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

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

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

OMB No. 1545-0047

**2011**Open to Public  
Inspection**A For the 2011 calendar year, or tax year beginning OCT 1, 2011 and ending SEP 30, 2012**

<b>B</b>	<b>C</b> Name of organization <b>SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON</b>	<b>D</b> Employer identification number <b>93-0456525</b>
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Doing Business As</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P.O. BOX 42157</b>	Room/suite
	City or town, state or country, and ZIP + 4 <b>PORTLAND, OR 97242</b>	
	<b>F</b> Name and address of principal officer: <b>ANNA PLASTER</b> <b>SAME AS C ABOVE</b>	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ► (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>E</b> Telephone number <b>(503) 235-7837</b>
<b>J</b> Website: ► <b>WWW.SVDPPDX.ORG</b>		<b>G</b> Gross receipts \$ <b>9,197,360.</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
		<b>H(c)</b> Group exemption number ►

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)
	4 Number of independent voting members of the governing body (Part VI, line 1b)
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)
	6 Total number of volunteers (estimate if necessary)
	7a Total unrelated business revenue from Part VIII, column (C), line 12
	b Net unrelated business taxable income from Form 990-T, line 34
	c <b>RECEIVED</b> AUG 2 2013 F.S.O.C.
<b>Prior Year</b>	<b>Current Year</b>
8 Contributions and grants (Part VIII, line 1h)	<b>9,223,059.</b> <b>9,128,635.</b>
9 Program service revenue (Part VIII, line 2g)	<b>0.</b> <b>0.</b>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>5,632.</b> <b>2,293.</b>
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>27,809.</b> <b>26,214.</b>
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,256,500.</b> <b>9,157,142.</b>
<b>Expenses</b>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3), <b>UI</b>	<b>7,645,455.</b> <b>7,836,551.</b>
14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b> <b>0.</b>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>647,436.</b> <b>658,133.</b>
16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b> <b>0.</b>
b Total fundraising expenses (Part IX, column (D), line 25) ► <b>167,230.</b>	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>628,996.</b> <b>874,824.</b>
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,921,887.</b> <b>9,369,508.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>334,613.</b> <b>-212,366.</b>
<b>Net Assets or Fund Balances</b>	
20 Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>4,229,607.</b> <b>End of Year</b> <b>4,330,254.</b>
21 Total liabilities (Part X, line 26)	<b>65,871.</b> <b>347,952.</b>
22 Net assets or fund balances Subtract line 21 from line 20	<b>4,163,736.</b> <b>3,982,302.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	<b>Signature of officer</b> <b>ANNA PLASTER, EXECUTIVE DIRECTOR</b>	Date <b>7-25-2013</b>
	Type or print name and title	
<b>Paid</b>	Print/Type preparer's name <b>YEE LEE LO</b>	Preparer's signature <b>6/28/13</b> Date <b>6/28/13</b> Check <input type="checkbox"/> if self-employed PTIN <b>P01294356</b>
<b>Preparer</b>	Firm's name ► <b>GARY MCGEE &amp; CO. LLP</b>	Firm's EIN ► <b>93-1136256</b>
<b>Use Only</b>	Firm's address ► <b>808 S.W. THIRD AVENUE, SUITE 700 PORTLAND, OR 97204</b>	Phone no. <b>(503) 222-2515</b>

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

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

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SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Form 990 (2011)

93-0456525 Page 2

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO PROVIDE COMPASSION AND SUPPORT TO INDIVIDUALS IN NEED, REGARDLESS OF RACE, ORIGIN, RELIGION OR GENDER.**

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

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

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

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

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

4a (Code \_\_\_\_\_) (Expenses \$ **6,746,346.** including grants of \$ **6,243,751.** ) (Revenue \$ \_\_\_\_\_)  
**FOOD RECOVERY NETWORK - THE FOOD RECOVERY NETWORK INCLUDES ALL FOOD DELIVERY PROGRAMS:**

**FOOD BANK - FOOD IS COLLECTED, STORED ON-SITE, AND MADE AVAILABLE TO 126 MEMBER AGENCIES, INCLUDING THE SOCIETY'S 50 CONFERENCES. FOOD IS RECEIVED FROM FOOD DRIVES, GENERAL PUBLIC DONATIONS, FEEDING AMERICA LOCAL DONORS, AND OTHER PARTNER FOOD DISTRIBUTORS WITHIN THE SERVICE AREA.**

**FOOD RECOVERY PROGRAM - OVER-PRODUCED FOOD IS COLLECTED FROM RESTAURANTS, CATERERS, HOSPITALS, UNIVERSITIES, AND FOOD EVENTS. THE FOOD IS THEN REPACKAGED INTO MEAL-SIZE AND FAMILY PORTIONS, LABELED,**

4b (Code \_\_\_\_\_) (Expenses \$ **1,879,796.** including grants of \$ **1,592,800.** ) (Revenue \$ \_\_\_\_\_)  
**EMERGENCY SERVICES - PROGRAMS PROVIDING FOOD, CLOTHING, SHELTER AND OTHER EMERGENCY AND TEMPORARY SERVICES TO INDIVIDUALS AND FAMILIES IN NORTHWEST OREGON.**

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

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

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

4e Total program service expenses ► **8,626,142.**

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Form 990 (2011)

93-0456525 Page 3

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5 X	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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. <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c 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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>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)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	11a X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	11b X	
12b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	11c X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	11d X	
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> <li>b 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? <i>If "Yes," complete Schedule F, Parts I and IV</i></li> </ul>	11e X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	11f X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	12a X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	12b X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	13 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	14a X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	14b X	
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	15 X	
	16 X	
	17 X	
	18 X	
	19 X	
	20a X	
	20b X	

Form 990 (2011)

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Form 990 (2011)

93-0456525 Page 4

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2011)

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Form 990 (2011)

93-0456525 Page 5

**Part 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
1a	1a	1	
b	1b	0	
c			
2a	2a	16	
b			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a			
b			
4a			
b			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a			
b			
c			
6a			
b			
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	N/A	10a	
b		10b	
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	N/A	11a	
b		11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	N/A	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	N/A	13a	
b		13b	
c		13c	
14a		14a	X
b		14b	

Form 990 (2011)

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Form 990 (2011)

93-0456525 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

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year  
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.

1b Enter the number of voting members included in line 1a, above, who are independent

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?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Did the organization have members or stockholders?

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?

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

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

	1a	11	Yes	No
	1b	11		
2				X
3			X	
4			X	
5			X	
6			X	
7a			X	
7b			X	
8a		X		
8b		X		
9			X	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code )

10a Did the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done

13 Did the organization have a written whistleblower policy?

14 Did the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b 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 exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b	X	
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ► OR

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) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 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 organization: ► \_\_\_\_\_

ANNA PLASTER - (503) 235-7837

P.O. BOX 42157, PORTLAND, OR 97242

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A)  $\frac{1}{2}$       (B)  $\frac{1}{3}$       (C)  $\frac{1}{4}$       (D)  $\frac{1}{5}$       (E)  $\frac{1}{6}$       (F)  $\frac{1}{7}$

SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON

**Form 990 (2011)**

93-0456525 Page 8

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

0

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Form 990 (2011)

93-0456525 Page 9

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a Federated campaigns</b>	1a			
	<b>b Membership dues</b>	1b			
	<b>c Fundraising events</b>	1c	8,500.		
	<b>d Related organizations</b>	1d			
	<b>e Government grants (contributions)</b>	1e	541,572.		
	<b>f All other contributions, gifts, grants, and similar amounts not included above</b>	1f	857,856.3.		
	<b>g Noncash contributions included in lines 1a-1f \$</b>		6,470,695.		
	<b>h Total. Add lines 1a-1f</b>		► 912,863.5.		
<b>Program Service Revenue</b>		<b>Business Code</b>			
	<b>2 a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f All other program service revenue</b>				
	<b>g Total. Add lines 2a-2f</b>		►		
	<b>3 Investment income (including dividends, interest, and other similar amounts)</b>		► 2,293.		2,293.
	<b>4 Income from investment of tax-exempt bond proceeds</b>		►		
	<b>5 Royalties</b>		►		
	<b>6 a Gross rents</b>	(i) Real	(ii) Personal		
	<b>b Less: rental expenses</b>				
	<b>c Rental income or (loss)</b>				
	<b>d Net rental income or (loss)</b>		►		
	<b>7 a Gross amount from sales of assets other than inventory</b>	(i) Securities	(ii) Other		
	<b>b Less: cost or other basis and sales expenses</b>		33,467.		
	<b>c Gain or (loss)</b>		33,467.		
	<b>d Net gain or (loss)</b>		0.		
	<b>8 a Gross income from fundraising events (not including \$ 8,500. of contributions reported on line 1c). See Part IV, line 18</b>	a	8,567.		
	<b>b Less: direct expenses</b>	b	6,751.		
	<b>c Net income or (loss) from fundraising events</b>		► 1,816.		1,816.
	<b>9 a Gross income from gaming activities. See Part IV, line 19</b>	a			
	<b>b Less: direct expenses</b>	b			
	<b>c Net income or (loss) from gaming activities</b>		►		
	<b>10 a Gross sales of inventory, less returns and allowances</b>	a	21,052.		
	<b>b Less: cost of goods sold</b>	b	0.		
	<b>c Net income or (loss) from sales of inventory</b>		► 21,052.		21,052.
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
	<b>11 a MISCELLANEOUS</b>	900099	3,346.		3,346.
	<b>b</b>				
	<b>c</b>				
	<b>d All other revenue</b>		► 3,346.		
	<b>e Total. Add lines 11a-11d</b>		► 915,714.2.	0.	0.
	<b>12 Total revenue. See instructions.</b>		►		28,507.

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Form 990 (2011)

93-0456525 Page 10

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
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 the United States. See Part IV, line 22	7,836,551.	7,836,551.		
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, trustees, and key employees	78,033.	78,033.		
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	419,948.	255,729.	112,099.	52,120.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	1,108.	865.	230.	13.
9 Other employee benefits	104,346.	88,375.	14,666.	1,305.
10 Payroll taxes	54,698.	31,201.	17,957.	5,540.
11 Fees for services (non-employees)				
a Management	3,820.	3,820.		
b Legal	22,782.	22,782.		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	12,214.	9,987.	1,141.	1,086.
12 Advertising and promotion	86,320.	25.	496.	85,799.
13 Office expenses	81,612.	60,174.	13,467.	7,971.
14 Information technology				
15 Royalties				
16 Occupancy	116,815.	102,998.	11,369.	2,448.
17 Travel	4,279.	1,575.	2,704.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,208.	3,123.	3,968.	117.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	89,079.	63,639.	19,777.	5,663.
23 Insurance	47,490.	28,339.	15,726.	3,425.
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 O.)				
a DIVERSTURE OF CONFERENCE	253,355.	253,355.		
b IN-KIND MATERIALS	112,560.	112,560.		
c AUTOMOBILE EXPENSES	31,840.	28,692.	2,290.	858.
d DUES AND SUBSCRIPTIONS	4,314.	2,309.	1,120.	885.
e All other expenses	1,136.	1,136.	1,136.	
25 Total functional expenses. Add lines 1 through 24e	9,369,508.	8,626,142.	576,136.	167,230.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ►  if following SOP 98-2 (ASC 958-720)

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Form 990 (2011)

93-0456525 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
	1 Cash - non-interest-bearing	434,123.	1	503,342.
	2 Savings and temporary cash investments	751,698.	2	508,571.
	3 Pledges and grants receivable, net	341,180.	3	582,311.
	4 Accounts receivable, net	12,799.	4	3,534.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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 instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	240,890.	8	321,708.
	9 Prepaid expenses and deferred charges	26,791.	9	19,711.
Assets	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,635,889.		
	b Less: accumulated depreciation	10b 532,397.	10c 2,178,874.	2,103,492.
	11 Investments - publicly traded securities	28,991.	11	32,615.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	214,261.	15	254,970.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,229,607.	16	4,330,254.
	17 Accounts payable and accrued expenses	65,871.	17	62,800.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
Liabilities	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	285,152.
	26 Total liabilities. Add lines 17 through 25	65,871.	26	347,952.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,487,483.	27	3,215,630.
	28 Temporarily restricted net assets	521,443.	28	604,881.
	29 Permanently restricted net assets	154,810.	29	161,791.
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,163,736.	33	3,982,302.
	34 Total liabilities and net assets/fund balances	4,229,607.	34	4,330,254.

Form 990 (2011)

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Form 990 (2011)

93-0456525 Page 12

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,157,142.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,369,508.
3	Revenue less expenses Subtract line 2 from line 1	3	-212,366.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,163,736.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	30,932.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,982,302.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:		
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	3a	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3b	
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.		

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

## Public Charity Status and Public Support

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

PTX-OF-SET VINGENT-DE

**Name of the organization** SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON **Employer identification number** 93-0456525

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box )

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)

9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

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

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

Total

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

**Schedule A (Form 990 or 990-EZ) 2011**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and stop here ►

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

**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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
<b>19a 33 1/3% support tests - 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**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.

OMB No. 1545-0047

**2011**Open to Public  
Inspection

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON** Employer identification number **93-0456525**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

93-0456525 Page 2

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply).

<input type="checkbox"/> a Public exhibition	<input type="checkbox"/> d Loan or exchange programs
<input type="checkbox"/> b Scholarly research	<input type="checkbox"/> e Other _____
<input type="checkbox"/> c Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	88,487.	56,740.	54,115.	53,737.	
b Contributions		32,820.	1,863.		
c Net investment earnings, gains, and losses	2,001.	3,943.	762.	378.	
d Grants or scholarships					
e Other expenditures for facilities and programs		5,016.			
f Administrative expenses					
g End of year balance	90,488.	88,487.	56,740.	54,115.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 97.71 %  
 b Permanent endowment ► 2.29 %  
 c Temporarily restricted endowment ► 2.29 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

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

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		393,860.		393,860.
b Buildings		1,903,941.	270,686.	1,633,255.
c Leasehold improvements				
d Equipment		148,279.	126,641.	21,638.
e Other		189,809.	135,070.	54,739.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 2,103,492.

Schedule D (Form 990) 2011

**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

Schedule D (Form 990) 2011

**93-0456525 Page 3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►</b>		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►</b>		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>(1) DEPOSITS AND OTHER ASSETS</b>	<b>13,484.</b>
<b>(2) BENEFICIAL INTEREST IN CHARITABLE TRUSTS HELD BY OTHERS</b>	<b>241,486.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►</b>	<b>254,970.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
<b>(2) ASSETS HELD FOR OTHERS</b>	<b>285,152.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►</b>	<b>285,152.</b>

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

132053  
01-23-12

**Schedule D (Form 990) 2011**

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

93-0456525 Page 4

Schedule D (Form 990) 2011

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

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,157,142.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	9,369,508.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	-212,366.
4 Net unrealized gains (losses) on investments	4	
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV.)	8	30,932.
9 Total adjustments (net) Add lines 4 through 8	9	30,932.
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-181,434.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1 Total revenue, gains, and other support per audited financial statements	1	9,188,074.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	43.
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	30,889.
e Add lines 2a through 2d	2e	30,932.
3 Subtract line 2e from line 1	3	9,157,142.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,157,142.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1 Total expenses and losses per audited financial statements	1	9,369,508.
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 XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	9,369,508.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,369,508.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**PART V, LINE 4: THE INVESTMENT RETURN EARNED ON THE BALANCES OF**

**PERMANENTLY RESTRICTED NET ASSETS MAY BE SPENT AT THE BOARD'S DISCRETION**

**AS SPECIFIED BY THE DONOR.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE**

**REMAINDER TRUSTS** 30,889.

**NET APPRECIATION IN THE FAIR VALUE OF INVESTMENTS**

**43.**

Schedule D (Form 990) 2011

**Part XIV Supplemental Information (continued)**

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**TOTAL TO SCHEDULE D, PART XI, LINE 8** 30,932.

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**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

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**CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE**

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**REMAINDER TRUSTS** 30,889.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

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

ATTACH TO FORM 550 OR FORM 550 E. SEE SEPARATE INSTRUCTIONS.

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON** Employer identification number **93-0456525**

**Employer identification number**  
**93-0456525**

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**LHA Paperwork Reduction Act Notice.** see the Instructions for Form 990 or 990-EZ.

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**Schedule G (Form 990 or 990-EZ) 2011**

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**SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON**

93-0456525 Page 2

**Schedule G (Form 990 or 990-EZ) 2011** **Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

Revenue	(a) Event #1 <b>GOLF TOURNAMENT</b> (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	17,067.			17,067.
2 Less: Charitable contributions	8,500.			8,500.
3 Gross income (line 1 minus line 2)	8,567.			8,567.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	4,050.			4,050.
7 Food and beverages	1,745.			1,745.
8 Entertainment				
9 Other direct expenses	956.			956.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 6,751 )
11 Net income summary. Combine line 3, column (d), and line 10				► 1,816.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
1 Gross revenue					
2 Cash prizes					
3 Noncash prizes					
4 Rent/facility costs					
5 Other direct expenses					
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____		
7 Direct expense summary. Add lines 2 through 5 in column (d)					► ( )
8 Net gaming income summary. Combine line 1, column d, and line 7					►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
b If "No," explain. \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain \_\_\_\_\_

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Schedule G (Form 990 or 990-EZ) 2011 PAUL OF PORTLAND, OREGON

93-0456525 Page 3

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

c If "Yes," enter name and address of the third party \_\_\_\_\_.

Name ►

Address ►

## 16 Gaming manager information:

Name ► \_\_\_\_\_

## Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Employer identification number  
93-0456525

Part I General Inform

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed						
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)
(g) Description of non-cash assistance						
(h) Purpose of grant or assistance						
► <input type="checkbox"/>						

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

HA For Pancreatic Reduction Act Notice see the Instructions for Form 990

Schedule 8 | Form 990 (2011)

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Schedule I (Form 990) (2011)

**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 can be duplicated 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 ASSISTANCE	141975	0.	6,243,751. FMV		FOOD
RENTAL ASSISTANCE	639	0.	523,042. FMV		RENTAL ASSISTANCE
UTILITY ASSISTANCE	587	0.	426,206. FMV		UTILITY ASSISTANCE
OTHER ASSISTANCE	60065	0.	643,552. FMV		OTHER ASSISTANCE INCLUDING, BUT NOT LIMITED TO, TRANSPORTATION ASSISTANCE

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

**SCHEDULE I, PART I, LINE 2: WE KEEP RECORDS OF ASSISTANCE IN THE EMERGENCY SERVICES DATA PROGRAM. THIS PROGRAM CONTAINS: NAME, ADDRESS, PHONE NUMBER, NAMES OF PEOPLE LIVING IN THE HOME AND THEIR AGES AND AMOUNT OF ASSISTANCE GIVEN AND DATE OF THAT SERVICE. WE HAVE NO REQUIREMENTS FOR NEED ONLY THAT THE PERSON TELLS US THEY ARE IN NEED. WE CONTACT THE UTILITY COMPANY OR THE LANDLORD AND PAYMENTS ARE MADE DIRECTLY TO THEM IN THE AMOUNT AGREED UPON BETWEEN US AND THE CLIENT. TRANSPORTATION IS PAID DIRECTLY TO THE BUS OR TRAIN STATION. LOCAL BUS TICKETS ARE GIVEN UPON REQUEST.**

**SCHEDULE M**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization **SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON** Employer identification number **93-0456525**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		112,560.	SALE OF COMPARABLE
6 Cars and other vehicles	X	36	33,467.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	77	6,324,668.	SALE OF COMPARABLE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( _____ )				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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

**29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Schedule M (Form 990) (2011) PAUL OF PORTLAND, OREGON

93-0456525 Page 2

## Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): COLUMN (B) REPRESENTS THE NUMBER OF  
CONTRIBUTORS.

SCHEDULE M, LINE 32B: IN 2011, THE ORGANIZATION CONTRACTED WITH THIRD PARTIES TO SELL DONATIONS OF VEHICLES THAT THE SOCIETY RECEIVED.

## 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

**2011**  
Open to Public  
Inspection

Name of the organization

SOCIETY OF ST. VINCENT DE  
PAUL OF PORTLAND, OREGON

Employer identification number  
93-0456525

### FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON (THE "SOCIETY")

IS A NONPROFIT, CHARITABLE CATHOLIC ORGANIZATION OF LAY PERSONS FOUNDED  
IN 1869 WHICH PROVIDES VOLUNTEER SERVICES TO THE NEEDY AND SUFFERING.

AS A COMMUNITY SERVICE AGENCY, THE SOCIETY IS COMPOSED OF 50 GROUPS OF  
VOLUNTEERS, GEOGRAPHICALLY LOCATED AND REFERRED TO AS CONFERENCES, WHO,  
IN A COMBINED EFFORT WITH 1,500 PEOPLE, PROVIDE OVER 200,000 HOURS OF  
COMMUNITY SERVICE.

THE SOCIETY IS AFFILIATED WITH THE COUNCIL OF THE UNITED STATES AND THE  
INTERNATIONAL COUNCIL GENERAL, SOCIETY OF ST. VINCENT DE PAUL, PARIS,  
FRANCE, AN INTERNATIONAL CATHOLIC ORGANIZATION OF LAY PERSONS FOUNDED  
IN 1833. UNDER THE PATRONAGE OF ST. VINCENT DE PAUL, THE SOCIETY  
SEEKS, IN A SPIRIT OF JUSTICE AND CHARITY AND BY A PERSON-TO-PERSON  
INVOLVEMENT OF ITS MEMBERS, TO HELP INDIVIDUALS AND FAMILIES LIVING IN  
POVERTY, AND TO ELIMINATE THE CAUSES OF POVERTY.

### FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FROZEN, AND MADE AVAILABLE TO THE SOCIETY'S 126 PARTNER AGENCIES.

MOBILE KITCHEN - THE SOCIETY'S MOBILE KITCHEN SERVES HOT  
COMMUNITY-BASED MEALS THREE DAYS A WEEK IN RURAL CLACKAMAS COUNTY.

CURRENT PARTNER DISTRIBUTION SITES IN OREGON ARE: SANDY COMMUNITY  
ACTION CENTER IN SANDY; ST. ALOYSIUS CATHOLIC CHURCH IN ESTACADA; CANBY  
SERVICE CENTER IN CANBY; ST. MATHEWS CATHOLIC CHURCH IN HILLSBORO; HOLY  
TRINITY CATHOLIC CHURCH IN BEAVERTON; AND ST. FREDERIC CHURCH IN ST.

Name of the organization	SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON	Employer identification number 93-0456525
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HELENS. IN ADDITION, WE SERVE AN EVENING MEAL ONCE A WEEK TO A HOMELESS, AT-RISK, AND MAINSTREAM YOUTH GROUP. THE PLAN FOR 2012 IS TO EXPAND THE NUMBER OF MOBILE KITCHEN SITES IN CLACKAMAS, WASHINGTON AND COLUMBIA COUNTIES.

FOOD FOR KIDS - THIS SUPPLEMENTAL FOOD PROGRAM THAT DISTRIBUTES TO CHILDREN BETWEEN THE AGES OF 3 AND 18, DISPENSES NUTRITIONALLY-BASED FOOD PACKAGES THAT CONTAIN 2 PROTEINS, 2 FRESH FRUITS, 1 FRESH VEGETABLE, 2 NUTRITION OR SNACK BARS, 2 JUICES, CEREAL OR POP TART, CHIPS, AND CRACKERS. THE DISTRIBUTION OF FOOD TAKES PLACE IN RURAL CLACKAMAS COUNTY, OREGON SCHOOLS AND AT ALL MOBILE KITCHEN SERVICE SITES. THE PROGRAM CURRENTLY DISTRIBUTES 1,250 PACKAGES EACH MONTH.

COMMODITY SUPPLEMENTAL FOOD PROGRAM - APPROXIMATELY 1,000 FOOD BOXES ARE DISTRIBUTED MONTHLY AT TEN DISTRIBUTION SITES. THIS IS A USDA QUALIFICATION-ONLY PROGRAM FOR SENIORS AGED 60 AND OLDER WHO EARN LESS THAN \$1,173 EACH MONTH.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR, ACCOUNTANT, TREASURER, AND COUNCIL PRESIDENT REVIEW THE FORM 990 AFTER A DRAFT HAS BEEN PREPARED BY THE OUTSIDE ACCOUNTANT. THE FORM IS THEN DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO DISCLOSE THE DETAILS OF ANY CONFLICT AT ANY TIME A CONFLICT ARISES. BOARD MEMBERS ARE INSTRUCTED AS TO THE PROCEDURES RELATED TO THE CONFLICT OF INTEREST POLICY UPON INITIAL ADDITION TO THE BOARD.

Name of the organization	SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON	Employer identification number
		93-0456525

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN CHARITABLE

REMAINDER TRUSTS	30,889.
NET APPRECIATION IN THE FAIR VALUE OF INVESTMENTS	43.
<b>TOTAL TO FORM 990, PART XI, LINE 5</b>	<b>30,932.</b>

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

► 

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

► 

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization or other filer, see instructions <b>SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON</b>	Employer identification number (EIN) or <b><input checked="" type="checkbox"/> 93-0456525</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions. <b>P.O. BOX 42157</b>	Social security number (SSN) <b><input type="checkbox"/></b>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>PORTLAND, OR 97242</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**ANNA PLASTER**

- The books are in the care of ► **P.O. BOX 42157 – PORTLAND, OR 97242**

Telephone No ► **(503) 235-7837**

FAX No. ► \_\_\_\_\_

► 

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until

**MAY 15, 2013**

, to file the exempt organization return for the organization named above. The extension

is for the organization's return for.

►  calendar year \_\_\_\_\_ or►  tax year beginning **OCT 1, 2011** , and ending **SEP 30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason.  Initial return  Final return

 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II . Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions  <b>SOCIETY OF ST. VINCENT DE PAUL OF PORTLAND, OREGON</b>	Employer identification number (EIN) or  <b>93-0456525</b>
	Number, street, and room or suite no. If a P.O. box, see instructions.  <b>P.O. BOX 42157</b>	Social security number (SSN)  <input type="text"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>PORTLAND, OR 97242</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**ANNA PLASTER**

- The books are in the care of ► **P.O. BOX 42157 - PORTLAND, OR 97242**

Telephone No. ► **(503) 235-7837** FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**

5 For calendar year , or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ►

*CAA*

Date ►

*5/6/13*

Form 8868 (Rev. 1-2012)