

FDA

17 9901

BWF 990

Form Software Copyright 1996 - 2018 HRB Tax Group, Inc

Department of the Treasury

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

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

► Do not enter social security numbers on this form as it may be made public post of the internal nevenue coue texcept prices.

OMB No 1545-0047

2017

Open to Public

interna	Lucve	nue Service		TO WWW.II	3.904/1 011113	90 for instruc	Juons and	LITE IC	atest mile	Ji illatioi	1. 10	· ·			
A F	or the	e 2017 cale	ndar year, or tax							ending S	SEPT	EMBE	CR 30,	2018	
B Ch	eck if ;	pplicable	C Name of organ	nization 🍒	<u>T VI</u> NCEN	T DE PAU	L OF D	OUGI	ĹAS	D	Emplo	yer ide	ntificatio	n number	
Add	dress	change	Doing busines	s as						8 (	6-03	9240	8		
Nar	ne cha	ange	Number and stree	et (or PO bo	k if mail is not de	livered to street	t address)		Room/	suite <b>E</b>	Telep	hone nu	mber		
[ Init	ıal retu	ırn	PO BOX 51	19						( !	520)	249-	5437		
Fini	al retu	rn/	City or town, s	tate or prov	rince, country	, and ZIP or fo	oreign post	tal coc	de		Gross				
ter	minate	d	DOUGLAS A	AZ 856	08					١°	receip			58,419	
∏ Am	ended	return	F Name and			er	******		H(a) Is	this a gro	up returr	forsubo	rdinates?	Yes X No	
ПАР	olicatio	on pending	-						H(b) Ar	e all subo	rdinates	ıncluded	,	Yes No	
ı Ta	x-exe	mpt status	X 501(c)(3)	501(c)(	) ◀ (insert n	o) 4947(a)	(1) or	527	3	If "No," a	ttach a li	st (see in	structions)		
		e: ► N/A					1		r	roup exem		_			
		rganization	Corporation	Trust	Association	Other ▶		L Yea	r of format		<u> </u>		e of legal d	omicile AZ	
Par		Summ	F.3	1	L	<b></b>						1000			
	1		scribe the organiza	ation's miss	ion or most si	onificant activ	rities								
	l	Dilony do	on bo the organize	2		grimouri aour									
Activities & Governance															
ī.					<u> </u>				\C1\ /I		<del></del>		_		
Ver	2	Check this	s box ▶ If the o	organization	discontinues	t ite operation	sor depos	E		- 1) <sub>0%</sub> c	f ite no	t assets.			
ဌ	1		of voting members					<del>30</del> 0-01				3	•		
≪ŏ	3		if independent vot						0.4.20	110	8	4			
Ę.	-		ber of individuals	_	_		1611		ህ ሟ ረ፡	13	IRS-OSC	<del></del>			
Ę	2					ai 2017 (Fait	1 5	~=			<b>=</b>	5 6			
¥	7.		ber of volunteers	•	• •	ma (C) line 1	U	GD	EN.	UT	1	<del>-</del>			
	7a		elated business rev				<del></del>		·····	***	<u>Lerier</u> <sup>3</sup>	7a			
	b	net unreis	ated business taxa	ible income	irom Form 98	30-1, line 34			1	Deias	. V	7b	C		
		C	(D		4 5				-	Prior	Year	<u> </u>	Curr	<b>ent Year</b> 5,000	
2019 Revenue	8		ons and grants (P						-					<del></del>	
သန်	9	_	service revenue (P			"			-						
25.8	10		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							E C	E 2 0		<u> </u>		
2	11		-						<u> </u>			,529		53,419	
<u>~</u>	12		nue add lines 8				ımn (A), lir	ne 12)			26	,529		58,419	
	13		ts and similar amounts paid (Part IX, column (A), lines 1-3)												
MAR	14	•	aid to or for memb	•		•		• •	⊢		- 2.4				
es =	15	•	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)							34,289			22,071		
Expenses	16a		nal fundraising fee:	-		•			-					<del></del> -	
Š	b	Total fund	Iraising expenses (	(Part IX, col	umn (D), line	25) 🕨			L						
. ш	17	Other exp	enses (Part IX, col	lumn (A), lır	nes 11a-11d,	11f-24e)			ļ	20,079				28,755	
;	18	-	enses Add lines 1:	=	,		line 25)	• •	· · <u> </u>			, 368		50,826	
	19	Revenue	less expenses. Su	btract line 1	8 from line 12	2			<u>.</u>		2	,161		7,593	
Assets Fund ances									<u> </u> B	eginning o			End	of Year	
SSC	20	Total asse	ets (Part X, line 16)	)								,483		219,838	
	21	Total liabil	lities (Part X, line 2	26)		•	•					, 457		1,457	
No Se	22	Net assets	or fund balances	. Subtract I	ine 21 from lir	ne 20 .	•				211	,026		218,381	
Par		Signa	ture Block												
			, I declare that I have									ny knowle	edge and be	lief, it is	
true, co	orrect,	and complete	e Declaration of prep	arer (other th	an officer) is ba	sed on all inform	ation of whi	ch prep	oarer has a	ny knowie	edge				
		<u>-1</u>								<u>-</u>					
Sign		_	nature of officer		J .	1 /	5 )				0		Date	10	
Here	•	LU	CIA SPIKE	ES	Trisial	Trus	ed P	RES	IDEN'	Γ	Su	n/	28 /	2019	
		Тур	e or print name ar	nd title	- 19						0				
		Print	/Type preparer's n	name	Prepare	r's signature		Dat	te ,	<u> </u>	Check		PTIN		
Paid			RY MOSS		2			1/-	24-1	1			P0028	38080	
Prep		1	sname ► H A	AND R	BLOCK								6812		
Use	Onl	<b>y</b> Firm'				ONIO					ne no.				
		DOU		35607								64-2	2185		
May th	ne IR		his return with the		nown above?	(see instruction	ons)				•	•		Yes X No	
			ction Act Notice,									11.		990 (2017)	

Form	990 (2017) ST VINCENT DE PAUL OF DOUG 86-0392408	Page 2
_	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	. П
1	Briefly describe the organization's mission	
	TO RAISE MONEY TO HELP COMMUNITY	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990–EZ?	🛛 No
	If "Yes," describe these new services on Schedule O	_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services? Yes	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 measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)	)
4b	(Code) (Expenses \$	)
		<del></del>
40	/6.1	
40	(Code) (Expenses \$	′
		<del></del>
		<del></del>
	<del></del>	<del> </del>
4d	Other program services (Describe in Schedule O.)	
74	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses	



Part IV Checklist of F	Required Schedules
------------------------	--------------------

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 N/A	5		
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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI .	11a		Χ
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			٠,,
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	404		v
40		12b		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	מדו	_	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ŀ	Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			<u> </u>
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	;	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Part IV Checklist of Required Schedules (continued)

			Yes	No_
20a	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		X
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		<u>X</u>
22	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		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		1	
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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		<u>X</u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N./A	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
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?			
26	If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
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		<u> X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	4	, 164 1	
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	000	V. 1. 1. 1.	V.
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	004		v
_	Schedule L, Part IV	28b		<u>X</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-	:	v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$\frac{X}{X}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_		<u></u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
21	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<u>X</u>
31	D. C.	21		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		<u>X</u>
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JE		
33	sections 301 7701–2 and 301 7701–3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
54	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
	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	335		
55	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	30		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	.	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		Λ_
55	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	20		v
	Telegram of the source of the	38		<u>X</u>

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				П
	Check it concedure a contrains a response of flote to any line in this fact v			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0 - ,	ر م	4.04.35
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	<u></u> آ	4,	٠,"
c	Did the organization comply with backup withholding rules for reportable payments to vendo	rs and			
	reportable gaming (gambling) winnings to prize winners?	• • •	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		1 \	۶,	,,,
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	o  <u>. '.</u>		- [
b	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns? N./A	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins	structions)	.2	`	, ,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year	ır?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in S	chedule O N/A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature of	or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or	other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		٠,, .	7	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fir	nancial Accounts (FBAR).	``		*
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	er transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	N/A.	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar	nd did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such co	ontributions or			
	gifts were not tax deductible?	N/A	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		, 0		1 15
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and page 150 made 150	artly for goods	<u></u>		7 4
	and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange, or otherwise dispose of tangible personal property for whether the organization sell, exchange the organization of the organization sell, exchange the organization of th	hich it was			
	required to file Form 8282?		7c	ļ <u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 <b>d</b>		3,3 ~.	49.8
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal l	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file	a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	naintained by the			
	sponsoring organization have excess business holdings at any time during the year?		8	ļ	X
9	Sponsoring organizations maintaining donor advised funds.			1. 1	:
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related per	rson?	9b	ļ	X
10	Section 501(c)(7) organizations. Enter	1 1		در	· .
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_ ;,,	, z	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		. e•	
11	Section 501(c)(12) organizations. Enter	1 1	•	3 .	٠,٠٠
a	Gross income from members or shareholders	11a	•••		
b	Gross income from other sources (Do not net amounts due or paid to other sources		•		٦,
	against amounts due or received from them )	11b	· · ·		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	l <b>1</b>	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		¥., 1	1 1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	-
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	X
	Note. See the instructions for additional information the organization must report on Schedul	e O			120
b	Enter the amount of reserves the organization is required to maintain by the states in which	l I	"3	1.5	'.
	the organization is licensed to issue qualified health plans	13b	·	نه ندا	
C	Enter the amount of reserves on hand	13c	1	·	<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	Schedule O · · · · N / A	14b	000	<u> </u>
FDA	17 9905 BWF 990 Form Software Copyright 1996 – 2018 HRB Tax Group, Inc		Form	99	0 (

Form 9	90 (2017) ST VINCENT DE PAUL OF DOUG 86-0392408			Pa	age 6
Part.	Governance, Management, and Disclosure For each "Yes" response to lin	ies 2 through 7b below, a	and for a	a "No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	s in Schedule O. See ins	struction	ıs.	
	Check if Schedule O contains a response or note to any line in this Part VI	••			
Secti	on 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	1a	, 4 ,		΄,
	If there are material differences in voting rights among members of the governing body, or	-	7 -:	3 3	
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		- 1		4
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0	٤.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	L			'`
_	any other officer, director, trustee, or key employee?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under	er the direct	<u> </u>	_	
•	supervision of officers, directors, or trustees, or key employees to a management company or other		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Foi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	or appoint			1
, .	one or more members of the governing body?	срро	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) member	irs	<u> </u>	<del>                                     </del>	
-	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertak	en durina	7, ;	<u> </u>	-,
•	the year by the following	g	5 4	23	
а	The governing body?		8a		X
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at	0.0	$\vdash$	- 1
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal				
3600	on b. Poncies (this section b requests information about policies not required by the internal	nevenue code /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of suc	h chanters	104	<u> </u>	Α.
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	/-	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	•	11a	<del> </del>	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	the form	110	. 4 7	' A
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	at could awa	120	┼──	
b	rise to conflicts?	ar could give N/A	12b		
_	Did the organization regularly and consistently monitor and enforce compliance with the policy?		120	<del> </del>	
С		· · · N/A	120		
40	describe in Schedule O how this was done	N/A	12c	<del> </del>	Х
13	Did the organization have a written whistleblower policy?	•	14		X
14	Did the organization have a written document retention and destruction policy?	· · ·		-	Α.
15	Did the process for determining compensation of the following persons include a review and appropriate persons, comparability data, and contemporate us substantiation of the deliberation	-	.,	,	۔ سے
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation	m and decision?	45-		<del>~~</del>
a	The organization's CEO, Executive Director, or top management official		15a	<del> </del>	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 arran	igement	400	<del>ا</del> —	
	with a taxable entity during the year?		16a	<del> </del>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva			12.	ļ.   `
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa			<b> </b>	ئـــــــــــــــــــــــــــــــــــــ
0	organization's exempt status with respect to such arrangements?	. N./A	16b	<u> </u>	L
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	30-1 (Section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available Check all that apply.				
	Own website	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	<ol><li>conflict of interest polic</li></ol>	v. and		

20

financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (E) (F) (D) (B) Position Reportable Name and Title Average Reportable Estimated (do not check more than one box, unless person is both an hours per compensation compensation amount of week officer and a director/trustee from from related other Individual trustee or director (list anv Highest compensated employee Institutional Key employee the organizations compensation hours for related organization (W-2/1099-MISC) from the organiza (W-2/1099-MISC) organization tions and related below organizations dotted line) LUCIA SPIKES 5.00 0 PRESIDENT

Form **990** (2017)

Part	VII Section A. Officers	s, Director	s, Trust	ees, K	ey En	nploye	es, and	Highe	est Compensated E	mployees (continue	d)
					(C	<del>)</del>					(F)
	( <u>A</u> )	(B)			Posi t check	more ti			(D)	(E)	Estimated
	Name and title	Average hours per	ļ	officer	and a d	irector.	both an /trustee) T	ı	Reportable	Reportable	amount of
	•	week (list	indiv or d	İnstı	Officer	Key	e m p	Former	compensation from	compensation from related	other compensation
		any hours for related	Individual trustee or director	nstitutional trustee	Cer	етріоуее	nest	ner	the	organizations	from the
		organiza- tions	q tr	nalt		loye	com		organization	(W-2/1099-MISC)	organization
		below dotted	stee	rust		°°	pens		(W-2/1099-MISC)		and related
		line)		1 %			Highest compensated employee				organizations
_										,	
							ĺ				
				ļ		İ					
					İ						
						•					
									]		
											ļ
1b	Sub-total	1	1	1	ı	1	1	<b>•</b>			-
С	Total from continuation sl	neets to Pa	art VII, S	Section	n A			•			
d	Total (add lines 1b and 1c	•						<u> </u>			
2	Total number of individuals				to thos	se liste	ed above	) who	received more than	\$100,000 of	
	reportable compensation fro	m the orga	anization	•							
3	Did the organization list any	former of	ficar dir	octor i	or true	too ka	w amala	vee e	r highest compansat	od	Yes No
3	employee on line 1a? If "Ye							yee, o	. Highest compensat		3 X
4	For any individual listed on	•						and o	other compensation f		
	organization and related org										. 4 X
5	Did any person listed on line	e 1a receiv	e or acc	rue coi	mpens	ation	from any	unrela	ated organization or	ındıvıdual	
	for services rendered to the		on? If "Y	es," cc	mplete	e Sche	edule J fo	or suc	h person		5 X
	on B. Independent Contracto								<del> </del>		
1	Complete this table for your	-	•			•					
	compensation from the orga		eport co	mpen	sation	tor the	calenda	ar yeai		n the organizations	
	Name an	(A) d business	address	:					(B) Description of se	ervices	(C) Compensation
	Tranic un		2001000	<u> </u>					200.1911011 01 01		- Strip Strip Miles
			_								
	T-A-1	<u> </u>			_			<u> </u>	<del> </del>		
2	Total number of independer							e liste	d above) who		
	received more than \$100,00	o or compe	ะกรลนดท	rom t	ne org	ıanızat	ion 🕨			12.00	

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a response	or note to any line in th	ıs Part VIII			<u></u> . []
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
ts is	1a	Federated campaigns	· la					5,2 5,1
ran		Membership dues	1b					
Ğ.		Fundraising events	1c					
ifts r A		Related organizations	1d					
i, G			<b>├</b>	5,000				
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts	<del></del>					
uti		similar amounts not include	1 1					
Qï	_	Noncash contributions included	L					
Son	9		•	·. · · · ·	5,000			
O &	n	Total. Add lines 1a-1f	•	<del></del>	3,355			<del> </del>
				Business Code		<del></del>	<del></del>	<del></del>
ice	2a						· · · · · · · · · · · · · · · · · · ·	<del> </del>
erv e	b			-				-
n S enu	C			-		-		
ran	d			-				
Program Service Revenue	e	All al		-				<del> </del>
о.	Ţ	All other program service re	evenue					
	Ť	Total. Add lines 2a-2f						
	3	Investment income (includi		erest, and				
	_	other similar amounts)						
	4	Income from investment of	tax-exempt bond	proceeds · •				
	5	Royalties .		<b>&gt;</b>				
			(ı) Real	(II) Personal				
		Gross rents						
		Less rental expenses					•	
		Rental income or (loss)						
	d	Net rental income or (loss)		<u></u>				ļ
	72	Gross amount from sales	(ı) Securities	(II) Other				
	'`	of assets other than						
		inventory						
	b	Less cost or other basis						
		and sales expenses						
	l	Gain or (loss)						
	l	Net gain or (loss)	•	<u> </u>				
	8a	Gross income from fundrais	sing events		1			
ē		(not including \$	<del> </del>					
en		of contributions reported or	n line 1c).					
, Be			a	1				
ē	l	Less direct expenses						
Other Revenue	ı	Net income or (loss) from f	-	·				
-	9a	Gross income from gaming	activities.			-		
		See Part IV, line 19	а	1				
		Less direct expenses	t	)	*			
		Net income or (loss) from g	-	, ▶				
	10a	Gross sales of inventory, le	SS					
		returns and allowances	=	53,419				
	b	Less cost of goods sold	. t	· [				
	С	Net income or (loss) from s	ales of inventory	. •	53,419	53,419		<u> </u>
		Miscellaneous Rev	/enue	Business Code				
	11a			_				
	b			_				
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d	•	▶				
	12	Total revenue. See instruc	tions .		58,419	53,419		

Part IX Statement of Functional Expenses

Sect	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								
		(A)	(B)	(C)	· · · []				
	ot include amounts reported on lines 6b, bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments See Part IV, line 21								
2	Grants and other assistance to domestic				. 1				
_	individuals. See Part IV, line 22								
3	Grants and other assistance to foreign organizations,								
	foreign governments, and foreign individuals								
	See Part IV, lines 15 and 16								
4	Benefits paid to or for members .	1							
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified								
Ü	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	20,427	20,427						
8	Pension plan accruals and contributions (include								
-	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	1,644	1,644						
11	Fees for services (non-employees)				<del></del>				
а	Management								
b	Legal								
С	Accounting	1,200	1,200						
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees .								
g	Other (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses	121	121						
14	Information technology								
15	Royalties								
16	Occupancy	6,846	6,846						
17	Travel		<u>.                                    </u>						
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest			<u> </u>					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	6,625	6,625	<u> </u>					
23 24	Insurance Other expenses Itemize expenses not covered	0,023	0,023	<del>                                     </del>	<b> </b>				
£4	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	MAINT & REPAIR	1,524	1,524						
b	DUMP FEES	708							
C	VEHICLE REPAIR	1,829	<u> </u>		<del></del>				
d	CONTRACT LABOR	5,429			<del> </del>				
e	All other expenses	4,473							
25	Total functional expenses. Add lines 1 through 24e	50,826	50,826						
<u> </u>	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation								
	Check here ▶☐ if following SOP 98-2 (ASC 958-720)								

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		3,685	1	11,040
	2	Savings and temporary cash investments .			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former	er officers, directors,			
		trustees, key employees, and highest compensated	employees.			.,
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons				
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and co				
Assets		sponsoring organizations of section 501(c)(9) voluntary emplo	yees' beneficiary	<u> </u>		
		organizations (see instructions) Complete Part II of Schedule	L		6	
ASS	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or		•		
		other basis Complete Part VI of Schedule D	10a 208,798			
	b	Less accumulated depreciation	10b	208,798	10c	208,798
	11	Investments publicly traded securities .	. ]		11	
	12	Investments other securities See Part IV, line 11			12	
	13	Investments program-related. See Part IV, line 1	1		13	
	14	Intangible assets .			14	<u> </u>
	15	Other assets. See Part IV, line 11		0.1.0	15	010 020
	16	Total assets. Add lines 1 through 15 (must equal lin	ne 34)	212,483	16	219,838
	17	Accounts payable and accrued expenses	_	1,457	17	1,457
	18	Grants payable			18	
	19	Deferred revenue	•		19	
	20	Tax-exempt bond liabilities .	N/ - ( O - b     - D		20	
/0	21	Escrow or custodial account liability. Complete Part	F	<del>.</del>	21	
Liabilities	22	Loans and other payables to current and former offi		$\cdot$ , $t$		1 1
Ē		trustees, key employees, highest compensated empdisqualified persons. Complete Part II of Schedule I	1		22	
Ë	22	Secured mortgages and notes payable to unrelated	F F		23	
	23 24	Unsecured notes and loans payable to unrelated th	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payab	· · ·		24	<u></u>
	23	parties, and other liabilities not included on lines 17-				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	·	1,457	26	1,457
		Organizations that follow SFAS 117 (ASC 958), c	heck here ▶ X and	**		
S		complete lines 27 through 29, and lines 33 and 3	,	***	, ,	3.0
ğ	27	Unrestricted net assets		211,026	27	218,381
Bali	28	Temporarily restricted net assets	,		28	
힏	29	Permanently restricted net assets	., .		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC	958), check here ▶ 🗍 and		. 🗘	\$ a 1 19
Ģ		complete lines 30 through 34.	_			
iets	30	Capital stock or trust principal, or current funds .	[		30	
Ase	31	Paid-in or capital surplus, or land, building, or equip	oment fund		31	
let Vet	32	Retained earnings, endowment, accumulated incom	ne, or other funds		32	
_	33	Total net assets or fund balances		211,026		218,381
	34	Total liabilities and net assets/fund balances .		212,483	34	219,838

					_	
	990 (2017) ST VINCENT DE PAUL OF DOUG 86-0392	<u>408</u>			Pag	e 12
Par	TXI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		· · · · _	<u> </u>	• •	·
1	Total revenue (must equal Part VIII, column (A), line 12)	1				,419
2	Total expenses (must equal Part IX, column (A), line 25)	2				,826
3	Revenue less expenses Subtract line 2 from line 1	3				,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			211	026
5	Net unrealized gains (losses) on investments	5	_			
6	Donated services and use of facilities	6	_			
7	Investment expenses	7				
8	Prior period adjustments	8			•	-238
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			218,	, 381
Parl	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					Ш.
					Yes	No
1	Accounting method used to prepare the Form 990 🛛 Cash 📗 Accrual 📗 Other			* 1		10
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				: - :	
	Schedule O					<u>                                     </u>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			,	, હ્દુ '	*
	reviewed on a separate basis, consolidated basis, or both				4.	4. "
	Separate basis Consolidated basis Both consolidated and separate basis			63.3	15. t	
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 audited on a			3	. 3 "	, '4
	separate basis, consolidated basis, or both			***	501	- [v]
	Separate basis Consolidated basis Both consolidated and separate basis			٠,۶	. 1	7.1
С	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?		.N /. A.	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			1		14 Tel
	Schedule O.			7.5	كنسف	7 , 3
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		N/A	3b		
FDA	17 99012 BWF 990 Form Software Copyright 1996 - 2018 HRB Tax Group, Inc			Form	<b>990</b> (	2017)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

DALLE OF DOLLGEAG

Employer identification number

ST VINCENT DE PAUL OF DOUGLAS 186-0392408 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university  $\mathbb{X}$  An organization that normally receives (1) more than  $33\frac{1}{3}\%$  of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than  $33^{1/3}$ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) a (IV) Is the organization (ii) EIN (iii) Type of organization (V) Amount of monetary (Vi) Amount of other (i) Name of supported listed in your governing document? (described on lines 1-10 support (see instructions) organization support (see instructions) above (see instructions)) No (A)

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

Schedule A (Form 990 or 990-EZ) 2017

(B) (C) (D) (E)

#### 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.

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			51,165			51,165
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			51,165			51,165
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year · · · · · ·						
С	Add lines 7a and 7b · · · ·						50.05
8	Public support. (Subtract line 7c from line 6) · ·	<u> </u>	100	,		, ,	51,165
	tion B. Total Support		1 "	T T		·	
Cale 9	ndar year (or fiscal year beginning in)  Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015 51, 165	( <b>d</b> ) 2016	(e) 2017	(f) Total 51,165
9	Amounts from line 0						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)			51,165	56,529		107,694
13	Total support. (Add lines 9, 10c, 11, and 12)	-		102,330	56,529		158,859
14	First five years. If the Form 990 is for the organization, check this box and stop here	janization's first	, second, third, fo	ourth, or fifth tax y	ear as a section	501(c)(3)	▶ □
Sec	tion C. Computation of Public Sup	port Percer	ntage				
15	Public support percentage for 2017 (line 8, co			mn (f))		15	32.21 %
16	Public support percentage from 2016 Schedu		=			16	%
Sec	tion D. Computation of Investment	Income Pe	ercentage			<u> </u>	
17	Investment income percentage for 2017 (line	10c, column (f)	divided by line 1	13, column (f)) .	••	17	0.00%
18	Investment income percentage from 2016 Sc	hedule A, Part	III, line 17			18	%
19a	33 <sup>1</sup> /3% support test 2017. If the organiza	tion did not che	eck the box on lin	ne 14, and line 15	is more than 33	1/3%, and line	e
	17 is not more than 33 1/3 %, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						
b	331/3% support test 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and						
	line 18 is not more than $33^{1/3}$ %, check this box					_	
20	Private foundation. If the organization did no	ot check a box	on line 14, 19a, o	r 19b. check this l	oox and see ins	tructions .	▶ 🏲

# 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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ST VINCENT DE PAUL OF DOUGLAS

Employer identification number 86-0392408

SCHEDULE O - INCOME IS FROM GROSS SALES OF DONATED MERCHANDISE