FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION SENT OUT A PDF |
| COPY OF THE 990 VIA E-MAIL BEFORE IT WAS FILED. |
| |
| FORM 990, PART VI, SECTION B, LINE 12C: AT EACH BOARD MEETING, THE CHAIR |
| OF THE BOARD BEGINS THE MEETING BY ASKING EVERYONE TO RESPOND IF THERE MAY |
| BE A CONFLICT OF INTEREST. THE ORGANIZATION REQUIRES ALL EMPLOYEES AND |
| DIRECTORS TO DISCLOSE ANY MATTERS THAT MAY RESULT IN A CONFLICT OF |
| INTEREST. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: BY REQUEST |
| THERE WERE NO CHANGES FROM THE PRIOR YEAR. |
| |

Form **8868**

(Rev January 2013)

Department of the Treasury *
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | rt I and check this box | | • | ■ X |
|----------------------------|--|--------------|---|---------------|----------------------|---------------|
| • If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, d | complete only Part II (on page 2 of | this form) | | |
| Do not d | complete Part II unless you have already been granted a | an automa | itic 3-month extension on a previous | ly filed Fo | rm 8868 | |
| Electron | nic filing (e-file). You can electronically file Form 8868 if y | ou need a | a 3-month automatic extension of tin | ne to file (i | 6 months for a corp | ooration |
| required | to file Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically fi | le Form 8 | 868 to request an | extension |
| | o file any of the forms listed in Part I or Part II with the exi | | | | | |
| | Benefit Contracts, which must be sent to the IRS in pap | | | | | |
| | v irs gov/efile and click on e-file for Charities & Nonprofits | | · | | Ü | • |
| Part I | Automatic 3-Month Extension of Time | e. Only s | submit original (no copies ne | eded). | = = 1-1- | |
| A corpor | ation required to file Form 990-T and requesting an autor | - | | | | |
| Part I on | ly | | | · | • | ▶ □ |
| | corporations (including 1120-C filers), partnerships, REM come tax returns | IICs, and t | rusts must use Form 7004 to reques | t an exter | nsion of time | |
| Type or | Name of exempt organization or other filer, see instru | ctions | | Employe | r identification num | nber (EIN) or |
| print | SOCIETY OF ST. VINCENT DE | PAUL | | . , | | ` , |
| | ARCHDIOCESAN COUNCIL OF ST | . LOU | ıs | | 43-06526 | 84 |
| File by the due date fo | Number, street, and room or suite no. If a P.O. box, s | ee instruc | tions | Social se | curity number (SS | |
| filing your return See | 100 NORTH JEFFERSON AVENUE | | | | | · |
| instructions | City, town or post office, state, and ZIP code For a for ST. LOUIS, MO 63103 | oreign add | ress, see instructions. | | | |
| | 1 2 2 2002 20 20 20 20 20 20 20 20 20 20 | | | | | |
| Enter the | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 1 |
| Applicat | ion | Return | Application | | | Return |
| Is For | | Code | Is For | | | Code |
| | 0 or Form 990 EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 99 | | 02 | Form 1041-A | | | 08 |
| | 20 (individual) | 03 | Form 4720 | | | 09 |
| Form 99 | | 04 | Form 5227 | | | 10 |
| | 0-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | - | | 11 |
| | 0-T (trust other than above) | 06 | Form 8870 | | | 12 |
| | MS. ANGIE SMITH | • | 1011110010 | | | 12 |
| • The b | ooks are in the care of ▶ 100 NORTH JEFFI | | AVENUE - ST LOUIS | MO | 63103 | |
| | hone No ► (314)881-6000 | | FAX No ▶ | , 110 | 03103 | |
| | organization does not have an office or place of business | s in the Lin | | | | |
| | is for a Group Return, enter the organization's four digit | | | f this is fo | r the whole aroun | check this |
| box > | If it is for part of the group, check this box | - | | | | |
| | equest an automatic 3-month (6 months for a corporation | | | | ers the extension | 3 101 |
| | 45 0040 | | tion return for the organization name | | The extension | |
| ıs | for the organization's return for | · o gamea | tion rotalin io. the organization name | d abovo | THE EXICHSION | |
| • | alendar year or | | | | | |
| • | | an | d ending SEP 30, 2012 | | | |
| _ | | | | | _ | |
| 2 If t | he tax year entered in line 1 is for less than 12 months, c | heck reas | on Initial return | Fınal retur | 'n | |
| | X Change in accounting period | | | | | |
| _ | | | | | | |
| 3a If t | his application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069. e | nter the tentative tax, less any | | | |
| no | nrefundable credits. See instructions | • | • | За | s | 0. |
| | his application is for Form 990-PF, 990-T, 4720, or 6069, | enter anv | refundable credits and | 1 | | <u>~~</u> |
| | timated tax payments made. Include any prior year overp | • | | 3b | s | 0. |
| _ | lance due. Subtract line 3b from line 3a Include your pa | | | | | |
| | using EFTPS (Electronic Federal Tax Payment System). | - | | 3c | s | 0. |
| | . If you are going to make an electronic fund withdrawal v | | | | | |
| | For Privacy Act and Paperwork Reduction Act Notice, | | | | Form 8868 (F | |

223841 01-21-13