# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public

A F	or th	e 201	/ calendar year, or tax year begin			, and ending	<u>y</u>		09/30	, ZU <u>18</u>	
<b>B</b> cr	eck if ap	plicable:	C Name of organization THE SOCIET PAUL IN THE DIOCESE OF				D	Employer ide	entification	number	
	Addre		Doing Business As	I KOCKVIIIIE CENI				11-1884	961		
	chang		Number and street (or P.O. box if mail is	not delivered to street address	(3	Room/suite	- I <sub>E</sub>	Telephone nu			
	t	change	249 BROADWAY		,	rtoom, outo		516) 822			
	Initial		City or town, state or province, country, a	and 7IP or foreign postal code				310 / 022	2 3132		
	Termi		BETHPAGE, NY 11714	and Zir or loreign postar code			ء ا	Gross receipt	· · · · ·	6,570	882
	return Applic	1	F Name and address of principal officer:	ROBERT MEEKIN	rc			(a) Is this a grou		Yes	X No
	pendir		249 BROADWAY BETHPAGE		ıo			subordinates?	?		$\vdash$
_	Tav. av.				40.47( )(4)			(b) Are all subordi		Yes	No
		empt st	tatus: X 501(c)(3) 501(c) (	) <b>(</b> insert no.)	4947(a)(1)	or 527			h a list. (see ir		524
				A : ::   O:   N		1. // /		(c) Group exemp 1: 1948 <b>M</b> :			
				Association Other		L Year of	tormation	1: 1940 W	State of lega	ai domicile:	
Pa	rt I		mmary		שווה כי		2 7 (27	יייייייייייייייייייייייייייייייייייייי	TAV OD	י א דד יד א א	
	1		y describe the organization's mission of THAT SEEKS IN A SPIRIT						LAI ORG		
Governance			NEEDY AND THE DISADVANT								
rua	•		<del></del>								
ove			k this box   if the organization d						1		15.
			per of voting members of the governing						3		$\frac{15.}{15.}$
es			per of independent voting members of t						5		103.
<u> </u>			number of individuals employed in cale							1	,350.
Activities &			number of volunteers (estimate if necess	· · · · · · · · · · · · · · · · · · ·					6	Τ,	0
`			unrelated business revenue from Part V						7a		0
	b	Net ui	nrelated business taxable income from	Form 990-1, line 34				Prior Year	7b	Current Y	
	•				968,11			8,680			
ne	8	Contr	ibutions and grants (Part VIII, line 1h)		COP	Y FOR					
Revenue	9	Progra	am service revenue (Part VIII, line 2g)		PUBLIC IN	NSPECTION		5,799,28			5,863
Re	10	IIIVESI	intent income (r art vin, column (A), inte	65 5, 4, and 7 d)				31,53			9,673
			revenue (Part VIII, column (A), lines 5,					44,85			291
			revenue - add lines 8 through 11 (must					6,843,78		0,535	5,507
			s and similar amounts paid (Part IX, colu			0.					
			fits paid to or for members (Part IX, colu		3,967,95		2 701	1 200			
ses			es, other compensation, employee bene					0.		3,791	1,300
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	n (A), line 11e)	010 404				0.		0
Ä	b	Total	fundraising expenses (Part IX, column (I	D), line 25) ▶	219,424	·		0 706 60	_	0 676	
			expenses (Part IX, column (A), lines 11					2,726,60			5,825
			expenses. Add lines 13-17 (must equal					6,694,56			3,125
<u>-</u> σ	19	Rever	nue less expenses. Subtract line 18 from	n line 12				149,21			7,382
Net Assets or Fund Balances								ng of Current Y		End of Yea	
sse			assets (Part X, line 16)					$\frac{6,355,28}{1,700,54}$			2,610
et A			liabilities (Part X, line 26)					1,798,54			2,382
			ssets or fund balances. Subtract line 21	I from line 20				4,556,73	9.	4,650	228
Pa			gnature Block								
true	er per , corre	ct, and	of perjury, I declare that I have examined thi complete. Declaration of preparer (other than	ns return, including accompa n officer) is based on all inforn	inying schedi nation of whi	ules and statem ich preparer has	ients, and s any knov	i to the best of wledge.	my knowie	age and be	eller, it is
								01/1/	1/2010		
Sig	n		Signature of officer					Date	0/2019		
Her		′			OEO.			Date			
			BARRY GIAQUINTO Type or print name and title		CFO						
			Type or print name and title  Type preparer's name	Preparer's signature		Date		1.	: PTIN		
Paid			· · ·	i reparer a signature			/2010	Check	"	156744	
Prep		ROB:	- DEMADOO C MEGI O	IDAC IIC		01/10		self-employe		156744	
Use	Only		s name DEMARCO & NESI C						27-2983		
	41- ''		s address > 1010 FRANKLIN AVENUE ST			)	PI	hone no.	516-248		
			ccuss this return with the preparer show		) <u>.</u>			<u> </u>	X		No
For	Paper	rwork	Reduction Act Notice, see the separat	te instructions.						Form <b>99</b> (	<b>J</b> (2017)

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	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	THE SOCIETY OFFERS PERSON-TO-PERSON SERVICE TO THE NEEDY AND	
	SUFFERING. WITH APPROXIMATELY 1,350 DEDICATED VINCENTIAN VOLUNTEERS	
	AND 75 EMPLOYEES, SVDPLI PROVIDES FINANCIAL AND MATERIAL ASSISTANCE,	
	ALONG WITH EMOTIONAL AND SPIRITUAL COMFORT TO ANY LONG ISLANDER.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	X 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?	X 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 me expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4,328,069. including grants of \$) (Revenue \$	)
	AS PART OF OUR DIRECT SERVICES PROGRAM WHICH HELPED APPROXIMATELY	
	75,000 LONG ISLANDERS, OUR STORES OFFER FURNITURE, CLOTHING, AND	
	OTHER HOUSEHOLD ITEMS TO PEOPLE IN NEED, AT NO COST. THIS OCCURS	
	WHEN VINCENTIANS DISCOVER DURING HOME VISITS THAT A FAMILY DOESN'T	
	HAVE PROPER PROVISIONS FOR EVERYDAY LIVING NECESSITIES, LIKE A	
	KITCHEN TABLE ON WHICH TO FEED THEIR CHILDREN, OR ADEQUATE BEDS TO	
	GET A GOOD NIGHT'S SLEEP. IN THESE CASES, A FURNITURE AND/OR	
	CLOTHING REQUEST IS SUBMITTED ON BEHALF OF THE FAMILY BY OUR	
	VINCENTIANS FOR THE ITEMS NEEDED. THE FAMILY IS THEN GIVEN A	
	VOUCHER TO PRESENT TO ONE OF OUR STORES THAT WILL BE FULFILLED BY	
	A HELPFUL EMPLOYEE.	
46	(Code) \(\( \( \( \) \\ \) \\ \) \(\) \(\) \	`
40	(Code:) (Expenses \$611,703. including grants of \$) (Revenue \$) VINCENTIAN & COMMUNITY PROGRAMS, INCLUDING A NEW PROGRAM FOR	_)
	VETERANS HELPED OVER 100,000 LONG ISLANDERS. OUR FORMATION AND	
	TRAINING PROGRAM BENEFITS VINCENTIANS AS IT DELVES INTO THE	
	HISTORY AND SPIRITUALITY OF THE SOCIETY, AND IN-DEPTH HOME VISIT	
	TRAINING. OUR FAMILY ASSISTANCE PROGRAM OFFERS FAMILIES AND	
	VETERANS IN CRISIS TEMPORARY FINANCIAL AID NEEDED TO GET BACK ON	
	THEIR FEET. THE UPLIFT PROGRAM LOOKS AT THE UNDERLYING ROOT CAUSES	
	OF POVERTY AND WORKS ONE ON ONE WITH FAMILIES TO ELEVATE THEM INTO	
	SELF-SUFFICIENT LIVING. A CREATIVE ALTERNATIVE TO TEMPORARY	
	ASSISTANCE, UPLIFT EMPOWERS PEOPLE TO HELP THEMSELVES BY GIVING	
	THEM THE LONG-TERM SUPPORT TO BE INDEPENDENT.	
4c	(Code: ) (Expenses \$ 327,202. including grants of \$ ) (Revenue \$	)
	OUR DISMAS HOUSE RE-ENTRY PROGRAM DEPARTS FROM TRADITIONAL	
	INSTITUTIONAL SETTINGS AS OUR RESIDENTS ARE IN A SAFE, PROTECTED,	
	AND SUPPORTIVE ENVIRONMENT THAT IS STRUCTURED TO ADDRESS THE NEEDS	
	OF THIS CHALLENGING, YET DESERVING POPULATION. THROUGH ON-SITE AND	
	OUTSOURCED REHABILITATION, INCLUDING SPIRITUAL GUIDANCE, OUR	
	DISPLACED RESIDENTS DEVELOP THE SKILLS REQUIRED TO ACHIEVE	
	INDEPENDENCE. THE CIRCUMSTANCES OF THEIR HOMELESSNESS VARY, BUT	
	ALL ARE GIVEN THE TOOLS AND GUIDANCE NECESSARY TO SUPPORT	
	THEMSELVES AND BECOME PRODUCTIVE MEMBERS OF THE COMMUNITY.	
	Other program services (Describe in Schedule O.)	
_	(Expenses \$ including grants of \$ ) (Revenue \$ )	
A ^	1 DISTRICTION CONTROL OF STATE	

Form 990 (2017) Page **3** 

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  2 Is 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 D. Part II.  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 II.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (in) election in effect during the tax year? If "Yes," complete Schedule C. Part II.  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 98-199 If "Yes," complete Schedule C. Part III.  5 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? If "Yes," complete Schedule D. Part III.  7 Did the organization areas or historic structures? If "Yes," complete Schedule D. Part III.  8 Did the organization areas or historic structures? If "Yes," complete Schedule D. Part IV.  9 Did the organization services? If "Yes," complete Schedule D. Part IV.  10 Did the organization is officed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21 funds or accounts for amounts not listed in Part X, ine 21 funds or accounts permanent endowments, or quals-endowments; If "Yes," complete Schedule D. Part V.  10 Did the organization directly or through a related organization hold assests in temporally restricted endowments, permanent endowments, or quals-endowments; If "Yes," complete Sc	Part	IV Checklist of Required Schedules			
2 S Is the organization equired to complete Schedule B, Schedule of Contributors (see instructions)?  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 II.  4 Section 507 (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.  5 Is the organization as estorion 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part II.  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? If "Yes," complete Schedule D, Part II.  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.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.  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, corporate credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for load, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 If 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 19 ft "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments-other securities in Part X, line 19 that is 5% or more of its total assets reporte				Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?.  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? "I*Ves," complete Schedule C. Part II.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(in) election in effect during the tax year? If "Yes," complete Schedule C. Part II.  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? If "Yes," complete Schedule C. Part III.  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? If "Yes," complete Schedule D. Part I.  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.  8 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.  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. ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. ine 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X. line 21, for escrow or custodial account liability, serve as a custodian for amounts	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
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.  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.  5 Is the organization are 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? If "Yes," complete Schedule C. Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical advises on the distribution or investment of amounts in but funds or accounts? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts or listed in Part X, line 107 if "Yes," complete Schedule D, Part V.  10 Did the organization report an amount f		complete Schedule A	1	Х	
candidates for public office? If "Yes," complete Schedule C, Part II.  Section 501(c)(3) organizations. Did the organization angage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part III.  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 92 high? If "Yes," complete Schedule C, Part III.  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? If "Yes," complete Schedule D, Part II.  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 III.  Did the organization receive or works of art, historical traesures, or other similar asses? If "Yes," complete Schedule D, Part III.  Did the organization in sint is conservation easement, including easements to preserve open space, the environment, historical areasures, or other similar asses? If "Yes," complete Schedule D, Part III.  Did the organization services? If "Yes," complete Schedule D, Part III.  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-relowments? If "Yes," complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," organization report an amount for investments-other securities in Part X, line 10? If "Yes," organization report an amount for investments-other securities in Part X, line 10 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other isolities in Part X	2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
4 Section 501(c)(3) organizations, bit the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part II.  5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "res," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors in "res," complete Schedule D, Part I.  7 Did the organization interior or high a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II.  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV.  9 Did the organization freport an amount for 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 "res," complete Schedule D, Part V.  10 Did the organization and the service of the following questions is "res," complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part X.  12 Did the organization report an amount for investments-order securities in Part X, line 11 Part X, line 12 in Part X, line 13 in Part X, line 14 in Part X, line 16 in Part X, line 17 in "res," complete Schedule D, Part X.  11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
election in effect during the tax year? If "Yes," complete Schedule C, Part II.  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? If "Yes," complete Schedule C, Part III.  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? If "Yes," complete Schedule D, Part I.  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.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization amintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization amintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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.  If II the organization servers of "Yes," complete Schedule D, Part X. Iine 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 16 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III.		candidates for public office? If "Yes," complete Schedule C, Part I	3		Χ
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? If "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  8 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, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ince 21, for escrow or custodial account liability, serve as a custodian for amount for liability in the formal for the full fore the formal for formal for formal for formal for formal formal f	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  5		election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
Part III.  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? If "Yes," complete Schedule D, Part I.  Did the organization review 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 III.  Did the organization fantain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  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 V.  If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  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 VIII.  Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII.  Did the organization separate independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XIII.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrai	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
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? If "Yes," complete Schedule D, Part I.  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 III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization propert an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  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.  11 If the organization sware to any of the following questions is "Yes," then complete Schedule D, Part V.  12 If the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assests reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets the organization of land the inself of Iry and Intellectual Part VIII.  15 Did the organization organization and amount for investments-program related in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  16 Did the organization organization assets and the organization assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III to X  17 Did the org		assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
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Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  15  16  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16  17  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  17  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  18  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14h		х
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	· · · · · · · · · · · · · · · · · · ·	145		
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 X  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. •		16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	•		17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			18	Х	
	19				
	-		19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	$ \   \text{Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on } \\$			
	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	Х	
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 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		Х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		71
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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
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		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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	Х	
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	$ \   \text{Did the organization liquidate, terminate, or dissolve and cease operations?}  \textit{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,"			v
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
2.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34		34		Х
35a	or IV, and Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	200		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
			~~~	

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Part V Statements Regarding Other IRS Filings and Tax Compliance 6 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . . . . 1a 0. **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . 2a Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3b **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a Х **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 Χ 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . 7g 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?.. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . . b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . 10b Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?........ Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which 

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Х

**14a** Did the organization receive any payments for indoor tanning services during the tax year? . . . . . . .

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . . .

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Sect	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 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.  Enter the number of veting members included in line 15 above who are independent.			
b	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		X	
	any other officer, director, trustee, or key employee?	2	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the direct			X
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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		21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		X
_	one or more members of the governing body?	7a		21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		X
_	stockholders, or persons other than the governing body?	76		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	Х	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	80		
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
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	)	
	1511 211 Choice (11the ecouet 2 requeste information about pointies not required by the internal revenue	0000	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,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	X	
 b				
-	rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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?	16a		Х
b	, andg			
	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?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{NY}$ ,			
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.  X 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 int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: ►		

THE SOCIETY OF ST VINCENT DE PAUL 249 BROADWAY BETHPAGE, NY 11714

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Form 990 (2017)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 no	r any related	organization comp	pensated any current o	fficer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)AL MESSINA	4.00									
1ST VICE PRESIDENT	0.	Х		х				0.	0.	0.
(2)MSGNR GERARD RINGENBACK	2.00									
SPIRITUAL ADVISOR	0.	Х						0.	0.	0.
(3)JOHN FRANCO	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(4)JAMES O'CONNOR	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(5)ROBERT MEEKINS	10.00									
PRESIDENT	0.	Х		Х				0.	0.	0.
(6)SONIA BURGOS	2.00									
VICE-PRESIDENT	0.	Х		Х				0.	0.	0.
(7)DAVID LYNCH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)MICHELE WALTERS	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(9)JOHN FRIEL	2.00									
VICE-PRESIDENT	0.	Х		Х				0.	0.	0.
(10)AVERELL CAMPBELL	2.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(11)JENNIFER TUSCHONG	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(12)GUS GELARDI	2.00									
VICE-PRESIDENT	0.	Х		Х				0.	0.	0.
(13)JOSEPH MCCARTHY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14) JENNIFER MONE BELLO	2.00			Ţ						
VICE PRESIDENT	0.	X		Х				0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plc	ye	es,	and F	ligl	nest Compensat	ed Employees (c	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e than tor/trust e to is is described e tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	(F) stimated nount of other pensation om the anization d related anization	f on on d
15) RICHARD RUSSELL	2.00					ed						
BOARD MEMBER	0.	Х						0.	0.			0.
16) JOHN BARNETT	2.00											
VICE PRESIDENT (FORMER)	1	X		Х				0.	0.			0.
17) PHILIP MESSINA	2.00											
BOARD MEMBER (FORMER)	0.	X						0.	0.			0.
18) ROBERT ELLIS	2.00							· · · · · · · · · · · · · · · · · · ·	0.			
BOARD MEMBER	0.	v						0.	0.			0.
	40.00	X						0.	0.			
19) THOMAS J. ABBATE	+	-		3.7		37		150 470				0
CEO/EXECUTIVE DIRECTOR	0.			Х		X		158,470.	0.			0.
20) BARRY GIAQUINTO	40.00								_			_
CFO	0.			X		X		114,843.	0.			0.
21) DEBRA CINQUEMANI	2.00											
VICE-PRESIDENT (FORMER)	0.			X				0.	0.			0.
22) JOSEPH LAZARICH	40.00											
DIRECTOR STORES OPERATIONS	0.					X		100,256.	0.			0.
		-										
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part VII, S	Contion A		• •		• •			373,569.	0.			0.
d Total (add lines 1b and 1c)	_		-		• •			373,569.	0.			0.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose			bov	e) who	o re					
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	. If	"Yes	s," (	complete Schedu	le J for such	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on	fron	n any	uni	related organizati	on or individual	5		Х
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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

		Check if Schedule O co	ntains a respor	nse or note to an	y line in this Part VI	<u> </u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants ints	1a	Federated campaigns	1a					
Gra	b	Membership dues	1b					
fts,	С	Fundraising events	1c					
nia Gi	d	Related organizations						
ons	е	Government grants (contribut	tions) 1e	141,230.				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, gand similar amounts not included	-	497,450.				
Con	g h	Noncash contributions included in <b>Total</b> . Add lines 1a-1f			638,680.			
ne				Business Code				
Program Service Revenue	2a	SALE DONATED ITEMS		900099	5,728,156.	5,728,156.		
Se Se	b	VINCENTIAN DEVELOPMENT IN	COME	900099	58,707.	58,707.		
<u>vice</u>	c							
Ser	d							
E	е							
ogra	f	All other program service reve	enue					
<u>_</u>	g	Total. Add lines 2a-2f		▶	5,786,863.			
	3		luding dividen					
		and other similar amounts).	ATTACHMENT	'.¹ ▶	69,673.			69,673
	4	Income from investment of t	tax-exempt bond	proceeds . >	0.			
	5	Royalties			0.			
		-	(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)			0			
	d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
	7a	Gross amount from sales of	(7	(", " " " "				
	١.	assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c d	Net gain or (loss)			0.			
4	8a	Gross income from fundrai						
ue	Ou	events (not including \$	•					
eve		of contributions reported on I						
e. R		See Part IV, line 18		75,666.				
Other Revenue	b	Less: direct expenses	b					
	С	Net income or (loss) from fur	ndraising events	ATCH 2 ▶	40,291.			
	9a	Gross income from gaming See Part IV, line 19	activities.					
	b	Less: direct expenses  Net income or (loss) from ga	b		0.			
	10a	Gross sales of inventor	_		0.			
	Tua	returns and allowances	•					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale			0.			
		Miscellaneous Revenue	9	Business Code				
	11a							
	b							+
	С	All d						
	d	All other revenue			0.			
	4 2	Total. Add lines 11a-11d			6 525 507	E 706 062		60 672

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### 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).

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	0.							
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	0.							
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	_							
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors,								
	trustees, and key employees	165,505.		165,505.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and	0							
	persons described in section 4958(c)(3)(B)	0.	0 210 504	205 040	106 005				
7	Other salaries and wages	2,832,427.	2,319,594.	385,848.	126,985.				
8	Pension plan accruals and contributions (include	150 002	110 022	00 114	1 726				
	section 401(k) and 403(b) employer contributions)	150,083.	119,233.	29,114.	1,736.				
9	Other employee benefits	415,943.	323,268. 178,318.	77,604.	15,071.				
10	Payroll taxes	227,342.	1/8,318.	39,860.	9,164.				
	Fees for services (non-employees):	0.							
	Management	2,516.		2,516.					
	Legal	35,975.		35,975.					
	Accounting	35,975.		35,975.					
	Lobbying	0.							
	Professional fundraising services. See Part IV, line 17.	0.							
	f Investment management fees	0.							
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.							
40	(A) amount, list line 11g expenses on Schedule O.)	57,074.	52,002.	184.	4,888.				
	Advertising and promotion	0.	32,002.	101.	1,000.				
13	,	0.							
14	Information technology	0.							
15	Royalties	0.							
16	. ,	0.							
	Payments of travel or entertainment expenses								
10	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	68,555.	50,496.	15,247.	2,812.				
	Interest	78,471.	78,471.	,	· · ·				
21	_	0.							
22	Depreciation, depletion, and amortization	172,169.	151,663.	20,506.					
	Insurance	141,518.	106,703.	34,815.					
	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.)								
а	TELEPHONE	42,413.	29,269.	13,144.					
b	LICENSES AND PERMITS	16,213.	9,073.	5,603.	1,537.				
c	COMPUTER COSTS	126,127.	42,609.	67,240.	16,278.				
	CONFERENCE SUPPORT	178,535.	178,535.						
е	All other expenses ATCH 3	1,757,259.	1,627,740.	88,566.	40,953.				
25	Total functional expenses. Add lines 1 through 24e	6,468,125.	5,266,974.	981,727.	219,424.				
26	<b>Joint costs.</b> 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)	0.							
	10110Willing 001 30-2 (A00 300-120)	U .							

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#### Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X										
_					(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing			380,637.	1	388,305.					
	2	Savings and temporary cash investments			253,959.	2	311,977.					
	3	Pledges and grants receivable, net			16,068.	3	39,535.					
	4	Accounts receivable, net			150,568.	4	144,477.					
	5	Loans and other receivables from current and t	forme	r officers, directors,								
		trustees, key employees, and highest co	mper	nsated employees.								
					0.	5	0.					
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volu	, and o	contributing employers								
Ø		organizations (see instructions). Complete Part II of Sche			0.	6	0.					
Assets	7	Notes and loans receivable, net			0.	7	0.					
As	8	Inventories for sale or use			398,543.	8	344,300.					
	9	Prepaid expenses and deferred charges			95,898.	9	99,005.					
	10 a	Land, buildings, and equipment: cost or										
			10a									
	b	Less: accumulated depreciation	10b	4,043,341.	3,283,162.	10c						
	11	Investments - publicly traded securities			1,776,453.	11	1,607,379.					
	12	Investments - other securities. See Part IV, line 11		0.	12	0.						
	13	Investments - program-related. See Part IV, line 11		0.	13	0.						
	14	Intangible assets		0.	14	0.						
	15	Other assets. See Part IV, line 11	0.	15	0.							
	16	Total assets. Add lines 1 through 15 (must equal			6,355,288.	16	6,112,610.					
	17	Accounts payable and accrued expenses	364,890.	17	307,930.							
	18	Grants payable	0.	18	0.							
	19	Deferred revenue	0.	19	0.							
	20	Tax-exempt bond liabilities		0.	20	0.						
	21	Escrow or custodial account liability. Complete Pa	art IV o	of Schedule D	0.	21	0.					
S	22	Loans and other payables to current and for										
Liabilities		trustees, key employees, highest compen										
abi		disqualified persons. Complete Part II of Schedule	L		0.	22	0.					
=	23	Secured mortgages and notes payable to unrelate	ed thire	d parties ATCH 5	1,433,659.	23	1,154,452.					
	24	Unsecured notes and loans payable to unrelated	third p	arties	0.	24	0.					
	25	Other liabilities (including federal income tax,										
		parties, and other liabilities not included on lines	17-2	4). Complete Part X								
		of Schedule D				25	0.					
	26	Total liabilities. Add lines 17 through 25			1,798,549.	26	1,462,382.					
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		k here ► X and								
au	27	Unrestricted net assets			4,503,648.	27	4,627,741.					
Fund Balances	28	Temporarily restricted net assets			53,091.	28	22,487.					
pu	29	Permanently restricted net assets		<u></u> [	0.	29	0.					
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.										
	30	Capital stock or trust principal, or current funds .				30						
SSe	31	Paid-in or capital surplus, or land, building, or equ	ipmer	nt fund		31						
Net Assets	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32						
Se	33	Total net assets or fund balances			4,556,739.	33	4,650,228.					
	34	Total liabilities and net assets/fund balances			6,355,288.	34	6,112,610.					
_							Form 990 (2017)					

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			35,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,468,125.		
3	Revenue less expenses. Subtract line 2 from line 1		67,3			
4						
5	Net unrealized gains (losses) on investments	5			26,1	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		4,6	50,2	228.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			г		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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	na			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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?					
	If the organization changed either its oversight process or selection process during the tax year, e	explain	in			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b		

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

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE SOCIETY OF ST.VINCENT DE

11-1884961

Employer identification number

PA	. بال	IN THE DIOCESE OF RO	OCKATTTE CENT	RE			11-18849	0.1
Pa	rt I	Reason for Public Cha	rity Status (All c	organizations must o	omplet	e this pa	art.) See instructions	
		anization is not a private fou	ndation because it	is: (For lines 1 through	h 12, ch	eck only	one box.)	
1		A church, convention of chu			-	-	•	
2		A school described in secti						
3		A hospital or a cooperative		·				
4		A medical research organiz	•	•		٠,		(iii). Enter the
		hospital's name, city, and st	=	•	•		( // // /	` ,
5		An organization operated to		a college or universit	v owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C		5	,	•	, ,	
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7		An organization that norma				-		om the general public
		described in section 170(b)	-	•		Ü		0 1
8		A community trust describe		· ·	Part II.)			
9		An agricultural research org	-		-	operated	I in conjunction with a	land-grant college
		or university or a non-land-	=			-		
		university:	0 0 0	,	,		, ,,	J
10	X	An organization that norma	Ilv receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, membersh	nip fees, and gross
		receipts from activities rela	ted to its exempt f	unctions - subject to	certain e	xception	s, and (2) no more tha	n 331/3 %of its
		support from gross investmacquired by the organizatio	nent income and ui in after June 30 19	nrelated business tax 975 See section 509	able inco (a)(2) ((	ome (les: Complete	s section 511 tax) from Part III )	businesses
11		An organization organized						
12		An organization organized	•	•	-		, , , ,	arry out the purposes
		of one or more publicly su			-			
		Check the box in lines 12a t	· ·					
а		Type I. A supporting orga	=				•	_
_		the supported organization	•		•		• • • • • • • • • • • • • • • • • • • •	,, , , , ,
		supporting organization.				۵,0, ۵.		00 01 1110
b		Type II. A supporting org	-			with its	supported organization	on(s) by having
-		control or management of	•				· · ·	· · · · -
		organization(s). You must		=		o porco.	io triat control of man	ago ino capportoa
С		Type III functionally integ	· ·		ted in co	onnectio	n with and functional	ly integrated with
·		its supported organization						.,g.a.ca,
d		Type III non-functionally						ted organization(s)
_		that is not functionally into						
		requirement (see instruct	-		-		·	a arr attornivorious
е		Check this box if the orga	•	•				I Type III
		functionally integrated, or						., . , po
f	En	ter the number of supported	• •		_	•		
g		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	instructions)
/ A \								
(A)								
'D\								
(B)								
(C)								
(C)								
(D)								
(D)								
/E\								
(E)								
Tota	al							

Schedule A (Form 990 or 990-EZ) 2017 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2016 (a) 2013 **(b)** 2014 (c) 2015 (e) 2017 (f) Total Gifts, contributions, grants. membership fees received. (Do not include any "unusual grants.") Tax revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other governmental publicly unit or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . . 12 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) Section C. Computation of Public Support Percentage % Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . . . . . % 16a 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2017. 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

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 3

#### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support			, , <u> </u>	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,156,274.	757,895.	626,667.	968,116.	638,680.	4,147,632.
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	5,910,199.	5,877,041.	5,715,047.	5,799,284.	5,786,863.	29,088,434.
3	Gross receipts from activities that are not an	.,,	.,.,,		.,,	., .,,	
Ŭ	unrelated trade or business under section 513						0.
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	·						0
-	or expended on its behalf						0.
5	The value of services or facilities						
	furnished by a governmental unit to the						•
_	organization without charge		5 504 005	6 044 544	5 757 400	5 405 540	0.
6	Total. Add lines 1 through 5	7,066,473.	6,634,936.	6,341,714.	6,767,400.	6,425,543.	33,236,066.
7 a	Amounts included on lines 1, 2, and 3						-
h	received from disqualified persons Amounts included on lines 2 and 3						0.
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from						
	line 6.)						33,236,066.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6	7,066,473.	6,634,936.	6,341,714.	6,767,400.	6,425,543.	33,236,066.
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	21,335.	29,473.	33,839.	25,505.	69,673.	179,825.
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0.
С	Add lines 10a and 10b	21,335.	29,473.	33,839.	25,505.	69,673.	179,825.
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)	86,322.	27,037.	32,153.	44,851.	40,291.	230,654.
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	7,174,130.	6,691,446.	6,407,706.	6,837,756.	6,535,507.	33,646,545.
14	First five years. If the Form 990 is for						
	organization, check this box and stop here	_					▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2017 (line 8,		•	ın (f))		15	98.78%
16	Public support percentage from 2016 Sche	dule A, Part III, line	e 15			16	98.92%
	tion D. Computation of Investmen			<del>-</del>	- 1	- I	
17	Investment income percentage for 2017 (lin			3, column (f))		17	.53%
18	Investment income percentage from 2016 S					18	.38%
	331/3% support tests - 2017. If the org						
ı J a	17 is not more than 331/3%, check this						
h	331/3% support tests - 2016. If the orga	-	-	•			
D	line 18 is not more than 331/3 %, check				•		
20	Private foundation. If the organization			•			
20	i iliais ivaniaalioni il tilo organization	a.a	A DON OIL HILE I	., 10a, or 13b,	SHOOK THIS DO	and Joe midte	U. U

Schedule A (Form 990 or 990-EZ) 2017 Page **4** 

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79. If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
ng by			
	1		
us ed	2		
er	3a		
nd ne			
٦١	3b		
3)	3с		
If	4a		
gn o <i>n</i>	4b		
on ed B)	40		
	4c		
s," IN n;			
on	5a		
dy	5b		
	5c		
to ed or			
	6		
or h	7		
7?			
re ed	8		
	9a		
h	9b		
fit	9с		
on ed	4.0		
to	10a		
	10b		

Page 5 Schedule A (Form 990 or 990-EZ) 2017

Part	V Supporting Organizations (continued)			- 3
rait	Supporting Organizations (continued)		Yes	No
4.4	Healtha arganization accepted a gift or contribution from any of the following persons?		162	NO
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	on B. Type I Supporting Organizations	110		
ocotii	511 D. Type I Supporting Significations		Yes	No
			103	110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	Did the annuitation mustide to each of its annuality of the second of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
0 1		3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b C	The organization is the parent of each of its supported organizations. Complete line's below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inotru	otione)	
·	The organization supported a governmental entity. Describe in Fait vi now you supported a government entity (see	IIISIIU	Yes	
2	Activities Test. Answer (a) and (b) below.		103	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
-		u		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-			
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (expla	in in Part VI). <b>See</b>
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Sectio	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
——————————————————————————————————————		(A) I Hol Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Voor	(B) Current Year
Section B - William Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ted Type III supporting	g organization (see
instructions).	. 0	21 11	

Schedule A (Form 990 or 990-EZ) 2017

Page 7 Schedule A (Form 990 or 990-EZ) 2017 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organia	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
(	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2017

Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **8** 

Bort VI Supplemental

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A LINE 12 OTHER INCOME

SPECIAL EVENT NET PROCEEDS - \$40,291

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2017

**Employer identification number** 

THE SOCIETY OF ST. VINCENT DE PAUL IN THE DIOCESE OF ROCKVILLE CENTRE 11-1884961 Organization type (check one): Filers of: Section: X  $501(c)(^3$ Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule**  $\lfloor exttt{X} 
floor$  For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE SOCIETY OF ST.VINCENT DE PAUL IN THE DIOCESE OF ROCKVILLE CENTRE Employer identification number 11-1884961

Part I	Contributors (see instructions). Use duplicate copie		T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$ 77,756.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$ 10,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization THE SOCIETY OF ST.VINCENT DE PAUL IN THE DIOCESE OF ROCKVILLE CENTRE Employer identification number 11-1884961

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
8	Name, address, and ZIP + 4	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE SOCIETY OF ST.VINCENT DE PAUL IN THE DIOCESE OF ROCKVILLE CENTRE

Employer identification number 11-1884961

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization THE SOCIETY OF ST.VINC			Employer identification number				
	PAUL IN THE DIOCESE OF			11-1884961				
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	the year from any one colors completing Part III, enter e year. (Enter this information	<b>ntributor.</b> Cor er the total of	mplete columns (a) through (e) and exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
	Transferee's name, address, a	(e) Transfer of gift	Relationsh	nip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, an	nd ZIP + 4	Relationsh	nip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4			nip of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationsh	nip of transferor to transferee				

#### **SCHEDULE D** (Form 990)

Department of the Treasury

Internal Revenue Service

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. THE SOCIETY OF ST.VINCENT DE

OMB No. 1545-0047 **Open to Public** Inspection

Name	of the organization THE SOCIETY OF ST.VINCEN	T DE	Employer identification number				
PAU	L IN THE DIOCESE OF ROCKVILLE CENTRE		11-1884961				
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answered "Y						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor ad						
	funds are the organization's property, subject to the or	-					
6	Did the organization inform all grantees, donors, and						
	only for charitable purposes and not for the benefit						
	conferring impermissible private benefit?		Yes No				
Pa	rt II Conservation Easements.  Complete if the organization answered "Y	os" on Form 990 Part IV line 7					
1	Purpose(s) of conservation easements held by the or						
•	Preservation of land for public use (e.g., recrea		of a historically important land area				
	Protection of natural habitat		of a certified historic structure				
	Preservation of open space		Total continued motoric culactare				
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribution i	n the form of a conservation				
	easement on the last 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				
С	Number of conservation easements on a certified his	toric structure included in (a)	2c				
d	Number of conservation easements included in (c) a	acquired after 7/25/06, and not on a					
	historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transfer	erred, released, extinguished, or termi	nated by the organization during the				
	tax year						
4	Number of states where property subject to conserva						
5	Does the organization have a written policy regar		-				
•	violations, and enforcement of the conservation easer						
6	Staff and volunteer hours devoted to monitoring, inspecting	g, nandling of violations, and enforcing co	inservation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting	n handling of violations, and enforcing	conservation easements during the year				
•	S	g, nandling of violations, and emoreing t	conservation casements during the year				
8	Does each conservation easement reported on line 2(d	) above satisfy the requirements of sec	tion 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports co						
	balance sheet, and include, if applicable, the text of the		cial statements that describes the				
	organization's accounting for conservation easements						
Pa	organizations Maintaining Collections of		er Similar Assets.				
	Complete if the organization answered "Y						
1a	If the organization elected, as permitted under SFAS works of art, historical treasures, or other similar	S 116 (ASC 958), not to report in its assets held for public exhibition, ed	revenue statement and balance sheet ucation, or research in furtherance of				
	public service, provide, in Part XIII, the text of the foot	note to its financial statements that de	scribes these items.				
b	If the organization elected, as permitted under SF/						
	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) Revenue included on Form 990, Part VIII, line 1						
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art,		_ ·				
	following amounts required to be reported under SFA						
a b	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X						
	1000to moladod iir i olili 000, i dit XIII I I I I I I I I	<u> </u>	Ψ				

Schedule D (Form 990) 2017 Page **2** 

Part IV Escrow and Custodial Arrangements.  Complete if the organization answered "Yes" on 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?	Par	t III Organizations Maintainii	ng Colle	ctions of	Art, Hist	orical T	reasur	es,	or Oth	ner Similar	Asse	ts (cont	inued)
a Public exhibition during a personal provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?	3	Using the organization's acquisition	n, acces	sion, and o	other recor	ds, check	c any o	f the	follow	ing that are	a sign	ificant us	se of its
b Scholarly research e Other  Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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? \[ \begin{align*} Yes  No Part XI ine 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included 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, line 21.  1b If 'Yes,' explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  1c Boltshributions during the year  1d Additions during the year  1e Distributions during the organization answered "Yes" on Form 990, Part IV, line 10.  2e Boginning of year balance  C on Pollete If the organization answered "Yes" on Form 990, Part IV, line 10.  2e Boginning of year balance  1e Contributions  1a Beginning of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment \( \bar{\bar{\bar{\bar{\bar{\bar{\bar{		collection items (check all that app	ly):			_							
c	а	Public exhibition			d								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  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?	b	Scholarly research			е	Other							
XIII.	С	Preservation for future gene	rations										
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?	4	Provide a description of the organ	nization's	collections	s and expla	ain how t	hey fur	rther	the or	ganization's e	exempt	purpose	in Part
Rear IV   Escrow and Custodial Arrangements.   Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an apent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:		XIII.											
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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?.    Ves	5	During the year, did the organization	on solicit o	or receive of	donations o	of art, histo	orical tr	easu	res, or	other similar		_	
Complete if the organization answered "Yes" on 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?					ained as pa	rt of the o	organiza	ation'	s collec	ction?		Yes	No
to Beginning balance c Beginning balance d Additions during the year e Distributions during the year Distributions during the year Distributions during the year Distribution and Distributions during the year Distribution d	Par	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form											
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance	1a	Is the organization an agent, truste	e, custoc	lian or othe	er intermed	liary for c	ontribut	tions	or othe	r assets not			
b If "Yes," explain the arrangement in Part XIII and complete the following table:  c Beginning balance		included on Form 990, Part X?									[	Yes	No
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Part V Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  to Ontributions  c Net investment earnings, gains, and losses  d Grants or scholarships c Other expenditures for facilities and programs  f Administrative expenses.  g End of year balance  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment   % b Permanent endowment   % b Permanent endowment   % c Temporarily restricted endowment   % b Permanent endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (iii) related organizations  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Coest or other basis (b) Coest or other basis (c) Accumulated depreciation (d) Book value (investment)  Description of property  (a) Coest or other basis (b) Coest or other basis (c) Accumulated depreciation (d) Book value (d) Book	b												
d Additions during the year  Postributions during the year  10										Amo	ount		
d Additions during the year  Postributions during the year  10	С	Beginning balance						1c					
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Endowment Funds.  Complete if the organization answered "Yes" on Form 990, Part IV, line 10.  1a Beginning of year balance  b Contributions  c Net investment earnings, gains, and losses  d Grants or scholarships  e Other expenditures for facilities and programs  f Administrative expenses  g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment  % The percentages on 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:  (i) unrelated organizations  if i "Yes" on line 3a(ii), are the related organizations sisted as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Buildings  6 (a) Cost or other basis (c) Accumulated (d) Book value	d							1d					
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year						1e					
B   ff "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.													
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Call Current year   Call Current year   Call Two years back   Call Three years back   Call Thre											-		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.    Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement i	n Part XII	I. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back  Contributions	Par			1.00									
Beginning of year balance		Complete if the organizat								ı			
b Contributions			<b>(a)</b> Cur	rent year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three years	s back	(e) Four y	ears back
c Net investment earnings, gains, and losses	1 a	Beginning of year balance											
and losses	b	Contributions											
d Grants or scholarships	С	Net investment earnings, gains,											
e Other expenditures for facilities and programs		and losses											
and programs	d	Grants or scholarships											
g End of year balance	е	Other expenditures for facilities											
g End of year balance  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		and programs											
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶	f	Administrative expenses											
a Board designated or quasi-endowment   b Permanent endowment	g	End of year balance											
b Permanent endowment ▶	2	Provide the estimated percentage	of the cu	rrent year	end balanc	e (line 1g,	column	ı (a))	held as	:			
Temporarily restricted endowment ▶	а	Board designated or quasi-endown	nent ▶_		_%								
The percentages on 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:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Book value  1a Land  1,337,117.  b Buildings  5,244,058. 3,560,452. 1,683,606.	b	Permanent endowment	%										
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation  1 Land 1,337,117.  b Buildings 5,244,058. 3,560,452. 1,683,606.  c Leasehold improvements	С	Temporarily restricted endowment	▶	%									
organization by:  (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (other) (investment)  (b) Cost or other basis (other) (other)  1 Land 1 1, 337, 117.  b Buildings 5 , 244, 058. 3 , 560, 452. 1 , 683, 606.  c Leasehold improvements													
(i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment) (investment	3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are hel	d and	d admir	nistered for the	9		
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other)  1 Land  1 1, 337, 117.  1 1, 337, 117.  1 1, 337, 117.  2 1, 337, 117.  3 1, 683, 606.  C Leasehold improvements												Υ Υ	es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (b) Cost or other basis (other) (other)  1 Land 1 1,337,117.  1 1,337,117.  Description of property  5 244,058.  5 244,058.  1 1,683,606.  C Leasehold improvements		(i) unrelated organizations										<del>- ``-</del>	
Describe in Part XIII the intended uses of the organization's endowment funds.  Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other) (investment)  (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value  1 a Land 1 , 337, 117.  b Buildings 5 , 244, 058. 3 , 560, 452. 1 , 683, 606.  c Leasehold improvements		` '										3a(ii)	
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1, 337, 117.  1, 337, 117.  b Buildings  5, 244, 058.  3, 560, 452.  1, 683, 606.	b	• • • • • • • • • • • • • • • • • • • •	•		•			?				3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  1a Land  1 Juil 137, 117.  b Buildings  C Leasehold improvements  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  (b) Cost or other basis (other)  (c) Accumulated depreciation  1 Juil 137, 117.  1 Juil 138, 606.				e organiza	tion's endo	wment fur	nds.						
Description of property   (a) Cost or other basis (other)   (b) Cost or other basis (other)   (c) Accumulated depreciation	Par	Land, Buildings, and Equ	ipment. tion ansv	vered "Ye	s" on For	n 990 P	art IV	line	11a S	ee Form 99	0 Par	t X line	10
1a Land       1,337,117.       1,337,117.         b Buildings       5,244,058.       3,560,452.       1,683,606.         c Leasehold improvements				(a) Cost or	other basis								
b Buildings       5,244,058.       3,560,452.       1,683,606.         c Leasehold improvements	1-	Lond		(inves	tment)			7	depr	eciation	•	1 22	7 117
c Leasehold improvements	_	D 11.0	T I						2 -	60 450			
		•				5,2	44,05		3,5	00,452.		Ι, 08	3,000.
u Equipment	_		F				20 70	)		02 000		1 -	6 000
		0.1				6	37,/5	70.	4	ο⊿,889.		15	0,909.
e Other  Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c.)  3, 177, 632.				ogual Ear	n 000 Part	V ookum	o /D\ 1:∞	10 10	<u> </u>			2 17	7 632

Schedule D (Form 990) 2017 Page **3** 

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11b. See Form 990	, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(h) must source Form 000 Book V and (D) fine 40 )			
$\overline{}$	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
$\overline{}$	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.  Complete if the organization answered	d "Yes" on Form 990	) Part IV line 11d See Form 990	Part X line 15
-		escription	,, raitiv, iiio ria. Gee reiiii ee	(b) Book value
(1)	(a) DC	Johnston		(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	d "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie e	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	hat reports the

2. Liability for uncertain tax positions. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,561,614.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	26,107.
3	Subtract line 2e from line 1	3	6,535,507.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,535,507.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	6,468,125.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,468,125.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,468,125.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Part XIII Supplemental Information (continued)

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

Department of the Treasury

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

■ Go to www.irs.gov/Form990 for the latest instructions.

Internal Revenue Service Go to www.irs.gov/l
Name of the organization THE SOCIETY OF ST.VINCENT DE

OMB No. 1545-0047

2017

Open to Public
Inspection

Inspection

Name of the organization Employer identification number PAUL IN THE DIOCESE OF ROCKVILLE CENTRE 11-1884961 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d 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 b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total 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.

Pa	rt I	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gros			
			(a) Event #1 GOLF OUTING	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	75,666.			75,666
ፚ፝	2	Logo: Contributions				
		Less: Contributions Gross income (line 1 minus				
	-	line 2)	75,666.			75,666.
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	35,375.			35,375
	10	Direct expense summary. Add lines 4	4 through 9 in column (d)		•	35,375.
	11	Net income summary. Subtract line 1	10 from line 3, column (d)	)		40,291
Pa	rt l	Gaming. Complete if the orga	anization answered "Y	es" on Form 990, Pa	rt IV, line 19, or repo	orted more
		than \$15,000 on Form 990-E	E∠, line 6a.	0.5.0.0		(d) Total coming (odd
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Seve						
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes % No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>	
9	F	nter the state(s) in which the organizat	tion conducts gaming ac	tivities:		
а	Is	the organization licensed to conduct of		of these states?		. Yes No
	_					
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspe	nded, or terminated duri	ng the tax year?	Yes No

Sched	ule G (Form 990 or 990-EZ) 2017
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	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:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	
	amount of gaming revenue retained by the third party > \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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 ▶ \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2017

#### **SCHEDULE J** (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE SOCIETY OF ST. VINCENT DE

PAUL IN THE DIOCESE OF ROCKVILLE CENTRE

Employer identification number 11-1884961

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	4.		
•	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
		2		
_	1a?			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			v
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		Х
8	payments not described on lines 5 and 6? If "Yes," describe in Part III			21
o	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

THE SOCIETY OF ST.VINCENT DE 11-1884961

Schedule J (Form 990) 2017

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
THOMAS J. ABBATE	(i)	158,470.	0.	0.		18,295.	176,765.	
1CEO/EXECUTIVE DIRECTOR	(ii)	0.	0.	0.			0.	
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

THE SOCIETY OF ST. VINCENT DE 11-1884961

Schedule J (Form 990) 2017

#### Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

THE SOCIETY OF ST.VINCENT DE

PAUL IN THE DIOCESE OF ROCKVILLE CENTRE

11-1884961

Employer identification number

Par	Types of Property		<del></del>				
rai	турос от торону	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	X		5,728,156.	THRIFT SHO	OP/WHOL	SAL
6	Cars and other vehicles						
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						
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		•				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29		Τ
						Yes	No
30a	During the year, did the organizat						
	28, that it must hold for at least the						77
	to be used for exempt purposes for		olding period?			30a	X
	If "Yes," describe the arrangement i						
31	Does the organization have a	•		•		0.4	
	contributions?					31 X	+
32a	Does the organization hire or use	•	•	· · · · · · · · · · · · · · · · · · ·		20-	v
_	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	) is checked,		

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

Schedule M (Form 990) (2017)

Schedule M (Form 990) (2017) Page 2

Part II

**Supplemental Information.** 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 (Form 990) (2017)

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE SOCIETY OF ST.VINCENT DE

PAUL IN THE DIOCESE OF ROCKVILLE CENTRE

Employer identification number 11-1884961

FORM 990 PART VI SECTION B. LINE 11B

FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR/CEO AND CHIEF

FINANCIAL OFFICER. FINANCE/AUDIT COMMITTEE MEMBERS, INCLUDING THE

PRESIDENT ARE ISSUED A COPY OF THE FINAL 990 THAT WAS FILED WITH THE IRS.

ALL BOARD MEMBERS WILL HAVE A COPY AVAILABLE FOR THEIR REVIEW AT THE NEXT

BOARD MEETING.

FORM 990 PART VI SECTION B. LINE 12C

EACH MEMBER OF THE BOARD OF DIRECTORS SIGNS A CONFLICT OF INTEREST

STATEMENT ON AN ANNUAL BASIS.

FORM 990 PART VI SECTION B. LINE 15A

THE EXECUTIVE DIRECTOR/CEO'S SALARY WHEN HIRED WAS BASED UPON INDUSTRY

STANDARDS FOR NOT FOR PROFIT ORGANIZATIONS IN THE LONG ISLAND, NEW YORK

AREA BASED ON BUDGET SIZE. THE EXECUTIVE DIRECTOR/CEO'S ANNUAL SALARY

INCREASE IS THE SAME PERCENTAGE THAT ALL EMPLOYEES RECEIVE AND IS

APPROVED BY THE BOARD OF DIRECTORS.

FORM 990 PART VI SECTION C. LINE 19

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE TO THE PUBLIC. THESE FORMS CAN BE VIEWED ON THE SVDPLI WEBSITE.

FORM 990 PART VI SECTION A LINE 2

CURRENT BOARD MEMBER AL MESSINA AND FORMER BOARD MEMBER PHILIP MESSINA

Schedule O (Form 990 or 990-EZ) 2017				Page 2
Name of the organization THE SOCIETY OF ST.VINCE	Employer identification	n number		
PAUL IN THE DIOCESE OF ROCKVILLE CENTRE			11-1884961	
				_
ARE BROTHERS				
			ATTACHMENT 1	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST INCOME NET OF BROKERS FEE	69,67	3.		69,673.
TOTALS	69,67	<u>3.</u>		69,673.
			ATTACHMENT 2	
FORM 990, PART VIII - FUNDRAISING EVENTS				
	GROSS	DIRECT		NET

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
GOLF OUTING	75,666.	35,375.	40,291.
TOTALS	75,666.	35,375.	40,291.

FORM 990, PART IX - OTHER EXPENSES		=	ATTACHMENT 3	
DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	
SUPPLIES	99,324.	74,484.	23,951.	889.
PURCHASES	269,754.	269,754.		
TRUCK EXPENSES	373,713.	373,713.		
FAMILY ASSISTANCE	600,826.	600,826.		
CREDIT CARD CHARGES/BANK FEES	34,895.	30,644.	4,251.	
UTILITIES	114,167.	97,448.	16,719.	
AUTO	15,555.	10,299.	5,202.	54.
REPAIRS AND MAINTENANCE	135,288.	123,488.	11,800.	

Schedule O (Form 990 or 990-EZ) 2017 Page 2

Name of the organization THE SOCIETY OF ST.VINCENT DE Employer identification number PAUL IN THE DIOCESE OF ROCKVILLE CENTRE 11-1884961

ATTACHMENT 3 (CONT'D)

#### FORM 990, PART IX - OTHER EXPENSES

DESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
EQUIPMENT RENTAL	24,868.	12,354.	12,514.	
PRINTING AND STATIONERY	35,001.	348.	4,991.	29,662.
TRAINING & DEVELOPMENT EXPENSE	20,563.	20,563.		
POSTAGE	20,577.	1,332.	8,930.	10,315.
OTHER EXPENSES	12,728.	12,487.	208.	33.
TOTALS	1,757,259.	1,627,740.	88,566.	40,953.

ATTACHMENT 4

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
BONDS		824,889.	635,194.	FMV
MUTUAL FUNDS		951,564.	972,185.	FMV
	TOTALS	1,776,453.	1,607,379.	

ATTACHMENT 5

#### FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: FLUSHING BANK

ORIGINAL AMOUNT: 2,120,000. 4.5000 % INTEREST RATE: DATE OF NOTE: 08/28/2013 MATURITY DATE: 08/23/2023

REPAYMENT TERMS: MONTHLY PAYMENT OF \$14,888 INCLUDING INTEREST

SECURITY PROVIDED: LAND AND BUILDING

REFINANCE ORIGINAL MORTGAGE PURPOSE OF LOAN:

BEGINNING BALANCE DUE ..... 1,433,659. ENDING BALANCE DUE ..... 1,154,452.

Name of the organization THE SOCIETY OF ST.VINCENT DE	Employer identification number
PAUL IN THE DIOCESE OF ROCKVILLE CENTRE	11-1884961
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	ATTACHMENT 5 (CONT'D) 1,433,659.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,154,452.

# Form **4562**

# **Depreciation and Amortization**

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Department of the Treasury Internal Revenue Service Name(s) shown on return

THE SOCIETY OF ST. VINCENT DE

Identifying number 11-1884961

Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION	N						
Pa	rt I Election To Expense C Note: If you have any li				vou comp	lete Part I.		
1	Maximum amount (see instructions)	<u> </u>	•		· ·		1	
2	Total cost of section 179 property pl	aced in service (see in	structions)				2	
3	Threshold cost of section 179 prope							
4	Reduction in limitation. Subtract line						4	
5	Dollar limitation for tax year. Subtract line 4 from separately, see instructions	m line 1. If zero or less, enter -	0 If married filing				5	
6	(a) Description				siness use only			
7	Listed property. Enter the amount fro	om line 29			7			
8	Total elected cost of section 179 pro	pperty. Add amounts in	n column (c),	lines 6 and	7			
9	Tentative deduction. Enter the smalle	er of line 5 or line 8					9	
10	Carryover of disallowed deduction fr	om line 13 of your 20	16 Form 4562				10	
11	Business income limitation. Enter the		,		,	*	· ·	
	Section 179 expense deduction. Add					<u> </u>	12	
	Carryover of disallowed deduction to				<b>▶</b> 13			
_	e: Don't use Part II or Part III below for							
Pa	rt    Special Depreciation A	Allowance and Otl	her Depred	iation (D	on't include	listed proper	ty. <b>)</b> (See in	structions.)
14	Special depreciation allowance f	or qualified property	(other tha	n listed	property) pla	aced in servic	ce	
	during the tax year (see instructions)							
	Property subject to section 168(f)(1)							150.160
16	Other depreciation (including ACRS)		<u> </u>	<u> </u>	<u> </u>		16	172,169
Pa	rt III MACRS Depreciation (	Don't include listed			ictions.)			
				tion A				T
17	MACRS deductions for assets place							
18	If you are electing to group any	•	-	-		٦ ٦	al	
	asset accounts, check here						resistion C	watam
	Section B - Assets	(b) Month and year	(c) Basis for			General Dep	Teclation 5	ystem
	(a) Classification of property	placed in service	(business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
	5-year property							
	7-year property							
	1 10-year property							
	15-year property							
	20-year property							
6	25-year property				25 yrs.		S/L	
h	Residential rental				27.5 yrs.	MM	S/L	
	property				27.5 yrs.	MM	S/L	
i	Nonresidential real				39 yrs.	MM	S/L	
	property			T. V		MM	S/L	0 1
20-	Section C - Assets I	Placed in Service D	uring 2017	Tax Year	Using the A	Alternative De	Ī	System
	Class life	_			12 1/20		S/L	
	12-year				12 yrs.	MM	S/L	
	: 40-year I <b>rt IV</b> Summary (See instruct	ions )			40 yrs.	IVI IVI	S/L	
		•					- 1	
21	Listed property. Enter amount from li <b>Total.</b> Add amounts from line 12,			d 20 in a	alumn (a) a	nd line 24 Ent	or 21	
22	here and on the appropriate lines of	-					<b>I</b>	172,169
	more and on the appropriate intes of	your return. Farthership		anons - 5	oo maa u <u>calor</u>		22	1 2,100

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

11-1884961

Form 4562 (2017) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

24		epreciation and				-	e the in	structi	ions for l	mits for	r passe	nger au	tomobil	es.)	
	Do you have evidence	to support the bus	iness/investm	ent use	claimed?	Ye	es	No	<b>24b</b> If "\	es," is tl	he evide	nce writte	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	(d) Cost or other basis		-:-	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h)  Depreciation deduction		(i) Elected section 179 cost	
25	Special depreciation														
	the tax year and used					e (see i	nstruct	ions)			. 25				
26	Property used more	than 50% in a qi			e:					1				T	
				%											
				%											
	D	on to an income PC		%											
27	Property used 50% of	or less in a qualifi	1							I - "					
				%						S/L -				_	
				%						S/L -					
				%						S/L -					
28	Add amounts in colu	mn (h), lines 25	through 27.	Enter	here an	d on lin	ne 21, p	age 1			. 28				
29	Add amounts in colu	mn (i), line 26. E											. 29		
					Informa										
	mplete this section for our employees, first answ													rovided	vehicles
10 y	our employees, mst answ	rei trie questions ii	1 Section C to					Compi							
					(a) Vehicle 1		<b>o)</b> icle 2	Ve	(c) hicle 3		<b>d)</b> icle 4		<b>e)</b> icle 5	(f) Vehicle 6	
30	Total business/inves														
	the year (don't include														
	Total commuting mile	_	-												
32	•	•	mmuting)												
	miles driven														
33	Total miles driven														
	lines 30 through 32			Yes											
34	34 Was the vehicle available for personal				No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty he		ĺ												
35	Was the vehicle us														
	than 5% owner or rel	•													
36	ls another vehicle		•												
	use?						<u> </u>	<u> </u>		L	<u> </u>	l _			
_		ion C - Questic								-					_
	swer these questions re than 5% owners or				eption to	o com	oleting	Section	on B for	vehicles	s used	by emp	oloyees	who <b>a</b>	ren't
		•	,		ahihita d	ll por	anal u	oo of	vohioloo	inalud	lina oo	mmutin	a by	Yes	No
31	Do you maintain a your employees?									, includ	iing co	mmuun	g, by		
38	Do you maintain a	written policy s	statement t	hat pro	ohibits i	person	al use	of ve	hicles. e	xcept c	ommu	tina. bv	vour		
	employees? See the			•						•			-		
30	Do you treat all use														
JJ	Do you provide mo					, obtai	in info	matio	n from	vour en	nplove	es abou	ıt the		
	• •		•												
	use of the vehicles, a					demoi	nstratio	n use?	(See ins	truction	ıs.)				
40	use of the vehicles, a Do you meet the req	uirements conce	irillig qualli												
40	use of the vehicles, a  Do you meet the req  Note: If your answer			"Yes," c	וטט ז ווטג	libiele	00000	10101							
40 41	Do you meet the req <b>Note</b> : If your answer	to 37, 38, 39, 4		"Yes," c	2011 1 001	iipiete	0001101	1 101	1110 0011						
40 41	Do you meet the req	to 37, 38, 39, 4 n	(b)	ization		(c)			(d) Code se		(e Amorti: perio	zation d or	Amortiz	(f) ation for th	nis year
40 41 Pa	Do you meet the req Note: If your answer art VI Amortizatio (a) Description of o	to 37, 38, 39, 4 n	(b) Date amort	ization s	Am	(c) ortizable	amount		(d)		(e Amorti	zation d or	Amortiza		nis year
40 41	Do you meet the req Note: If your answer art VI Amortizatio (a)	to 37, 38, 39, 4 n	(b) Date amort	ization s	Am	(c) ortizable	amount		(d)		(e Amorti: perio	zation d or	Amortiza		nis year
40 41 Pa	Do you meet the req Note: If your answer art VI Amortizatio (a) Description of o	to 37, 38, 39, 4 n	(b) Date amort	ization s	Am	(c) ortizable	amount		(d)		(e Amorti: perio	zation d or	Amortiza		nis year
40 41 Pa	Do you meet the req Note: If your answer art VI Amortizatio (a) Description of o	to 37, 38, 39, 4  n  osts that begins duri	(b) Date amort begins	ization s 17 tax	Am year (se	(c) ortizable	amount		(d)		(e Amorti: perio	zation d or	Amortiza		nis year

THE SOCIETY OF ST. VINCENT DE 2017

#### Description of Property

GENERAL DEPRECIATION

#### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
LAND			100.000	III baolo	reduction	depreciation	doprodiation	aoprodiation	tilloa	Joinv.	LIIO	Ciass	Oldoo	σχροποσ	deprediation
BUILDINGS			100.000			5,244,058.	3,440,837.	3,560,452.	SL	40	0.000				119,615.
EQUIPMENT	VAR		100.000			639,798.	430,335.	482,889.		1.0	0.000				52,554.
Less: Retired Assets										•				'	
Subtotals		7,220,973.				5,883,856.	3,871,172.	4,043,341.							172,169.
Listed Property							•								
Less: Retired Assets															
Subtotals															
TOTALS						5,883,856.	3,871,172.	4,043,341.							172,169.
AMORTIZATION															
	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life					amortization
TOTALS															

\*Assets Retired

JSA 7X9024 1.000